1-1-2012

A Qualitative Study On The Experience Of Female Adolescents Sexually Exploited By Men Online

Amelia Sloan
Ryerson University

A QUALITATIVE STUDY ON THE EXPERIENCE OF FEMALE ADOLESCENTS

SEXUALLY EXPLOITED BY MEN ONLINE

by

Amelia Sloan, R.N.

B.Sc.N., Ryerson University, Toronto, Canada, 2007

A thesis

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Nursing

in the Program of

Nursing

Toronto, Ontario, Canada, 2012

©Amelia Sloan 2012

Author's Declaration for Electronic Submission of a Thesis

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I authorize Ryerson University to lend this thesis to other institutions or individuals for the purpose of scholarly research

I further authorize Ryerson University to reproduce this thesis by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

I understand that my thesis may be made electronically available to the public.

A Qualitative Study on the Experience of Female Adolescents

Sexually Exploited by Men Online

Masters of Nursing 2012

Amelia Sloan

Master of Nursing Program

Ryerson University

Abstract

As the Internet plays an increasing role in lives of adolescents, there has been a rise in the number of youth solicited online by adult men for sexual purposes. As a result, these adolescents face significant and unique physical, social, and psychological health risks, which are poorly understood. To date, there is limited qualitative literature that tells the story of Internet sexual exploitation as experienced by female adolescents, or the impact of it. Beginning with the perspectives of female adolescents, the purpose of this research is to investigate the complexities, impacts, and implications of Internet Sexual Exploitation. Using Interpretive Description and guided by Feminist Theory, retrospective chart reviews of five young women were conducted. Thematic findings included feelings, risk factors, grooming experiences, and contextual features. Understanding the experience of females involved in Internet Sexual Exploitation allows healthcare providers to develop and deliver high quality services tailored to their needs.

Acknowledgements

This thesis would not have been possible without the help of many people. I would first like to thank my thesis supervisor, Dr. Margaret Malone, for the inspiration she gave me to peruse such a topic in a creative way, for her continuous support, encouragement, and motivation that helped me finish this enormous project, and for her fountain of knowledge that pushed me to explore avenues that I would not have otherwise. I would also like to thank her for the countless hours she spent reading, editing, and re-reading and editing every section of this thesis. I truly could not have done this without her help!

I would also like to thank the other thesis committee members, Don Rose and Tanya Smith, for helping me throughout this process and for providing their guidance, support, expertise, and knowledge. My appreciation is also extended to the clinicians who have supported and assisted me, spending many hours working through some of the many difficult issues involved in conducting this type of challenging, yet vitally important research.

I am grateful to the School of Graduate Studies and Master of Nursing program at the Daphne Cockwell School of Nursing, Ryerson University, for funding over the past two years through the Ryerson Graduate Award and Ryerson Graduate Scholarship, as well as to the hospital's where I work, for their financial assistance through tuition reimbursement.

This thesis also would not have been possible without two very important people, Carmine and Charmaine, who have helped to keep me grounded, positive, and happy, and who assisted me in alleviating my stress through lots of laughter, fun, love, and listening. I love you both.

Lastly, I would like to thank my parents, brothers, and grandparents for their lifelong support and love.

Dedication

"The sexual exploitation of children is a deeply-rooted reality in too many Canadian homes, families and communities. It is not at the margins of our society, it is at the centre. It happens to children we know, by men and women we know. It deserves greater public attention and action"

– Senate committee on Human Rights, 2011

This thesis is dedicated to all the children, families, and communities who have been affected by sexual exploitation, and to those who share their stories to bring about change. Without their voices in research, prevention, and action, the eradication of exploitation would not be fully possible.

Table of Contents

List of Appendices

Appendix A: Demographic Information Sheet

Appendix B: A Guide for Retrospective Chart Review Process

Appendix C: Definitions of Parenting Styles

Appendix D: Minimum Retention Periods for Hospital Records Policy

Appendix E: Hospital Records Retention and Destruction Policy

Appendix F: Technology Terminology

Chapter I: Introduction

Phenomenon of Interest

There has been an increase in the number of sexual assault cases that involve an Internet component over the past couple of years in my clinical specialty, suspected child abuse and neglect. Specifically, female adolescents are meeting previously unknown adult males online through chat, social networking, and dating websites. After an online relationship has been established, face-to-face contact often occurs and sexual activity transpires. To date, little research has been done in the field of Internet Sexual Exploitation (ISE) and none reviewed has focused on the experience of the female adolescents who are involved in the ISE. The limited qualitative studies conducted and accessed to date have been from the male perpetrators' experience that only offers one perspective, the dominant perspective, in understanding the complex process involved in ISE. Placing front and centre the female perspective can offer a different lens through which to comprehend ISE. Understanding the experience of the females involved would allow healthcare providers and specifically sexual assault nurse examiners, to increase their awareness of the complexities involved in exploitation, and to develop and deliver high quality services tailored to this specific populations needs. Furthermore, providing the opportunity for female youth to discuss their experience in a safe and non-judgmental environment can be therapeutic and empowering for these young women.

Important to note, this phenomenon is not exclusive to females; males too are affected by ISE. However, females seem to be at a greater risk as they represent the majority of my professional clinical caseload, of those typically seeking care in Sexual Assault Centres, and of cases cited in the literature (Finkelhor, Mitchell, & Wolak, 2000; Finkelhor, Turner, Ormrod, & Hamby, 2009; Wells & Mitchell, 2007). In addition, for the purpose of this study, all further mention of 'exploitation' refers to the online sexual exploitation by men for their own sexual gratification.

Research Problem

As the Internet plays an increasing role in lives of many adolescents, there has been a rise in the number of youth solicited online for sexual purposes by adult men. As a result, these adolescents face significant and unique physical, social, and psychological health risks, which as yet, are poorly understood. To date, there is limited qualitative literature that tells the story of ISE as experienced by female adolescents, or its impact and implications for these young

1

women. Excluding female participation in the research process and ultimately in the understanding of the phenomenon, only continues to serve the dominant male interest while further oppressing, ignoring, and devaluing the experience of females.

Research Purpose

The purpose of this research is to understand Internet Sexual Exploitation from the female adolescents' perspective. This approach puts front and centre the experience of these young women, providing them with a voice while at the same time honouring and validating their experiences. In addition, this approach provides opportunities to better understand varying factors that bring these young women to situations that can lead to ISE. Moreover, as researchers, health care practitioners, and policy developers, the possibility to better comprehend the many intersecting issues and complexities involved in these interactions can inform assessment, prevention, and health promoting strategies in line with these young women's needs.

Research Question

What is the experience of female adolescents involved in online relationships that include offline sexual relations with adult males? How have contextual factors shaped their experiences?

Sub-questions

1) What is similar and/or different between the various experiences of young women before, during, and after the exploitation?

2) What set of conditions may lead some female youth to pursue an offline relationship?

3) How do these young women view their role in the ISE experience? Perhaps as a victims of sexual exploitation, a willing participant, a lover, a friend, and/or a girlfriend?

4) How do the young women view and feel about the men involved?

5) Might their experiences have any consequences and/or positive outcomes?

6) How do the female adolescents feel about their interaction(s) with healthcare professionals thus far? What would encourage them to talk with health care professionals in relation to ISE experience? What would make them not want to talk to health care professionals?

7) Given the young women's experiences to date, do they offer any insights about what they would recommend to others regarding preventing these types of interactions (i) for other young women, (ii) for health care practitioners, (iii) for those working within the criminal justice system, and/or strategies for healing and/or prevention?

Theoretical Framework

        Feminist Theory has been chosen to guide this research due its philosophical underpinnings. Importantly, feminist research is non-oppressive and seeks to empower participants through their disclosure and by reflecting on their experiences, valuing their knowledge, and naming oppressive forces (Hesse-Biber & Leavy, 2007; Kushner & Morrow, 2003; Zingaro, 2009). Meaning comes from women's experiences, their perceptions of these experiences and life stories (Hesse-Biber & Leavy, 2007; Plummer, 1995). Within the context of women's issues, feminist theory promotes change through emancipatory action, transformation, and social justice by making public the oppressive nature of their circumstances and acting to overcome this oppression (Hesse-Biber & Leavy, 2007; Kushner & Morrow, 2003; Zingaro, 2009). Feminist Theory places emphasis on vulnerable populations, social analysis, and critique; it challenges all forms of social and cultural inequality by analyzing the dominant beliefs and practices that systematically disadvantage women and other traditionally disadvantaged populations, a primary concern for nursing practice (Ahlstrom, 2005; Hesse-Biber & Leavy, 2007; Plummer, 1995).

        Specifically, Feminist Standpoint Theory was used to understand the perspective of female adolescents involved in ISE. Using Feminist Standpoint Theory, I demonstrate how males use their dominant positions to project their sexual desires onto the subordinate female adolescents and use this domination to manipulate, coerce, and control female youth into performing the desired sexual role through the luring and grooming process (MacKinnon, 1989).

        Feminist Theory has been criticized for ignoring other forms of oppression that need to be accounted for when critically analyzing the oppression, domination, and exploitation of people. Further intersecting identities include class, race, ethnicity, religion, disability, age, and sexual orientation (Hankivsky & Varcoe, 2007). However, Feminist Standpoint Theories today have moved from a singular standpoint of gender as the source of oppression to a pluralistic view that seeks to understand and value the experience of all marginalized groups and recognizes the magnification of oppression when intersecting forms of oppression are present (Hankivsky & Varcoe, 2007). Feminist Standpoint Theory now rejects essentialist ideas that members of oppressed groups are permanent, identical, and similar in their ways of thinking and behaving (Ahlstrom, 2005; Anderson, 2010). Therefore, Feminist Standpoint Theory will not only be used to analyze how gender has rendered female youth vulnerable to ISE, but also how the

intersecting issues of class, race, ethnicity, disability, age, and their sexual identities have compounded the problem.

Chapter II: Literature Review

Child and youth sexual abuse is a serious problem that occurs at an individual, familial, societal, and global level (Mikkonen & Raphael, 2010). According to the Criminal Code of Canada, any type of sexual activity with a child under the age of 16 is illegal (Department of Justice, 2011). Youth (interchangeable with adolescents and minors) is comprised of 12 to 17 year olds in the Criminal Code of Canada. There is a "close in age" exemption in Canadian law that allows 12 to 13 years old to consent to sexual relations with another youth up to two years their senior, and 14 to 15 year olds can consent to sexual activity with someone up to 5 years their senior, as long as this partner is not in a position of authority or trust (Department of Justice, 2011). However, any engagement in exploitation is illegal until the age of 18 (Department of Justice, 2006; 2011). Furthermore, using a computer to communicate with a minor for the purpose of sexual exploitation, incest, or assault is a criminal offense (Department of Justice, 2002).

Sexual Exploitation and Luring

Sexual exploitation transpires when a minor is sexually taken advantage of by an adult through the abuse of power (Wells & Mitchell, 2007). Traditionally, sexual exploitation refers to commercial exploitation, whereby youth are lured from their homes, streets, and shelters into prostitution and pornography by pimps (or recruiters), for the sole purpose of making a profit from the youth (Able-Peterson & Meuleners, 2009). This activity is considered "commercial" as youth are made to exchange a good (sexual activity) for a profit (money, drugs, food, shelter, etc.), which meets the demands in a market, such as the sex trade market (UNICEF, 2010; ECPAT, 2009). This definition reflects the 'visible' exploitation that occurs in society and because of this visibility it has accumulated a large body of evidence over the past 20 years by policy makers, human rights organizations, governments, and health care practitioners. However, these agencies have failed to acknowledge a more recent exploitative phenomenon, the personal sexual exploitation of youth through the Internet.

Personal sexual exploitation of youth consists of adults, usually men, sexually exploiting adolescents, typically females, from 12 to 17 years old for their own sexual gratification and not to make a profit. In this exploitative act, vulnerable youth are lured over time through the Internet (Elliott, Browne, & Kilcoyne, 1995; Smallborne & Wortley, 2001). *Luring* (also referred to as *grooming*) is a process whereby a predator deceptively and slowly gains the trust of a minor

for the purpose of mistreatment (Wolak, Finkelhor, Mitchell, & Ybarra, 2008; Wells & Mitchell, 2007). Online, this includes befriending a youth through complements, listening, advice, gifts, and providing support and understanding for a youth's life hardships (Leclerc, Proulx, & Beauregard, 2009). Once trust has been established, the predator moves onto progressively lowering sexual inhibitions and desensitizing a youth to explicit sexual material, thereby persuading youth that the behaviours depicted in the images are harmless and moral (Christiansen & Blake, 1990).

Desensitizing also includes asking about sexual experience, sending child pornography, and/or convincing a minor to take pictures with incremental degrees of self-exposure. If the predator is successful thus far in that the youth has consented up to this point and has not disclosed (told anyone about the online relationship, porn, and such.), he will try to obtain direct contact and sexual activity (Brown, 2009; Royal Canadian Mounted Police, 2008; Wells & Mitchell, 2007). Youth involved in this exploitation usually receive a false sense of security, love, and trust from the males who exploit them and therefore, during the exploitation, only a small percentage of minors would consider the activity as exploitive or traumatic due to the seeming strong friendship and positive attention they receive (Almind Jansen, 2010). Many youth consider these men to be their friends and/or boyfriends, with whom they have a strong, intimate, and adult relationship (Almind Jansen, 2010). Therefore, it would appear that Internet sexual exploitation has a transactional component where girls unknowingly exchange sexual activity for positive attention during the grooming process. However, due to the manipulative aspects of grooming, the young women are not fully cognizant of the transactional activity taking place.

Quantifying the Problem

In the literature, I have not as yet located any that specifically address the experiences of female adolescents who are sexually exploited by men online. A small number of studies focused on online victimization and sexual solicitation, a mechanism in which sexual exploitation occurs. Sexual solicitation includes requests by adults to share personal information regarding sexual experiences and to engage in online sexual activity through the use of web-cameras and chat rooms. Continued solicitation offline, whether through phone, mail, or in person, is considered aggressive solicitation (Finkelhor, et al., 2000; Mitchell, Finkelhor, & Wolak, 2001).

In the first Youth Internet Safety Study conducted by Finkelhor, et al. (2000) in the United States (US), 19% of youth were sexually solicited and five percent were aggressively solicited; three percent had close relationships with adults which were founded upon common interests but led to sexual relations, none of which the study went into detail about. The available literature indicates that the majority of victims are between the ages of 14 to 17, that females are not only targets of online sexual luring at much greater rate than males but they are also more likely to engage in relationships with strangers met online, and that males are almost exclusively the perpetrators' of such crimes (Finkelhor, et al., 2000; Mitchell, et al., 2001; Sabina, Wolak, & Finkelhor, 2008; Wells & Mitchell, 2007). Although the largest percentage of those soliciting youth were youths themselves, the second highest percentage were men over the age of 18. In Finkelhor, et al.'s study, they found that 24% of the perpetrators were over 18, and in 27% of cases, the age was unknown. In a more recent study, Wolak, Mitchell, and Finkelhor (2006) found that 39% of perpetrators were over 18 years old, with 18% of cases where the perpetrators' age was unknown. In Wolak, Mitchell, and Finkelhor's 2003 study conducted through law enforcement in the United States, approximately 508 arrests were made between July 2000 and June 2001, for crimes against minors in which initial contact with the minors was online.

In Canada, the statistics available are from law enforcement authorities. In the 2006 and 2007 Incident Based Uniform Crime Report Survey, a total of 464 incidents of luring across Canada were reported to the police (Statistics Canada, 2007). In 2006, there was 1.5 times more cases reported then in 2005 and in 2007 the number had increased by 31% (Loughlin, & Taylor-Butss, 2009). Of those charged in child luring, 58% were adult males between 19 and 35. Although these numbers are useful in understanding how many youth may be affected, data obtained through law enforcement is limiting; it only reports how many cases are reported to Police. To date the literature indicates that if young women do not realize they are being exploited then reports to the police will never occur. Therefore, the actual number of sexually exploited youth in Canada is higher than reported to police. In 2002, Cybertip.ca was launched by the Canadian Centre for Child Protection as a national tip-line for the public to call and report online sexual exploitation. From 2002 to 2008, Cybertip received 21, 000 tips and of these, eight percent were about online luring and 90% were about child pornography (Cybertip.ca, 2008). Further research needs to be conducted in order to obtain an accurate account of how many Canadian youth are affected by online sexual exploitation.

Although this literature provides a few descriptive statistics on who is affected, and how many and by whom, further research needs to be conducted in order to get an accurate picture of the overall prevalence of online sexual solicitation leading to sexual exploitation. As the Internet continues to increasingly become a foundation in the lives of many youth, a logical connection can be made that the more people who use it, the more solicitations will occur. Furthermore, there is evidence in the literature that sexual solicitation is not limited to the Internet; a small but significant proportion leads to real life encounters with strangers, some who sexually exploit youth. The literature to date has not addressed the nature of sexual exploitation of youth by men for their own gratification.

Risk and Protective Factors

A sexual relationship between a minor and an adult is not voluntary, or legal, regardless of whether the victim gives consent for the activity until the age of 18 (Library of Parliament, 2001). Youth are considered a vulnerable population as they have little intimate relationship knowledge and experience, lack mature negotiating strategies, and lack the developmental capacity to form an adult relationship (Shaffer, Kipp, Wood, & Willoughby, 2009; Wolak, Finkelhor, Mitchell, & Ybarra, 2008). Furthermore, youth victims have a small amount of defense and reasoning capabilities as compared to adults, which increase the vulnerability of this age group (Perry, 1997). The Internet easily facilitates communication with youth and provides an anonymous way to do so. As made evident throughout the literature, a large proportion of youth are being solicited online, however only a small percentage of females engage with the perpetrators' in establishing an online and eventually offline relationship (Finkelhor, et al., 2000; Wolak, et al., 2003).

Online Behaviour.

Online perilous behaviour that increases the rate of aggressive solicitation, thereby increasing victimization includes using chat rooms, sending personal information and photos, and talking about sex willingly with unknown people (Finkelhor, et al., 2000; Steeves, 2005; Wolak, et al., 2008). In order to understand the risks youth face online, one must have an overall sense of how many youth have access to and use Internet technology. In the largest national Canadian study on online use and behaviour conducted by Steeves for the Media Awareness Network (2005), she found a total of 94% of the youth surveyed used the Internet from home, with 37% who have their own computer and internet access (for comparison, only 20% in grade

four, which rises to 51% in grade 11). In addition, many highschool students had Internet access through their cellphones. Overall, twenty-two percent of students have access to webcams, which increases to 31% for those in grade 11 (Steeves, 2005). Eighty-six percent of students in Steeves study have email accounts that they use to communicate with peers. Those in elementary school use the Internet mostly to play games and by highschool 86% of students use instant messaging to communicate. Chat rooms are the least prevalent way in which to communicate, with only six percent of female students using them (Steeves, 2005). In an additional study by Subrahmanyam and Greenfield (2008), they found similar findings in that the majority of youth use online communication to reinforce preexisting relationships and that only small minorities of teens use it to communicate with strangers. Additional methods mentioned in this study to communicate include social networking sites, blogs, photo and video websites, and virtual reality sites. The majority of students reported that online socialization provides them with positive feedback and increases self-esteem (Subrahmanyam & Greenfield, 2008).

Although these studies provide useful data in assessing how many children and adolescents use the Internet and the activities they engage in while online, these studies fail to mention the demographic data of their samples. This is important, as income would have an impact on which students have a computer at home, in their room and or cellphone access. Does this mean that those who have low socio-economic status would be at less risk, as they would have limited Internet access? Further research needs to be conducted in order to answer whether class and income as they intersect with gender and age among other factors, such as race, sexuality, disability, and ethnicity impacts the rates of online victimization.

Overall, Canadian youth are using the Internet in positive ways to increase their connection with peers, engage in socialization, and increase self-esteem. However, there are a small percentage of teens, and in particular females, that are using the Internet to connect with strangers thereby putting them at risk for sexual exploitation (Steeves, 2005; Subrahmanyam & Greenfield, 2008). In addition to the activities that put youth at high risk for solicitation and exploitation, the characteristics of the youth who engage in this behaviour must also be known.

Personal Characteristics.

The literature reviewed sites personal characteristics of those who engage in perilous behaviour online and offline as those with feelings of isolation, sadness, loneliness, and depression (Assistant Deputy Minister, 2001; Steeves, 2005; Ybarra, Mitchell, Finkelhor, &

Wolak, 2007), low self-esteem (Abbott, 2008; Coy, 2009; Assistant Deputy Minister, 2001; Steeves, 2005; Subrahmanyam & Greenfeild, 2008; Ybarra, et al., 2007), poor sexual education and/or knowledge (Coy, 2009; Rew, & Bowman, 2008), and have sexual abuse histories (Abbott, 2008; Coy, 2009; Assistant Deputy Minister, 2001; Kim, Tajima, Herrenkohl, & Huang, 2009). It is theorized that those with emotional and interpersonal problems and feelings of loneliness are seeking love, attention, and affection from another, which perpetrators on the internet provide, therefore filling an emotional void these youth have (Subrahmanyam & Greenfeild, 2008; Wolak, et al., 2008). In addition, Coy (2009) conducted a qualitative study on female youth involved in commercial exploitation and found that their population easily conform to the expectations of others, seek approval, and please others above their own thoughts, opinions, and feelings. The girls did so as they were scared to invoke displeasure or disappointment in others and feared the potential for losing the only connections and friendships they have. Therefore, they were easily coerced into sex, drugs, and other dangerous behaviour.

Family.

Family is the first socialization experience that humans have and provide an important foundation on which future relationships are based. Those youth with families who have little connection (Abbott, 2008; Coy, 2009; Assistant Deputy Minister, 2001; Rew, & Bowman, 2008; Department of Justice Canada, 2005), are unstable and filled with constant chaos (Abbott, 2008; Coy, 2009; Perry, 1997), or use authoritarian and permissive parenting styles (see appendix C for definitions) (Rew, & Bowman, 2008) are at high risk for sexual violence. Therefore, youth who feel undervalued by family may come to expect this from others, coupled with the lack of opportunity to form bonds, develop relationships and trust with family, leave[s] youth with few resources and increased vulnerabilities. Coy (2009) furthers this idea by identifying family protective factors as those with open communication, who provide nurturing affection, parental monitoring, and where children are encouraged to express feelings.

Parental involvement in online activities also affects the risk for victimization. Steeves (2005) found that 74% of school aged children and adolescents have rules for using the Internet, including discussions on meeting new people online, whereas in 2001 this number was only 54%. In addition, 13% are directly monitored while online by their parents. However, monitoring and rules decreases with age, are fewer for boys and less effective with older adolescents (Steeves, 2005). In families where there are few rules in general, 74% of students say they are

never monitored while online. Authoritative parenting provides monitoring while also allowing youth freedom within rules; those parents who use this style are more likely to see their child's "chat" conversations and social networking sites, set limits and rules while on social sites and less likely to allow computer use in their child's rooms, all which serve to decrease the risk of victimization (Subrahmanyam & Greenfeild, 2008).

The literature reviewed that focuses on family factors falls short in that it does not define what "family" means or by whom it is comprised. I can only assume that the literature is referring to a nuclear family, composed of a mother and father, when discussing household factors (Shaffer, Wood, & Willoughby, 2009). In only describing family as this, it excludes youth who are raised by single parents, newly constituted or post-divorce blended families, same-sex parents, common-law families, extended family, group homes, foster care parents, and other variations in living situations that deviate from this norm (Milan, Vézina, & Wells, 2006). Therefore, there is a gap in knowledge on how a variety of living situations affects the risk of online victimization. Furthermore, the literature assessed for this study does not address parental factors that impact their ability to monitor and provide direction on Internet use. Factors may include education and literacy and consequently career; are parents who are able to monitor their children stay at home parents? Does working part-time, full-time, or multiple jobs in order to support the household affect a parent's ability to monitor their children? The amount in which a parent does paid work outside the home, would affect their ability to be home and directly monitor their children. Literacy and being technologically savvy would also affect a parent's ability to monitor their children appropriately. If a parent does not know how to use the Internet, then how can they adequately monitor and understand what their children are doing online? In order for sufficient monitoring to occur, parents and caregivers must be aware of how to use the Internet and understand the benefits and risks for youth (Moscovitch, 1998, 2007).

Overall, it is important that parents have an understanding of how their children use the Internet, the social benefits it provides but also some of the underlying risks involved in order to have a meaningful conversation with them. Creating an environment for open dialogue and establishing rules, combined with intermittent monitoring will help facilitate safe Internet use.

Community.

Individual and family risk factors are not isolated but interact and intersect with the community and society as a whole. Communities where there exists a lot of violence, put youth

at risk by exposing them to harmful environments where theft, violence, and victimization occur (Escobar-Chaves & Anderson, 2008; Kim, et al., 2009). Specifically, communities characterized by poverty (Assistant Deputy Minister, 2001), a lack of resources (such as parks and community centers), and poor role models that create gender inequality and normalize sexual promiscuity, and/or alcohol and drug use, are shown to produce some youth who are at increased risk of sexual violence (Assistant Deputy Minister, 2001; Rew & Bowman, 2008). In relation to media, youth in the literature that Escobar-Chaves and Anderson (2008) reviewed, spend between six to eight hours a day watching television, music videos, games, and computers. Doing so exposes them to sexually explicit advertising, television programs, and music, often depicting females in sexually degrading ways (Escobar-Chaves & Anderson, 2008). With the dominant discourse in popular media overwhelmingly portraying explicit female sexuality, it leaves female youth with limited knowledge on how else they can express themselves; how to make friends, to be desired by another and overall, fit in with their community who appear to value sexuality above any other quality. Therefore, communities that promote dangerous behaviour and give little alternatives' to live a safe and productive life, leave youth vulnerable to sexual exploitation and abuse.

Overall, the literature provides a large amount of individual and family risk factors that lead to increase vulnerability for online victimization and sexual violence; however none that I accessed specifically identified risk factors for sexual exploitation by men for their own sexual gratification. Further, this literature does not address whether other factors in the community can mitigate the effects of the media and dangerous environments. Perhaps parents' ability to openly discuss the limitations of media with their children, or the schools ability to educate students on healthy body image and self-expression, can counterbalance the deleterious effects media can have on females. Lastly, the literature available is limited in that much of it comes from Government Agencies that do not specifically detail frameworks, methodologies, statistical software and procedures used, or discuss the limitation of their findings. Therefore, it is not possible to adequately appraise critically the quality of this research.

The area of youth exploitation needs a substantial amount of further research and published results in order to provide sound evidence for the number of youth affected, risk factors and consequences of, and the treatment and support needs of this population. In addition, in the literature I have found to date, the voices of the female youth who are affected have not

been heard; no one knows their stories or how exploitation occurred for them. In order to holistically understand online sexual exploitation, female adolescents' who are affected must be included in the research.

Very few studies focus on community and society risk factors that contribute to the vulnerability of today's youth, reflecting a non-holistic focus on the contributors to sexual violence. The current literature demonstrates the lack of attention paid to the interaction between individual, family, and community that contribute to the risks youth face; even fewer address the intersection of culture, race, class, sexuality, and religion in relation to how each separately and collectively affect the risk of online victimization. Without examining all contributing factors, governments, organizations, and health care providers are unable to adequately address the multitude and interplay between factors. Therefore, the current study is needed in order to understand the process in which online exploitation occurs and address risks at all levels as identified by the females who have been personally affected by online exploitation.

Chapter III: Methodology

"A mind is like a parachute. It doesn't work if it is not open" - Frank Zappa, 1993

Research Design

The design of this qualitative research study draws upon interpretive description informed by feminist theory to guide the methodologies and research process. These two choices were made as Internet Sexual Exploitation (ISE) is a new practice phenomenon that needs thorough description from the clients who experienced it, in order to provide sound interventions and prevention. From my practice experience as a sexual assault nurse examiner, ISE is also grounded within the prevailing gender relations' context of male dominance and female submission, therefore ISE also requires an in-depth gender analysis that interpretive description, by itself, cannot adequately address.

Interpretive Description

Interpretive description (ID) is an inductive analytic approach to study and understand clinical phenomenon that can be applied in practice. Thorne, a registered nurse, developed ID in 1997 with the help from two colleagues, Reimer Kirkham and MacDonald, as they found that traditional research methods failed to provide appropriate guidelines to answer experienced based questions relevant to practice-based disciplines such as nursing (Thorne, 2008; Thorne, Reimer Kirkham, & MacDonald, 1997; Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). Specifically, Thorne, et al. (1997; 2004) found that rigorous adherence to traditional methods and their philosophical doctrines is not harmonious with nursing's clinical focus or philosophy; when borrowing from phenomenology, grounded theory, and ethnography, nurses are attempting to fit the methodological principles of philosophy, sociology, and anthropology to applied health and clinical problems (Thorne, 2008; Thorne, et al., 2004). Although these methods may be useful in answering some clinical questions, other nurses are constrained by the mandate of the original discipline and unable to adequately answer experiential research questions. In my search for the right design, I attempted to use all three traditional approaches, one after the other, to answer my research questions. I found all to be far removed from my goals of understanding ISE from those who experience it, and then to apply this knowledge to clinical practice to improve the empathetic and thoughtful care given to these clients. ID was the ideal design for my research goals.

ID is a non-categorical qualitative method that involves both description and interpretation from the perspective of the person who is experiencing a shared health and illness phenomenon (Thorne, et al., 1997; 2004). Its goal is to account for variations between study participants, while uncovering patterns and themes among participants (Thorne, et al., 1997). In this respect, ID is consistent with nursing science in that it values knowledge and understanding of populations and groups, while also acknowledging the importance of individual cases (Thorne, et al., 1997). ID is open and exploratory; it observes specific clinical problems and then broadly generalizes findings through the application of knowledge into practice (Thorne, 2008).

ID's philosophical underpinnings are aligned with constructivist and interpretive naturalistic orientation (Hunt, 2009; Thorne, et al., 1997; 2004). ID assumes that knowledge and truth can never be objectively discovered, rather there are multiple truths that are subjectively experienced, complex, and dependent on context. Furthermore, the researcher and participant of inquiry interact together to co-construct meaning and therefore are inseparable as they influence one another (Hunt, 2009; Thorne, et al., 2004). Although I did not conduct interviews for this study, I did use existing charts from clients who underwent extensive assessment and counselling with a healthcare clinician. Together, the client and the clinician, co-constructed meanings of the clients experience in Internet Sexual Exploitation. Additionally, my interpretation and analysis of the data interacts with the meanings expressed by the young women to co-create the essence of their experiences.

Although not specific to ID, description as a goal is often criticized for being less valuable and impressive in comparison to other aims (relationships, causality, or action research for example) (Sandelowski, 2000). However, Thorne (2008) counters this limitation by bringing attention to the importance of description in knowledge development, particularly with new phenomenon in order to bring "phenomena to the awareness of our colleagues, in creating an empirical basis from which new questions can be generated, and for taking note of the manifestations of the complex and messy world of human health and illness" (Thorne, 2008, p. 48). In addition, locating 'interpretive' before the description means that the reality of the participants is not just "out there" and objectively described. Rather, it is socially constructed and interpreted through the subjective person experiencing the phenomena and the intersubjective experience between researcher and participant (Thorne, 2008). ID appreciates the perspectives of those involved in an experience, while also acknowledging cultural and social forces that shape

subjective perspectives (Thorne, 2008). This outlook allows for the addition of a feminist critique to recognize cultural, social, and political gender dynamics that affect subjective perspectives.

ID, as a non-traditional qualitative method, has been criticized for 'method slurring' or combining methods from multiple approaches, and therefore lacking epistemological and methodological foundation. However, ID explicitly uses a constructivist and interpretive naturalistic epistemology to ground the research process (Thorne, et al., 2004). Furthermore, ID does not throw methods together or use different methods without rationale, rather in its effort to be non-prescriptive or circumscribed in order to allow for new discoveries, ID allows ones substantive disciplinary logic and orientation to justify the use of specific techniques, procedures, and methods (Hunt, 2009; Thorne, 2008; Thorne, et al., 2004). Therefore, although methods for data collection and analysis may vary from study to study, there is a substantive logic to the choice and method slurring is not applicable to ID.

Overall, a feminist informed interpretive description design has been used to guide the study and analyze the experience of female adolescents involved in Internet Sexual Exploitation. This was accomplished through the iterative process of constant comparison where knowledge is inductively derived from within the data and grounded by the context of that data in Interpretive Description, complemented by the conscious raising feminist critique of the underlying assumptions of daily life that give meaning and reason to each experience (Kushner & Morrow, 2003; Thorne, 2008).

Research Methods

Given the research design, the following methods described in this section are those I used during the study to uphold the principles of a feminist informed interpretive description study. These include: 1) participant selection and sample; 2) gaining access and entering the setting for data generation; 3) ethical considerations; 4) data generation and treatment; 5) data analysis; and 6) rigor.

Researcher's Role and Credentials

Although I do not have extensive experience as a researcher, I do have a wide range of professional nursing experience as a sexual assault and domestic violence nurse examiner (SANE) for pediatric and adolescent survivors of interpersonal violence at a large pediatric hospital, and for adult survivors at a women's hospital in a large city. Additionally, I am an

Emergency Room nurse where I work with victims of sexual, physical, and emotional violence. I have been a SANE for four years and in that time have completed over 100 hours of training and education for both hospitals, as well as completing provincial certification as a SANE for pediatric, adolescent, and adult populations. As a result of my expertise, knowledge, and skills, I am now responsible for training and educating new SANE nurses at both hospitals.

As a SANE at both a pediatric and women's hospital, my role includes acute healthcare and forensic services, emotional support, counselling, crisis intervention, mental health assessment, follow-up healthcare, sexual health education, research, outreach to community agencies and events, and awareness on issues of violence through the education of professionals and the public. Healthcare includes physical, pelvic and speculum exams, venipuncture, hymnal assessment in children and adolescent victims, sexually transmitted infection testing, and medication administration. Assessing clients risk for contracting Human Immunodeficiency Virus (HIV) and offering HIV Post-Exposure Prophylaxis is also a required skill, including ordering the appropriate bloodwork, testing, understanding the results, counselling clients, assessing and managing medication side effects, and consulting with HIV specialists. Forensic care involves documenting injuries, forensic photography, collection of evidence using a Sexual Assault Evidence Kit, use of high-intensity filtered light sources for body fluid detection, providing court testimony, and liaising with police and detectives.

My research experience includes projects undertaken for my job as a SANE, such as writing quantitative proposals, data collection, data input, and presenting findings at conferences. I also have experience as a qualitative research assistant where I had the opportunity to conduct interviews, transcribe, and analyze the data. This experience was paramount for planning and developing this research project, including ethical considerations, as well as analyzing the data for my current study.

Participant Selection and Sample

I used purposive sampling of a population who have had a particular experience and therefore personal knowledge of the phenomenon of interest. Specifically, I reviewed charts of female adolescents between the ages of 12-17 who had undergone assessment and counselling with a clinician in a Child and Youth Sexual Assault Centre. These charts capture the subjective experience of clients as detailed through the healthcare providers' clinical interpretation and

subsequent documentation of therapeutic process notes in the clients' charts. Further descriptions of therapeutic process notes are located under *Data Generation and Treatment* heading.

Female adolescents were chosen as they represent all of my professional cases, including the majority of those referred to the Sexual Assault Centre, and of cases cited in the literature (Finkelhor, et al., 2000; Finkelhor, et al., 2009; Wells, & Mitchell, 2007). I chose the age range of 12-17 as this correlates with the majority of clients' assessed at the Sexual Assault Centre and of those sited in the literature that are involved in ISE (Finkelhor, et al. 2000; Finkelhor, et al. 2009; Wells & Mitchell, 2007). According to the Criminal Code of Canada, once an adolescent turns 18, ISE is no longer considered illegal and therefore anyone over this age is not identified or referred to child abuse centre's (Department of Justice, 2002). Although I do not agree that exploitation ceases once someone reaches the age of 18, for the purpose of this study and the limited data on ISE, no one over 17 will be included.

The sample size included five charts for in-depth review that were obtained using purposive sampling. I chose five charts given the depth and breadth of the information collected by the clinician, and the lengthy time it took for me to transcribe the rough clinical notes made by the clinician into computerized documents, analyze the data, and report the findings. For example, clients receiving counselling were seen weekly or bi-weekly, and for a length of time of approximately six months to, in some instances, over two years, depending on the complexities involved. As a result, there was an immense amount of data to sort through. Secondly, the time frame allotted for data collection and analysis in a Master's level thesis is limited to one semester. Therefore, given the logistical constraints and amount of in-depth data available, I had sufficient data to answer my research questions. Lastly, as ISE is a fairly new area of study and to date, limited qualitative research from the perspective of the young women has been conducted, Thorne (2008) purposes that five chart reviews can yield useful themes, patterns, and knowledge from in-depth analysis, and which future research can expand on in greater detail.

During the analysis, I also included the addition of direct online dialogues between the perpetrator and the young women, using their Facebook and email messages to one another, which were accessible in the clients' charts, having been made available to the Sexual Assault Centre by the young women. This type of online dialogue[s] provided insight on the grooming and luring process that took place, an experience that the young women were at times not able to

communicate through language. These documents consequently provided visualization of an inarticulate process that took place and, according to Thorne (2008), has the advantage that neither the clinician nor I, have shaped their production. In accordance with the protection of the young women's identities, quotes from the online dialogues are not included in the write up of this thesis.

Strengths of the chart reviews include the breadth and depth of information collected, the strong therapeutic relationship and open and warm environment the clinician established with each client, and the clinician's approach that not only focused on individual characteristics, but also explored contextual factors such as family, community, school, and relationships. Moreover, the addition of online dialogues during the analysis further strengthened my study as it added richness to the data and themes obtained from the chart reviews and confirmed the initial findings from the charts, using immediate, real-time, and non-manipulated data. From my review of the literature, no other studies have included such data in their research.

Ethics

This study obtained approval from the Ethics Review Board at both the hospital where data collection occurred and from Ryerson University.

I requested a waiver of consent for this research study. There are a number of rationales provided for the request. The first is the potential of retraumatization for the young women who may begin to relive their traumatizing experiences when asked to sign consent for this research. As all the clients whose charts were chosen for inclusion had finished counselling, there would be no professional with them to manage the potentially harmful effects of reliving traumatic experiences. This may include flashbacks, nightmares, triggers, post-traumatic stress disorder and suicidal ideation for example. Leaving the young women to face this without professional help would be unethical. Secondly, as the charts were accessed through a Sexual Assault Centre, the procedure for obtaining consent requires that a healthcare provider known to the clients contacts them to inquire whether they are interested in participating or not. Given the inherent power imbalances between adult healthcare providers and adolescent clients, the healthcare provider may exert undue influence over the young women (Richards & Schwartz, 2002). Consequently, the young women may feel obliged or forced to consent, as they may fear disappointing or "alienating those in positions of authority" (Tri-Council Policy Statement [TCPS], 2010, p. 9). This goes against the principles of informed consent, which states that

19

consent must be "voluntary" and free of coercion (TCPS, 2010, p. 8). Furthermore, clients may feel confidentiality was breached when their healthcare provider contacts them for research purposes. This may cause undue harm and stress for the young women, and potentially break the trust that was formed between the healthcare provider and the client.

Due to the small number and uniqueness of adolescents who have been exploited online, there is a greater risk of sample bias if consent cannot be obtained. Consent may not be obtained in this sample as the clients were seen at the Child and Youth Sexual Assault Centre over the past five years and some have moved to adult services, while others have left the care of child protective agencies, and therefore their whereabouts and contact information is unknown. Excluding these clients based on their unknown location is unfair, and would have severely diminished the quality and depth of my research findings, and the anticipated insights and windows of understanding of this very important issue. Therefore, waiving consent allowed these clients and their important life stories to be included in my present study. Lastly, in accordance with the Tri-Council Policy Statement's alteration of consent in minimal risk research (2010), my study involves minimal risk to the young women as "the probability and magnitude of possible harms implied" by inclusion in the research is "no greater than those encountered" in their daily life (TCPS, 2010, p. 23). The processes to minimize the probability and magnitude of possible harm is discussed below. Additionally, the waive of consent does not adversely affect the welfare of the young women chosen for inclusion and my research does not involve any type of therapeutic intervention.

As part of minimal risk research and in keeping with a waive of consent, all potentially identifying information was removed to ensure anonymity and protect the privacy of the clients chosen for inclusion. No identifying information was disseminated in my research. This includes names, date of births, phone numbers, addresses, cities, medical record numbers, or any other current and/or historical information that could potentially aid, on its own or with other information, the identity of a participant. All material was carefully reviewed by several professionals with different clinical perspectives to remove all identifying information, which required several in depth reviews. Due to the multiple ethical issues and complexities that arose during the undertaking of this research in relation to survivors of Internet sexual exploitation, further precautions were taken to protect the identity of the young women. This included eliminating pseudonyms given to each young woman and the perpetrators involved, discussing

the findings broadly using themes versus going into detail on each particular young women's experience, and eliminating any direct quotes that were unique and therefore, potentially revealing of the young women's identities.

Furthermore, to ensure anonymity of the young women and the data gathered from their hospital charts, all transcribed documents were numbered and did not contain names or hospital ID numbers. The physical charts were kept in my locked office, in a locked filing cabinet at the hospital. Only I had access to these. The transcribed computer files were kept on my password protected computer, in my locked office. No one had this password and therefore this information could only be retrieved and reviewed by me. Eventually all data will be destroyed according to hospital policy, which can be found in Appendix D and E.

All information I reviewed during the study was kept confidential. In planning for the undertaking of this research, I prepared to keep confidentially with the exception of suicidality, homicidality, and child abuse, if it had not already been reported. As a professional dealing with youth in this study, I had an obligation to make a report to the Children's Aid Society for anyone under the age of 16, if I had reasonable grounds to suspect a client was, or may have been, in need of protection. This includes physical, sexual, and emotional harm, and/or neglect. As a clinician had already seen these young women, any suspicion was reported by him/her, and therefore I was not required to make any reports.

As with all research, there is the potential of risk in this study. Given the small sample size and the uniqueness of the phenomenon under investigation, there is a chance, although greatly minimized given the steps to protect their identities as described above, that the young women may recognize their life stories and experiences within the findings of this research. This could have negative impacts such as feelings of betrayal, anxiety, and distress (Richards & Schwartz, 2002). There is also the potential that they may believe their experiences have been misinterpreted and feel further exploited because their experiences are used for research purposes (Richards & Schwartz, 2002). Again, as it is my responsibility as the researcher to ensure confidentiality and protect the young women from harm, every effort was made to conceal their identities to avoid any potential risk involved in being chosen for inclusion in this study.

There are no direct benefits to clients whose charts were chosen for inclusion; all clients' whose charts were included were ones who had completed their counselling at the Sexual Assault Centre. Potential benefits to society include its contribution to healthcare and the healing

professions. This includes knowledge, recognition, and understanding of the unique experiences of youth involved in ISE, in order to inform clinical practice, provide appropriate and empathic assessment, interventions, and prevention efforts, and ultimately to better serve the survivors of ISE. Additionally, informing professionals of the long term implications that may arise from ISE experiences are also important in understanding the complexities involved and tailoring services to manage these long term complications. For the public, a message of survival, recovery, and return to life following harm and loss can be profound and helpful in overcoming their life challenges (Zingaro, 2009). Furthermore, my research can contribute to developing a foundation in which to inform future research, prevention, health promoting strategies, and healthy policy development in this area.

Data Generation & Treatment

Data was generated from the transcription of available notes of conversations between the clinician and the young women as recorded in their health record and counselling notes, beginning with the initial contact until the end of the last counselling sessions. I was not present during the counselling sessions or for the recording of notes. Therefore, staying true to the methods of content analysis, which uses and analyzes secondary data in the form of written communication (Zhang & Wildemuth, 2009; Hsieh & Shannon, 2005), the decision was made not to clarify the original notes with the clinician who wrote them and/or to extract more information from him or her. Another aspect of this decision was to avoid any undue influence from the particular theoretical and methodological lens that was selected to understand and analyze the data itself. Specifically, I wanted to analyze, critically appraise, and write from the position of a Feminist Nurse Researcher. Therefore, my understanding and analysis of the data is only from what was recorded in their health records and from my lens, which may be understood differently from the clinician(s) who spoke with the young women directly and collected the data, or from those in different healthcare disciplines.

The focus of the chart reviews was on the therapeutic process notes that the clinician wrote during the counselling sessions. Therapeutic process notes are not verbatim conversations between the clinician and the client; rather they convey the process of counselling through notes taken by the counsellor of the words said by the clients, the process behind the words, and the clinician's impressions during the counselling sessions. They often note impressions of feelings, emotions, and themes raised by the clients, along with the context in which these were discussed.

22

I also transcribed notes of nonverbal observations made by the clinician during the interviews such as silence, sighs, pauses, laughter, body language, posture, and facial expression. Some of the clients' charts also included print copies of their online conversations with the perpetrator that provided a firsthand account of the online luring and grooming process, and the exploitation.

I analyzed each data generation source separately as each captured a unique time during the continuum of the exploitation experience. The online dialogues illustrated the subjective experiences during the luring and grooming process, while the charts captured the young women's experiences prior to, during, and after the exploitation.

Data Analysis

The goal of data analysis in interpretive description (ID), which is informed by grounded theory, is to inductively derive knowledge from within the data and evolve that knowledge within the context of that data. I upheld this goal by following ID's two primary rules during analysis: 1) data collection and analysis were concurrent, and 2) constant comparative analysis was used (Thorne, 2008; Speziale & Carpenter, 2007). Using constant comparison, I continually compared each new piece of data and emerging themes with those previously analyzed and coded, to ensure similarities and differences were accurately found and accounted for; this continued until no new themes emerged.

To analyze the young women's charts and online dialogues for the retrospective reviews, I used ID's principles in combination with qualitative content analysis guided by Berg (2009), Hsieh & Shannon (2005), and Zhang & Wildemuth (2009). Specifically, I used conventional latent content analysis. This is an inductive method to subjectively interpret the characteristics of language as communication, with a focus on the content and context of text data for the purpose of constructing meanings, themes, and patterns that are grounded within the data (Berg, 2009; Hsieh & Shannon, 2005; Zhang & Wildemuth, 2009). This occurs "through the systematic classification process of coding and identifying themes or patterns" and goes beyond counting words or extracting objective content from texts (Hsieh & Shannon, 2005, p. 1278). Therefore, qualitative content analysis produces rich knowledge and understanding of the phenomena under question, with supporting quotes from participant's, reflecting upon how they view their social world and the range of meanings the phenomena holds for each of them (Hsieh & Shannon, 2005; Zhang & Wildemuth, 2009).

Conventional content analysis consists of eight steps. In the initial step I prepared the data by transcribing each participant's chart verbatim, including observations made by the clinician during the interviews such as silence, sighs, laughter, body language, posture, and facial expression, which are all important in latent content analysis (Elo & Kyngas, 2007).

In the second step, I defined the basic unit of text that I would code during my analysis. I used individual themes as my unit informed by my research questions and inductively derived from the data. Defining my unit of analysis as such allowed me to look for the expression of each theme in any part of the document including a word, sentence, phrase, or paragraph (Elo & Kyngas, 2007; Zhang & Wildemuth, 2009). For example, loneliness was found to be a theme that was derived within the data at the beginning of transcript one. I then used this theme to look for its instance in any other places within the entire transcript and was coded 'loneliness'; this process continued for all themes found. In order to define my unit of analysis inductively, I read each transcript several times prior to coding in order to gain familiarity with the evolving experience of each adolescent and allow myself to 'react' to the data to note what initially attracted my attention. This was encouraged by Thorne (2008) and Fonow and Cook's (1991) reflective process in feminist research. Despite how open-minded I may believe myself to be, as a researcher and nurse, I have an instinctive drive to label a piece of data as meaningful (or not) based on my profession education, clinical specialty, and personal experiences. Therefore, by allowing myself to recognize this and reflect on why certain words or phrases were illuminated for me, I was able to look beyond my immediate impressions and see other pieces of data as meaningful. During each read through of the transcripts, I began to highlight what seemed important and/or what stood out amongst the many words. In keeping with an inductive method of data analysis, the first codes I assigned to each piece of data came from the words used by the young women, clinician and/or parent(s) in the transcripts. There were many codes assigned in this second step.

In step three I went through the data again, creating more codes inductively derived from within the data to add to my initial coding, and thereby avoiding the use of preconceived codes. Once this was completed I used constant comparative method to refine the code names and collapse any two codes into one code where they shared the same theme but were initially assigned different names. For example, what I had labeled verbal abuse by schoolmates and what the young women had labeled as bullying became one code entitled 'bullying'. Therefore, my

overall number of codes decreased in this step as the code names and definitions became more concise to accurately capture the themes. I then went through the transcript again, this time making code categories that the emerging codes fit with. For example, categories emerged for 'Adolescents', 'Clinician', and 'Family'. Each category was further broken down into subcategories. For example, the participant category was broken down into 'Feelings', 'Grooming Process', and 'Family'. Given the number of people in the transcripts, subcategories were necessary to capture the complexity of each person involved. No codes or categories were permanent at this point.

Step four is where I validated the clarity and consistency of my coding scheme and the category/subcategory definitions on a sample of text using constant comparison, and then on an entire transcript. This was done to the transcript of the young women labeled '01' and then on the transcript of the young women labeled '02' (at this time, no name was assigned to the female adolescents, rather, they were numbered according to the order they were transcribed). Specifically, using my coding scheme, I went through the transcript again and expanded or removed codes that did not fit or align with the categories. For example, a code I had made for the clinician named 'protection' no longer fit. I had initially chosen it as I thought it was a role of the clinician to protect the young women by calling child protective services. However, this is mandated for all people working with children and did not play a large role in the experience of the female adolescents, who were my primary focus of this study. Once I had coded two transcripts using my set categories, a member of my thesis committee did the same to achieve inter-coder agreement, where we came to accord on the codes and categories used. This is consistent with ID that recommends 'engaging the critic' or others who are able to provide me with multiple and different perspectives to ensure my biases are not obscuring the findings (Thorne, 2008). Overall, a large portion of codes, and a few categories were eliminated in this step.

Given the high inter-coder agreement in step four for the first two transcripts, I moved onto coding the remaining three transcripts iteratively for step five. Once each chart was coded, I used constant comparative method to compare the emerging codes, themes, and categories with the preceding transcript. I did this by placing every line, phrase, sentence, and such from each transcript under the appropriate code name, which represented or provided an example of that code. While doing this, I realized some important themes were not fitting into any codes

developed thus far. Therefore, as new themes and codes emerged they were added to the coding scheme and applied to all proceeding and subsequent text. Individual codes that were found in one transcript and not the others were not eliminated, as I wanted to ensure I also captured important individual themes, where significant and meaningful for each young women.

In step six I rechecked the consistency of my coding again for the entire data set (all five transcripts) and decisions were made regarding the finalization of codes and categories that most accurately reflected the data and captured the experience of the young women. Codes and categories that were either not strong (themes found once or a few times and lacked depth) or did not capture the experience of the female adolescents were eliminated. For example, the code names assigned to the 'Clinician' category and that category itself was discontinued, as the purpose of this study was to understand the experience of the survivors of exploitation, and not the techniques that clinicians use. Therefore, at this step, the codes and categories were further refined and finalized.

Step seven consisted of "exploring the properties and dimensions of categories, identifying relationships between categories, uncovering patterns, and testing categories against the full range of data" (Zhang & Wildemuth, 2009, p. 5), in order to conclude the meaning of the themes. I started this process by grouping data into categories based on their similarities and/or differences in relation to the experiences of the females, and how these categories related to one another. I was inductively building a whole to account for the emerging patterns and themes. In order to prevent superficial linkages between patterns, I engaged again in constant comparison, moving from singular cases to the whole data set and "from groups of similarity within certain cases to various manifestations of differences within other cases" (Thorne, 2008, p. 149). By shifting my focus in this way, it provided me with increasing clarity and understanding of what relationships existed and what the true patterns and linkages were within the overall dataset.

Specifically, I started with categories that separated the young women's experiences in relation to the exploitation, rather than keeping the categories I had made earlier in the analysis process that related to the people involved in the young women's lives (family and clinician). The emerging categories were *'before the exploitation', 'during the exploitation', and 'after the exploitation'*. However, I found themes that fit into one, two, or all three of these categories and some themes that seemed be related to others. Therefore, I refined the categories and made them into the following: 1) Experiences before, during, and after the exploitation; 2) Experiences

26

during the exploitation; and 3) Experiences after the exploitation. I was then left with themes that occurred at every stage but were not directly related to the exploitation. They were life situations that were constantly in the background, affected the young women, and had compounded their already difficult exploitive experience. I labeled this category: Contextual and Contributing Factors. After bringing these new categories and their accompanying themes to a thesis committee member to again ensure inter-coder agreement, we decided to further distinguish each category based on where the data was from (chart versus online dialogues with the perpetrators) to ease reading and understanding. The final categories included: 1) Experiences Before, During, and After the Exploitation: Themes Emerging from Charts; 2) Experiences During the Exploitation: Themes Emerging from Charts, Facebook and Email; 3) Experiences After the Exploitation: Themes Emerging from Therapy and; 4) Contextual and Contributing Experiences: Emerging Themes.

During this step, I continually challenged my thinking. I took many steps back and asked myself: 'what am I seeing?', 'why am I seeing that?', 'what does that mean?', and 'what am I not seeing?' as recommended by Thorne (2008), in order to shift my lens and perspective, see maximal variation, and uncover whether anything new had emerged.

In the eighth and final step, I recorded my analytical process and procedures as detailed in this section, and also interpreted the findings. Interpretation occurred during the analysis process and further analysis occurred during the interpretation and write up of the findings to ensure it accurately reflected the experiences of the females involved. This step also consisted of writing a discussion of the findings, which can be found in chapter five. Consistent with ID, the findings for content analysis are presented using description and interpretation (Berg, 2009; Zhang & Wildemuth, 2009). Description provides a rich and thick understanding of the background and context, while interpretation provides my personal and theoretical understanding of the experience of female adolescents involved in Internet Sexual Exploitation (Zhang & Wildemuth, 2009; Thorne, 2008).

Rigor

Rigor was ensured throughout my study using multiple methods including the appropriate choice of methodology; keeping frequent detailed memo's and journals of my process and experience; recurrently consulting and debriefing with thesis committee members and experienced qualitative researchers; and collecting, analyzing, and interpreting data concurrently.

I also frequently engaged in reflexivity during the entire study to understand my own biases and presuppositions, an important component of feminist research (Fonow & Cook, 1991). I entered the research process from a particular standpoint and I wanted to ensure I understood it and how it could affect my methodology, findings, and interpretations. Specifically, I am a woman of power given my position as a professional and I came to this research with prior knowledge of gender dynamics in abusive relations because of my education, life experience, and career as a sexual assault nurse examiner. Knowing the position I came from helped me to suspend my prior knowledge and open myself up to the possibility of new learning's in relation to gender dynamics in online sexual exploitation, through the experience of those who have been through it. Consistently asking myself: 'Is this what the data is telling me or is this prior knowledge or an assumption?', 'What does it mean?', 'Which of my ideas are supported by the data?', and 'What additional questions do I need to ask that I haven't asked?' (Hesse-Biber & Leavy, 2007), helped me to discern whether my analysis and interpretation was true to those involved or a projection of my position and biases. Given this reflection through numerous memo's and journal entries, I believe that the young women and I co-created the findings and interpretation, as I as a researcher, nurse, and human being, can never completely detach myself and become an empty vessel.

Chapter IV: Findings

The findings in this chapter all come from my review and analysis of the young women's charts. These charts included the clinician's clinical notes, online dialogues between the young women and the perpetrators, and hand written notes. This chapter discusses the demographic features of the young women and their families, as well as the themes emerging from the data. Given the complexity of the Internet Sexual Exploitation and the experiences of these young women, the themes have been divided into four thematic categories: 1) Experiences Before, During, and After the Exploitation: Themes Emerging from Charts; 2) Experiences During the Exploitation: Themes Emerging from Charts and Online Dialogues; 3) Experiences After the Exploitation: Themes Emerging from Counselling and; 4) Contextual and Contributing Experiences: Emerging Themes.

The Young Women's Demographics

The following characteristics were gathered from the charts of all five of the adolescents. At the time they entered the counselling program, the young women ranged from 13 to 17 years old. While I wanted to attend to their place of birth, ethnic backgrounds, cultural identities, and employment status, this information is not routinely collected at the Sexual Assault Centre and therefore, not available for all of the young women. All of the adolescents were attending school regularly at the time they entered the program. The young women lived in a variety of places, including cities, the suburbs, and rural areas.

The young women accessed the Internet using a variety of methods including the family computer, iPods (see appendix F for all relevant technological terms), and phones with web browsing capabilities, extended family members' home computers, friends houses, and at school. Two of the girls never had their computer use monitored by a caregiver (for example, a parent, an extended family member, babysitter, and so forth). A caregiver sometimes monitored another two of the adolescents, and one was unknown. Once the youth started assessment in the counselling program, all but one had their use limited, removed, and/or monitored by their parents and extended family members.

As I used secondary data in my study in the form of patient charts, I was not able to personally ask each participant the same demographic questions. Therefore, obtaining this information consistently throughout the charts of all five adolescents was not always possible.

Family Demographics

At the time the young women entered the counselling program, family constellations included two parent households consisting of both biological parents or biological mother and stepfather, and single parent households. The remaining family demographics that I had initially wanted to collect such as level of education, employment status, spoken language, and income were not always recorded in the charts and therefore, not included in this study.

The Young Women's Experiences

Internet Sexual Exploitation is very complex and complicated. There is rarely, if ever, only one single episode. Rather, it is a process that can take place over several months to years. Therefore, for the purpose of bringing clarity to this process, I have divided the young women's experiences into four subcategories. The experiences before, during, and after the exploitation are derived from the information documented during clinical interaction in the young women's health records. The health records included health information typical of inclusion in hospitals, such as visits with physicians and nurses, as well therapeutic process notes documenting patient history and capture the continuum of the young women's experiences as they moved through the counselling process. These notes are not verbatim, but rather the counsellor's shorthand notes transcribed during counselling sessions, which included the words said by the clients, the process behind the words, and the clinician's impressions. They also contain impressions of the feelings, emotions, and themes raised by the clients, along with the context in which these are discussed. Therefore, the charts contain direct words used by the young women written in first person, as well as third person and paraphrasing accounts of what they discussed, as documented by the clinician. Due to the importance of protecting the identity of the young women involved to minimize risk because consent was waived, themes, although developed from my review of their experiences, are discussed broadly in this chapter, with quotes dispersed throughout to illustrate these themes. This will help the reader to understand the complexities of these young women's lives, while at the same time protecting them and their identities.

From what was recorded in the young women's charts, the following is my analysis of how the process of exploitation unfolded, and guides the organization of the thematic categories. Experiences that took place before the exploitation, included those occurring during their childhood into adolescence, together with some of their feelings, development, peer interactions, and family dynamics. Their experiences that took place during the exploitation consisted of the

grooming process that unfolded between the perpetrator and the young women, accompanied by their feelings during this time. Online communication, such as emails, provided a first-hand account of the grooming process, and a window in which to understand the complexities involved. The period after the exploitation also consisted of multiple phases as the girls underwent counselling and came to different but increased understanding, insight, and healing. Some experiences were limited or isolated to a certain time period in the exploitation, such as jealousy during the exploitation or self-blame after the exploitation, while others were not. For example, multiple feelings were experienced before, during, and after the exploitation, and therefore, are captured as such below.

Lastly, the exploitation could not be separated from the contextual factors in the young women's lives that may render them vulnerable to exploitation, and/or those that may be protective. The contextual factors also helped me understand their lives holistically.

Experiences Before, During, and After the Exploitation: Themes Emerging from Charts

This section contains themes derived from my analysis of the young women's experiences as recorded in their counselling sessions. The themes that I extracted during the analysis of the data occurred across each phase of the young women's lives: before the exploitation, during the exploitation, and after the exploitation. The themes found in the girls' experiences include: 1) Feeling unloved, lonely, sad, and suicidal; 2) Poor self-esteem and pleasing others; 3) Attention seeking by acting out; 4) Escaping Reality; and 5) Involvement with multiple men.

Feeling Unloved, Lonely, Sad, and Suicidal.

Feeling unloved, lonely, sad, and suicidal were all grouped together as they characterize the young women's feelings before, during, and after the exploitation.

Unloved.

All five adolescents were noted to discuss feeling unloved before, during, and after the exploitation. The young women described feeling unloved by peers and friends and gave instances of feeling alienated, disliked, and teased at school. For example, feeling unloved often meant same aged boys were not interested in them romantically, while they described that their peers were enjoying romantic relationships with one another. Examples of recorded statements include, "my life fucking sucks", "nobody ever held my hand" and those she liked did not "even

31

want to be in the same room as me". These statements indicate hurt feelings that guys did not express interest in them or return affections.

The young women were also noted to describe feeling unloved by their family members. Examples include descriptions of the youths' perceptions of not having a loving environment provided by their family, treated poorly by one or both parents, feeling left out once one or both parent remarried, and experiencing emotional abuse, neglect, and sexual abuse by parents and extended family members. As a result, these young women described feeling, "lonely, rejected, and unloved most of the time", that "no one really loves me", "[I] don't trust or feel safe a lot of the time", and therefore "there was no reason to live". After the exploitation and months of counselling, feelings of being unloved continued to be documented including, "I still feel lonely", indicating the loneliness had decreased but she still "wishes to be loved". These young women seemed to long for positive attention and a loving relationship, expressing, "I like to be wanted and needed", and "I like presents, positive attention, and flirting".

Lonely.

Loneliness was a common theme that was documented in four of the adolescents' charts and from my analysis, is related to the feeling of being unloved. Loneliness appeared to stem from many of the same reasons as the documented feelings of being unloved; no close relationships with family, friends, or lovers. For instance, some of these young women described feeling excluded from their parents re-marriages or new romantic partners, as highlighted by these quotes: "Mom has a new family and dad has a girlfriend" and "no one wants me", indicating that she "feels lonely" as a result. At times, the young women felt like they did not belong in their parents' new relationships, especially when there were children in the remarriages. Due to this isolation, some of the young woman expressed that they felt it would be "better for everyone if she were dead". At times, the lack of a stable father was the cause of the young women's loneliness. They reflected on the feelings of loneliness and unlovability by their fathers when younger, some disclosing that when their fathers became absent is "when I started going online". All the young women went online to find someone who made them feel loved and wanted, and helped them to forget their loneliness, as illustrated by these quotes: "when I was with him [man met online], it didn't matter that my dad didn't care" and "he made me forget about my dad". However, once the online relationships ended, those feelings of loneliness returned: "I feel like I have nobody".

32

In some instances, the feelings of loneliness were described to begin in childhood as some of the girls reported they did not fit in with others and experienced social isolation. In counselling, they reflected back on their childhood experiences, describing feeling like a "lonely child", different from others, "strange and weird", and with "no close friends". Indicating thoughts like "people and other kids knew not to play with her". Some of the girls expressed being teased and bullied at a young age "for being fat", a "geek" and a "loser". This social isolation from peers persisted through the exploitation experience and after, and was interpreted by the young women to mean that no one cares for them or wants to listen to their problems. It was noted at times, that it was difficult for some of these young women to express their feelings, indicating "[I] hold everything inside" and does not feel she can talk to anyone; "Not friends, not family". Although it is developmentally appropriate for girls this age to seek out romantic relationships, the girls identified that they also longed for relationships with boys their age because they were "always lonely", and from my analysis they thought romance would solve this problem. However, after unsuccessful attempts at wooing peers, the feelings of loneliness increased, making them wonder, "Why they don't like me"?

Statements of loneliness continued to be documented throughout the exploitation and during counselling. For example, at the completion of counselling, the young women reflected back on their susceptibilities during the time of the exploitive relationship and recognize their vulnerability at the time they met the perpetrator was due to "low self-esteem, bullying, no friends", and "home felt lonely and isolated". They were looking for someone to "listen and understand".

Sad.

Four out of the five females were noted to report sadness. For two of these four, this presented as crying often. During an assessment with the clinician immediately following the exploitation, two girls reported feeling sad, "crying all night", "not sleeping or eating", "feeling alone", "feels like crying many days", and have lost interest in taking care of themselves. Unfortunately, this in turn created an emotional cycle for them, as not caring about the way they look or live makes them feel "sad", "ugly" and "gross". They also spend more time alone, making them feel "lonely and stupid", and then the cycle repeats. This sadness and frequent crying was also present during some of the young women's childhoods as noted in their charts. For example, "always crying" on the way home from school because of the bullying and name-

calling by peers, such as "nerd", "geek", "loser", and "loner". This name calling was a "heartbreaking" experience.

Sadness was also experienced by two of the young women at the end of their relationships with the males who exploited them. This consisted of expressing worry about the men's well-being, guilt for getting them in trouble, feelings of "overwhelming sadness" they "couldn't stop crying". After months in counselling, sadness about the situation prevailed. However, there was an added component of sadness as they questioned the perpetrators feelings and motives to be with them. Love, commitment, and the title of 'boyfriend and girlfriend' was used by the male perpetrators during the relationships, but this was being questioned by the girls and they now expressed confusion: "I don't know what to believe?", "I wish I knew the truth", and as a result "I'm feeling really mad!". They also questioned, "Was any of it true?" and "did he care about me at all?". The sadness and depression had escalated during this difficult emotional period of questioning. For example, it was expressed, "I thought of trying to kill myself" during this time. Throughout the counselling sessions, there appeared to be a gradual process of the young women gaining understanding of the exploitative aspect of their relationships with the men.

Suicidal.

All adolescents were noted to struggle with suicidal ideation and attempts before, during, or after the exploitation. Some of the girls were suicidal throughout all of those periods. They described feeling depressed, "sad, tired, and doesn't feel interested anymore". Some of the young women described taking knives and scissors to themselves, but at the last minute deciding not to go ahead with it. At times, their sadness and depression increased as they worked through their abuse history and the exploitative events, resulting in serious plans for suicide. For example, the girls expressed plans to "jump" from severe heights, "walk into traffic", and overdose on "pills". Three of the young women had attempted suicide in the past, using methods such as "stabbing", "hanging", "cutting", overdosing on pills, and ingesting poisonous substances. At least one of these attempts was very serious and resulted in a hospital admission, while another was intervened by family. It was noted that together, the young women and her family. Lastly, they described being depressed during the exploitative relationship and attempted suicide during that time because of anger, disappointment, and sadness with the men who exploited them.

Poor Self-Esteem and Pleasing Others

From my analysis, all of the young women experienced poor self-esteem and two of these also expressed a pressure to please others, and at times, placing it above their own needs and safety. Poor self-esteem was noted to begin during childhood, as they described feeling left out by peers, unloved at home, and perceived themselves as unattractive. Peers would tease the young women for being too fat or too tall, making at least one participant wish that she could be "shorter and skinny". The young women described what poor self-esteem feels like. For example, you look "ugly", you believe people "think badly of you". You also do not feel "smart", instead you feel "sad" and "lonely", and you stop caring about the way you dress, act, or live. This makes "you feel gross". These statements indicate that they were not feeling good about themselves.

Adolescents who described not feeling good about themselves often had a history of relying on others, and particularly on male attention, to feel better. Some of the girls were noted to engage in more risk taking behaviour to obtain male attention. For example, those feelings led to posing "naked" online and progressed to masturbation because of "poor self-esteem" and when naked photos are online, girls get "lots of male attention". After the clinician reviews online documents of men grooming girls are reviewed with the clients, the young women identified that their perpetrators' said and acted in a similar manner. Some expressed a belief that they were susceptible because of poor self-esteem as this means "lowered expectations" and therefore "any attention feels good". When they are noticed, they feel "excited, pretty, smart, sexy". After the exploitation and towards the end of the counselling treatment, some of the young women identified that they needed to further develop their confidence and build self-esteem. For example, some conveyed a worry about going "along with peers" even when "it is wrong" because of the ongoing "need to be liked". However, they expressed "starting to have more confidence" and insights since attending counselling.

In relation to poor self-esteem, came the need to please others. This includes their mothers, friends, peers, boyfriends, and the perpetrators. At times, pleasing others was motivated by the need to "appear cool". Some of the young women articulated that this need to be cool also made them go along with the perpetrators as they wanted to appear "on the same page as him". They also "felt pressured" and "didn't feel she could say no". Other girls were noted to have used extreme measures to please the men that exploited them, often ignoring their own and

others safety in the process. For instance, participating in pornography. They voiced wanting to make these men "happy" while avoiding making them "upset". From my analysis, it appears that these young women act 'the part' at whatever cost, in order to continue receiving male attention and to temporarily ease their poor self-esteem. They also, at times, did not feel they could say no for fear of making the men upset and displeased with them.

Attention Seeking by Acting Out

The theme, *Attention Seeking by Acting Out*, was an outlier but important to include because this theme was found throughout a chart and played a significant role in a young women's life, the counselling process, and in understanding the exploitation. To protect her identity, this theme will be extrapolated.

For some adolescents, the only way they know how to get love and attention is through acting out at home, at school, and with her friends. At school this may mean getting into "trouble with teachers" for things such as not doing homework "not listening to instructions", socializing when school work should be done, "blurting things out" instead of raising a hand, and fighting with peers. At home, girls may act out by fighting with their parents and siblings, not participating in household chores, running away from home, stealing, and verbal aggression such as swearing, "screaming and name-calling". They may also act in similar manners with friends and romantic interests to get attention too. These adolescents often find that they receive more attention when they act out than when they behave. However, counselling can change that pattern of behaviour through the recognition that negative attention is not good attention, can have consequences, and can make someone "feel worse" about themselves. Through this process, adolescents can gain mastery over their emotions, act out less often, and enjoy positive attention for good behavior.

Escaping Reality

Three of the young women attempted to escape their reality by developing an alternate online identity by pretending to be someone else and by creating a fantasy family life. The two young women who created alternate online identities changed their ages from the early teens to young adults in hopes of engaging older guys, and created alternate names and life stories online. At times, they communicated liking their online identity so much that they brought it from the virtual world into their real world, as illustrated by the quote: "she likes it better and asks friends to use it too". Creating a '*fantasy family*' is important in understanding the vulnerability to

exploitation and motivation for engaging with men. Some young women expressed a desire to create their own family given that their current ones appear unhealthy, abusive, controlling, and unloving. One girl described her "fantasy of a family life" where she belongs and feels loved, while expressing, "I want a family, I want my own family". This may also include a child to "spend time" with the father, "to keep him in my life", and prevent him from ever leaving. However, these girls voiced the realization that creating an alternate identity or having a child would not solve all of their problems, as they conveyed a fear of not being liked for who they are: "I'm afraid he will leave me" and "he probably just wants sex". From my critical appraisal of the data, these young women created alternate online identities and fantasies about an alternate life because they did not feel loved, accepted, and as one participant summed up, "If people got to know me, they wouldn't choose to spend time with me".

Involved with Multiple Men

Four of the five young women were noted to be involved with multiple other men online, in addition to the perpetrators, who were the initial cause of their referrals to the Sexual Assault Centre. While some of these online relationships remained virtual, others met these men in person, and sexual activity ensued. The adolescents ranged from 13-15 and described multiple relationships with men aged 17-40. For example, one young woman called a man double her age her boyfriend and described being in a serious long-term relationship with him. In addition to the consistent online relationships that they each had with a few men, all of the young women also talked to multiple other men online using computers, phones, and iPods with Internet connection. These were "older males into sexting" that were between the ages of 18 and 37. In total, the young women disclosed speaking to 20 different men over the years. These men "send me nude pictures", "they've shown me adult pornography", and they chat on the phone or online for at times "hours each day". Some girls participated in phone sex and "masturbation" online, some tell each other "I love you", and some have even met and had casual sex with a few of the men. These men lived within Canada and abroad. Some of these girls were on the computer and using online chat rooms with friends for the first time by the time they entered adolescence.

Experiences During the Exploitation: Themes Emerging from Charts and Online Dialogues

The experiences during the exploitation relate to the grooming process as described in the literature review. Facebook chats and emails between the young women and the perpetrators provided firsthand accounts of the experiences during the exploitation, and added to the data

found in the young women's charts. There is one other theme, jealousy, which emerged independent of the grooming process and was only found during the exploitation. The themes I found during my analysis of the exploitation include: 1) Building a relationship; 2) Consistently shows his interest for her; 3) Explicit sexual content; 4) Manipulation and secrecy; 5) Violence and abuse; and 6) Jealousy

Building a 'Relationship'

Building a 'relationship' consists of the activities that take place between two people as they are getting to know one another through emotional intimacy, attachment, establishment of trust, sharing life troubles, confiding in one another, and physical intimacy. All five adolescents were noted experiencing this period of building a relationship with the perpetrator, although they were unaware that this was part of the grooming process. For example, some men provided a safe space in which to discuss their problems with school, family, and friends. They sympathized with the young women, they gave advice, counselling, and voiced their concerns for the girls' well-being. In return, the young women expressed their gratitude for having the men to listen to their problems and console them. Their ability to listen and help is what one girl "loves" about the man she met online. They also described feeling really understood, supported, wanted, and loved by the men as illustrated by the quotes: "he understood me the best" and "he said he cared about me and showed it". Some relationships progressed further than others where the young women called these men their "boyfriend" and "best friend". They revealed, "telling him everything", the exclusivity of their relationships, and their plans to bring the relationships to the next step in the future. For example, spending more time with one another and meeting each other's friends and family.

Consistently Shows His Interest for Her

From my analysis of the young women's experiences before the exploitation, as discussed earlier in this chapter, they suffered from poor self-esteem, feeling unloved, loneliness, and sadness. The men online consistently showed interest, desire, and in some cases, love for the adolescent girls, which these girls indicated was missing in their everyday world. The young women received many compliments from the men they met online; the men praised their beauty, intellect, fashion, and body. They also expressed their desire for physical intimacy with the young women and the girls expressed flattery. Some men even conveyed falling in love and their subsequent vulnerability due to these feelings; their potential to get hurt by the girls. In response,

the young women reciprocated the feelings of love and desire. However, through my analysis of the online dialogues, the men's motivation was manipulative. Soon after expressing desire, love, and praise, sexual activity with some of the men would ensue.

Explicit Sexual Content

Once trust had been established, and a 'relationship' built, sexual content became introduced into the conversations by the perpetrators for at least three of the five young women. At the beginning of the online relationships the conversations were mostly centered on innocent flirting between the girls and the men. Overtime, they began to discuss sexual activity with one another and explored what the young women were comfortable participating in. Although some of the young women expressed a desire to engage in some sexual activity, they also made it clear what they were not comfortable with, such as vaginal or anal sex, despite some of the men asking for it.

As the sexual conversations or 'cybersex' continued, the men introduced new sexual terms, positions, and sexual activity that they liked, which was often developmentally inappropriate for the young women to know. At times, when the conversation was not focused on sex during the online dialogues, the men appeared disinterested, and redirected the focus of the conversation back onto sex. The men encouraged the young women to engage in many behaviours such as sending "naughty nude" pictures of themselves, shaving their pubic hair, watching adult pornography websites for them to view and learn from, masturbating, sadomasochism, and child pornography. Occasionally, the young women were sent violent sexual images and exposed to violent sexual conversation with the men. For example, raping girls. After this exposure to developmentally inappropriate sexual talk and imagery, the young women began to incorporate the language, positions, and pornography into their conversations and their fantasies of sex to turn the men on. It appears that the more positive attention they received for pleasing the men sexually online, the more the girls were willing to say and do for them. Therefore, the men exploited normal teenage sexual interest and excitement, and exposed the young women to developmentally inappropriate sexual language and imagery that often depicted women serving the males interest, and at times, also had violent components directed towards women.

Manipulation and Secrecy

All five adolescents were manipulated by the men into sexual activity. This consisted of manipulating their emotions by "pretending to care" about them and thereby, making "it hard to

39

say no" when they asked for sex, which in turn, "makes you do things you don't feel like". The manipulation of the girls emotions consisted of two components: 1) manipulating through 'love'; and 2) manipulating through anger and belittling.

Manipulation through love occurred when the men expressed their love for the young women. For some, this also involved establishing a romantic relationship, calling each other boyfriend/girlfriend, and/or saying, "I love you". The men would use this 'love' to justify sexual intimacy and convince the girls to engage in sexual activity. At least one of the men even claimed to love a participant so much, that he was likely to have his heart broken by her. Love was also used to justify sexual assault. For example, after having sex for the first time with a man met online who was double her age, one young woman expressed an intuitive feeling that something was not right. Instead of acknowledging the violation, the man justified this feeling as a result of the excitement and nervousness that accompany love.

Anger was also used to manipulate the young women's feelings. Several men would act angry and disappointed in the girls' behaviours, guilt them into feeling bad about something that they otherwise should not, and would threaten to end the online relationship. Additionally, some men used sarcasm and name calling to belittle the girls. In response, the young women appeared to feel inadequate and guilty because the men expressed hurt and anger with them. Subsequently, they engaged sexually with the men in order to make him feel better, to please him, and ultimately, to fix the situation in the only way they knew he would respond favourably, through sexual talk.

Secrecy was a theme I found in four of the adolescents' charts and online dialogues. All the men knew they were doing something wrong by talking sexually with minors. Therefore, they used tactics to keep the relationships secret. For example, asking the young women to keep their relationships secret from the authorities, parents, teachers, and the clinician. To maintain secrecy and avoid detection, some of the men would only call the young women from a restricted number, leaving no evidence that they were contacting the girls' offline. Additionally, the men used secrecy to ensure no one they knew, such as friends and family, were aware they were having sexual relations with underage girls, as illustrated by the quotes: "He never wanted me to meet them [his friends] because I am under age" and "I could only come over when [his friends are] not there". In the online dialogues, the men made it clear to the young women that they were not allowed to tell anyone about the relationships and if they did, the relationships would end.

Some of the men's tone in delivering this message was crude and aggressive. Therefore, the young women did their best to conceal their relationships' from their friends, family, and authority figures.

Violence and Abuse

Violence and abuse was present in the young women's relationships when, among other acts, the men exposed them to violent images, pornography, and related conversation, and then spoke of wanting to rape and, thereafter hurt his victims. This was noted to have left the young women feeling like it was normal and natural to have violence in relationships and at the same time, left them feeling powerless and fearful, as captured in this quote: "he was dominant and I was supposed to be submissive". In addition to these acts, violence also encompassed verbal attacks, emotional abuse, physical violence such as "beatings, hitting, and punching", and sexual violence such as assault and forced involvement in pornography. Therefore, by exposing the girls to increasingly violent images and behaviour over an extended period of time, and treating them as submissive partners, the men were able to gradually desensitize their reactions to violence.

Jealousy

Jealousy was noted to have emerged when the young women knew their online, and often offline, friends/boyfriends were also talking sexually with other girls online. The young women expressed feeling "angry" and sad that they were not enough for these men. At times, it was recorded that they questioned what was so wrong with them that he needed other girls around? Often, the men were talking to increasingly younger girls online. Consequently, the young women questioned their worth and expressed feelings of inadequacy. It appears that they therefore worked harder to please the men and to keep the men interested in them.

Experiences After the Exploitation: Themes Emerging from Counselling

The period after the exploitation was difficult for all of the young women. It involved counselling sessions with a clinician in which the exploitation was relived and difficult feelings were addressed and worked through. It was documented that some of the young women continued to talk to other men online during this time. This period was also filled with confusion as the girls began to understand the difference between sex and love, and came to the realization that their relationships with these men were exploitative. Themes found include 1) Avoidance; 2) Self-blame and guilt; 3) Missing the relationship and attention; 4) Questioning sexuality; and 5) Anger

Avoidance

Avoidance was found in four of the adolescents' charts. In order to cope with the exploitation, some of the young women attempted to avoid the difficult feelings related to it by numbing their feelings and/or denying that they had any. For example, claiming that one "never feels anger or sadness". This also involved avoiding the discussion about feelings related to the exploitation and by blocking the memories associated with it. It was documented that the girls who attempted to block the memories, had a "history of trying to block things out" that make them feel "uncomfortable". Sometimes, the feelings and memories were so overwhelming that a few of the young women stopped attending counselling. Some of the young women also voiced guilt and shame for 'participating' in the online and eventually offline relationship. They "blamed" themselves "for not saying no" to sex with the perpetrators. The young women also avoided the feelings of guilt and shame during counselling by changing the subject of the conversation and making light of it with laughter. Lastly, some of the young women expressed coping during the assault by dissociating. They described "not remembering what happened", "blanking out", and "not remembering all the details" of the assault. Despite the difficult feelings to confront in counselling, most of the young women made it through the process and were able to talk about what happened to them during the assault and the feelings they experienced as a result of the exploitation.

Self-Blame and Guilt

Three of the five young women stated feeling responsible for the exploitation and responsible that the perpetrators were in trouble with the authorities. At times, this guilt was precipitated by someone else, such as an acquaintance, schoolmate, friend, and/or family, blaming the young women for speaking to men online, engaging in sexual conversations and activity, and/or for telling the authorities. It appears that the girls then incorporated this idea into their story of the assault and carried guilt for the exploitation. During counselling, the clinician reminds the young women that it was not their fault; the men were adults and knew they were doing something wrong and illegal by having sex with underage girls. Some the young women expressed surprise that the clinician did not think it was their fault.

The young women voiced distress, sadness, feeling "bad for him", and feeling upset with themselves that their online friends and lovers were in trouble, although, in reality, they did nothing wrong by telling someone what these men were doing to them. Aloud one young woman

said, "What did I do?" as she described imagining the trouble he was in. They also communicated "overwhelming sadness", "worrying about him", and "could not stop crying" when picturing their friends and lovers in trouble, and possibly jailed. After months of counselling, the young women still felt conflicted about whether this was their fault or not, indicating that they may still blame themselves for participating in sexual activity and "feel bad and guilty for telling on him". However, over time, some began to understand that the male perpetrators might be responsible for the trouble they are in, while also battling with their guilt: "Sometimes he was totally wrong" and "sometimes I feel like I did something wrong". During this period of increased confusion, feelings of depression, suicidality, anger, and sadness became intensified. By the end of the counselling process, it was recorded that most of the young women came to the realization that they were not at fault for the online relationship, sexual activity, or the consequences the males faced. Some girls acknowledged that they "did not consent" to sex and were thinking about what happened "as an assault".

Missing the Relationship and Attention

Despite everything these young women had been through with the perpetrators who exploited them sexually, some proclaimed missing the relationship deeply, while others expressed missing the online male attention. The young women appeared to miss their male friends and lovers in the same manner as someone who experiences loss after the end of a relationship. They expressed to the clinician experiencing "triggers and reminders" of the men, such as when they saw someone who looked similar, had a similar vehicle, or when visiting areas of a city they had been together. This was documented to have caused "moments of sadness" for the young women. After months of counselling, at least one youth told the clinician that she still "loves and misses him", while others still "like him", "can't help but miss him", and even considered seeing him again, even though they understood that they had been exploited. At times, the young women expressed their annoyance and anger about their longing to be with the men again. They wanted to stop caring about the men who had hurt them.

A few of the young women also revealed dreaming of the men, indicating that they were being haunted by them, and for at least one girl, this was "almost every night". The dreams were centered on good memories, being together again, and were devoid of violence. Given the length of time these young women spent talking to these men and the role they played in their lives (listener, counsellor, friend, boyfriend, parent, and such), one can understand that despite the

exploitation, the young women felt very connected to the men. Therefore, it will take an extended period of time for them to grieve the loss of these relationships.

Questioning Sexuality

Two of the five adolescents disclosed questioning their sexuality. Specifically, they were recorded questioning whether they were into girls romantically, or if they chose to be with females because men have treated them poorly, while women have created an environment of safety. The young women described safety as an "equal, loving, and caring" relationship, where there is equality and "no pressuring". They expressed their confusion, indicating that they may be "a lesbian" because as one young women said, "I like girls more now", but were unsure how they felt about males. This confusion appeared to have stemmed from their past and current relationships as they described, "never had a non-threatening loving caring relationship" with males, but have experienced this with females. For example, they were exploited by men online, had fathers who were emotionally cold, controlling, and at times, abusive, and at least one girl had been "assaulted" by a male family member.

In addition to their own confusion about their sexuality, the young women told of family members and friends who stigmatized them and made them feel like it was something wrong and not to be talked about with others. As a result, the young women revealed feeling "anxious of what people will think" of their sexuality. Compounding this confusion was the influence of the grooming and exploitation experience. Some of the men encouraged the young women to speak sexually to other young girls online and look at lesbian pornography. Therefore, some of the young women questioned whether they were truly into women or if they were incorporating the men's fantasies into their own, after months to years of grooming by them. From my analysis, a history of being treated poorly, sexually assaulted, and exploited by men has impacted these impressionable young women's perspectives and feelings about their own sexuality.

Anger

Anger, and its many manifestations, was a common theme I found following the exploitation for all five young women. While some appeared to channel their anger into their personal style to express their "strength" and denote they are "not vulnerable", others were noted to direct their anger on to others and objects. Mothers were frequently documented at the receiving end of the anger, in the form of physical violence, verbal abuse, and misbehaviour. The young women would "lie, yell, scream, and swear", "steal", throw objects, and hit their mothers,

sometimes leaving marks and bruises. At least one of the young women identified that she had a hard time containing herself when she "doesn't get what she wants" and takes this out on her mother, while another participant "explodes when she can't take it [the buildup of anger] anymore". Acts of rebellion and self-expression were found to increase after the exploitation, including dressing in eccentric styles, getting piercings, and sneaking out of the house. It was revealed that when parents, and most often mothers, attempted to discipline the young women after acting out, they were met with hostility from the girls. For example, "fuck off, it's my body", indicating that she could wear or do whatever she wanted to herself. Through counselling, some of the young women began to understand that their anger was towards themselves for not saying 'no' during the sexual assault and towards the perpetrators for violating and misleading them. This increased awareness made them realize that they were wrongly taking their anger out on their mothers, who did not deserve the poor treatment.

The young women's anger also appeared to be directed at the perpetrators and was often vengeful in nature. For example, wanting his illegal behaviour exposed to his family and friends so he could feel and "understand her hurt". Despite trying to cope with these immense feelings of anger and rage towards the perpetrators, the young women had difficulty finding healthy outlets to express it. Some were noted to have used "avoidance" as a coping strategy as they just "wanted it to go away". However, this strategy was ineffective and resulted in outbursts, including "yelling and swearing" at family members and friends, and taking the "anger" and "frustration" out on physical property, because it was "so hard to avoid the feelings".

Lastly and rarely, the young women revealed violent fantasizes about hurting others due to the abuse they had suffered. The fantasies included thoughts of physical violence towards peers, including wanting to "punch" or "strangle" them, because often the girls were annoyed and agitated. Sometimes survivors of abuse become emotionally cold and lack empathy due to the trauma they have encountered, and experience a blunting of their emotions to cope with what they have been through. Fantasies of hurting others are due to this severe effect of the exploitation, and require inventions such as counselling, to help survivors manage their anger and express it in healthy ways.

Contextual and Contributing Experiences: Emerging Themes

The exploitation did not happen in isolation from other experiences that these young women have had during their lifetime. Rather, their contextual and historical experiences

contribute to their experience of the exploitation and vice-versa. Contextual and contributing experiences found in the young women's charts consist of peer and family interactions.

Peers

The two themes involving peer interactions that I found from my analysis of the data are: 1) Peer abuse and bullying; and 2) Social exclusion and isolation.

Peer Abuse and Bullying

It was documented that four of the five girls were bullied throughout childhood by their peers, and of these four, two were also noted to have participated in the bullying of others. Abuse from peers ranged from months to six years, and reported to have began as early as grade one. Abuse from their peers included verbal violence such as "nerd", "geek", "loser", "slut", "whore", "loner", "lesbian", and "teachers pet" and physical violence that ranged from being hit, kicked, and punched, to being "kneed". Some peers even "threw food" at them. The young women revealed that at school, peers made up rumours about the young women, they would look at the girls while "whispering to friends", and said nasty things "behind my back". This appeared to have left a lasting impression on the young women. They described the bullying as "heartbreaking", emotionally upsetting, and forever scarring their hearts. It was voiced, "I always think about what happened to me", "it never goes away" and "it will stay with me forever". The bullying was so severe in some cases that they described having to switch schools because of it. They communicated that the bullying made them feel like they did not belong, that no one loved them, led to suicidal ideation, and feeling as though they were a "bad person".

At least two of the young women were documented coping with the abuse from their peers by bullying others. They asserted they did so to impress their peers, to be 'cool' and fit in, appear powerful, get attention, stop the bullying they faced by deflecting it onto another, and to hide their vulnerabilities. It was voiced how "powerful [they] feel" when people are "scared" of them, and the hope that this fear would encourage peers to "not make fun" of them anymore. It is clear from the data, that these young women have experienced trauma in the form of bullying prior to the exploitation, and this bullying has had a lasting impact on how these young women feel about themselves. There appears to be a complex interplay between those who are bullied and those who bully.

46

Social Exclusion and Isolation

At least three of the adolescents were noted to have experienced social isolation and exclusion from their peer group. This often overlapped with bullying. All three conveyed that they were socially isolated since they were children and attributed this to faulty personality traits they possessed. For example, feeling different from others, acting "strange and weird", and physically inept. They described being "teased when young" because of these traits. When talking about school, some of the girls referred to the popular group who they described as well liked, pretty, outgoing, sociable, and "always together", referring to the close bond the popular girls shared. One young woman revealed, "I buy makeup to fit into the popular group". During the counselling sessions, the young women conveyed that they had "no friends", "no real life activities", and they were "disconnected and isolated" from peers. Consequently, they experienced feeling alone, "excluded", "desperate" and "unpopular". They also communicated that in addition to their extensive bullying history and their historical lack of friends and/or peer group to identify with, at the time of the exploitation, they had no friends, no peer group, and no support. They articulated understanding that they were vulnerable at the time they met the perpetrators due to "low self-esteem", "bullying", "no friends", and their home felt "lonely and isolating"; they were looking online for someone to "listen and understand". From my analysis, the social exclusion and isolation that these young women felt led them to pursue online relationships to fill this emotional void, by experiencing connection and belonging with another.

After the exploitation, it was recorded that the young women experienced further social isolation as they are shunned and ostracized at school because of the online relationships. They expressed feeling more excluded and alone than ever during this time period as they faced rumours about themselves around school, "friends treat me differently", "no one wants to hang out with me", and no one would return their calls. What friends they did have, often made them "feel worse" about what happened with the men and, more often than not, they felt attacked versus supported. The social isolation is further compounding an already complex situation for the young women.

Through these young women, one can see how contextual factors involving peers have impacted the girls prior to, during, and after the exploitation.

Family

Together with peers, family plays a large role in the socialization and development of children and youth. Accordingly, many of the life experiences these young women had included their family. Although many of the themes discussed thus far have related to family, the themes in this section are directly derived from their experiences with their family. Themes I found from my analysis include: 1) Loss of love; 2) Rejection; 3) Fighting and conflict; 4) Abuse; 5) Family dysfunction; and 6) Adores mother.

Loss of Love

Some of the young women were noted to describe belonging to a family that at one point loved one another, but over time, felt that this love was no longer there. They recalled a time when their "family was close" and experienced love for one another, but at some point this changed. Their "parents started screaming and swearing", called each other names, and belittled the children. They also recalled close and loving relationships with extended family members, but unfortunately they either passed or moved away and the young women "missed the love" they shared. The young women also shared their families' current state with the clinician during counselling. They told her that, "we're not loving to each other" and "we don't care about each other anymore". Some of the girls specifically pointed out that their fathers "rarely act loving". This absence of love from their fathers was mentioned many times throughout the young women's charts.

Some of the young women also expressed experiencing a shift in love from their mothers. They described a childhood where their fathers were "not really involved" in their lives, but their mothers made up for this through a very close and loving relationship. One young woman described that she and her mother "did everything together". In addition, it was noted that this close relationship with their mothers helped them cope with a lack of friends in school. However, in some instances, there was also a turning point in this relationship, and the love turned into fighting. This included "hitting" and "smacking" at the hands of their mothers, and in return they were "sarcastic" and rude", and verbally and physically aggressive.

Many of the young women ascribed further shifts in love from their parents and family members to the exploitation. They were noted to believe their family looked at them "differently" and the "love had changed" since the exploitation, and hoped their relationships could return to "the way it was before". The girls expressed knowing their parents were upset,

48

angry, and disappointed in their online relationships, and felt "totally rejected", unaccepted, and "unloved" and feared their parents would "never feel the same way" about them again. This shift in love had impacted the lives of the young women and left them feeling rejected by their family.

Rejection

Three of the five girls expressed feelings of rejection from their parents. This rejection was experienced from both parents, a mother or a father, and/or a step-parent, and sometimes from all three. Most commonly, the young women described feeling rejected by their fathers. At times, this was because their fathers lived outside of Canada and the contact was "very infrequent" or "once and a while". It was documented that feelings of abandonment started in childhood and during this time, the girls had a hard time understanding why their fathers were not around. When their fathers did come back into their lives, they expressed thinking it was manipulative and for a specific purpose. For example, obtaining money or trying to find details out about their ex-wives and such. The young women voiced "disappointment" and expressed feeling "upset", "angry", and "mad" because their fathers "refuse to commit" to them. When they did call, it was from unknown numbers and when they knew the girls were unable to answer their phones, making it impossible to have a conversation or call their fathers back. When their fathers were involved in their lives, it was for short periods of time, and when they left again, the young women expressed further rejection. It was recorded that at times, new partners and spouses did not accept children (including the young women) from the previous relationships. Therefore, when the girls met or talked with their fathers, it was secretive, and again, left them feeling rejected. The young women expressed the unfairness of their situation; their new siblings "got to see their dad everyday" and yet "my dad doesn't even want to come and see me". The young women's desire to have their fathers in their lives is strong, but due to their inability to commit to a relationship with them, the girls feel rejected, disappointed, and angry.

Some the young women also communicated feeling rejected by their mothers. At times this was due to living in another country during their childhood. One young woman expressed that having her mother in her life as child would have "made a difference" in her life. Rejection was also experienced due to a lack of affection and differential treatment among siblings. They recalled getting "no hugs", minimal touching, and could not "remember the last time she [her mother] said I love you". In addition to experiencing this, they were noted to have then witnessed their mothers acting "affectionate" with their other siblings, as illustrated by the quote: "she

49

treats my [sibling] better and me worse". During tense moments at home following a disagreement or argument, it was recorded that some mothers would make the young women feel shunned and rejected by ignoring them, telling siblings and/or father/stepfather not to talk to them either, and would not allow them to use certain objects in the house. They expressed how unfair it was to receive such treatment and the resulting feelings of isolation, rejection, and unlovability.

Fighting and Conflict

Four girls expressed living in homes characterized by fighting and conflict. This includes fighting and conflict between parents, parents and children, parents and the young women, and young women and their siblings. The girls spoke of unhappiness in their home due to the fighting between their parents (biological and step-parents). It was noted that fights between their parents happened frequently, anywhere from "one time per week" to "one time per month". The fights involved "name-calling", "yelling", and "throwing things", and at times, physical assault. Some of the young women voiced feeling their parents "involved [them] in their fights" or would use them as a way to make each other feel "guilty". Parents were also noted to "fight through" them, indicating that one parent would tell the girls to say something to the other parent, and vice-versa. The young women expressed feeling like they had been put "in the middle for a long time", and this caused them "a lot of stress", as one parent would feel "rejected" if they support their other parent.

The young women also described having "problems with mom" when they started fighting while still in elementary school. This involved "swearing", "name calling", giving attitude, and eventually physically fighting such as throwing objects, hitting, and smacking each other. After the fights, a few of the young women expressed ostracism from their parents, and in particular, from their mothers. They expressed that they "don't talk anymore", act like they are "invisible", and "just ignores" them when at home. Other girls revealed feeling that both their parents (father and or/step-father) "gang up" on them and when the conflict escalated, they were "asked to move out". They told the clinician that this made them feel "down and sad", and at least one of the young woman blamed herself and her "annoying" personality for the poor treatment from her parents. A few of the girls were also noted to have conflict with their stepfathers, who would call them "names when in a fight", talk down to them, and insinuate they

50

were not part of the new family (composed of the young woman's mother and sometimes, half-siblings).

Overall, these young women lived in homes characterized by chaos, violence, and malicious behaviour towards one another. Additionally, some of them were forced to choose sides to avoid hurting one of their parent's feelings. It is therefore, no surprise that during the exploitative relationships with the male perpetrators, they also neglected their own feelings and desires to please the men, and thereby avoid any disappoint they would have expressed. Some girls also blamed their personal characteristics for the emotional and physical abuse from parents; justifying that they were hit because they were "annoying" children. These family patterns then go on to affect how these young women feel about themselves in the future. From my analysis, the young women thought they were deserving of the violence from their parents, and came to expect this violence in romantic relationships too.

Abuse

Three of the five young women were documented experiencing or witnessing abuse in their family. They witnessed abuse from fathers to mothers and from mothers to fathers, and experienced abuse from their mothers, fathers, stepfathers, and extended family members. A few of the young women witnessed their fathers physically and verbally assaulting their mothers, including acts such as hitting, pushing, slapping, yelling, name calling, and criticizing. At least one young woman voiced, "My mom is afraid". Some of the youth also revealed witnessing the physical and emotional abuse their fathers (and/or stepfathers) suffered as a result of their mothers. This included incidents of yelling, hitting, "biting", throwing them out of the house, and in one instance, coming after him with a weapon. Given the home environments, one can understand why these young women were looking to others to create environments where love and nurturance could be cultivated.

Three young women also reported experiencing emotional and physical abuse firsthand from their parents and stepfathers. They described physical incidents of being "hit", "slapped", "spit" at, "pushed", smacked on the head, and "chased" around the house, and were threatened to be choked. At times, instead of apologizing for hurting their daughters, parents blamed their behaviour as deserving of the 'discipline and punishment', and/or they would deny they had hurt their daughters. The emotional abuse consisted of "cussing", threats, insults, and name-calling, such as "fat", "pig", and "loser". Some of the young women were told they would "no longer be

part of the family" and were threatened, "I'm going to kill you" by their parents during fights. They expressed, "I wouldn't be surprised if [my parents] did hurt me", they "make me feel scared", "I think [my parents] might hurt me one day", and they "scare the crap out of me". The girls communicated that the emotional and physical violence made them feel "worthless usually", "terrible", "angry", fearful, sad, and uncomfortable with the abusing parent at home. Additionally, a few of the young women experienced sexual abuse as children by extended family members. From my analysis, their home environments made them live in constant fear of being hit or put down by their parents and stepfathers. As a result they felt worthless, and therefore, went online to meet guys who made them feel valuable and loved.

Lastly, after the exploitation occurred, some of the young women expressed fearing their parents "physically punishing" them because they were "so angry". Their experiences demonstrate how contextual factors can compound an already difficult and complex situation. Therefore, in addition to coping with the exploitation, the loss of their online friends and boyfriends, social exclusion, and bullying, they also lived in fear that they would be physical punished for the exploitation, instead of supported by their parents.

Family Dysfunction

Family dysfunction was present in three of the five adolescents' charts and manifested itself through controlling behaviour, manipulation, and belittling. The young women said they experienced "controlling" behaviour most often from their mothers, but also from extended family members with whom they were close. Mothers and family members appeared to show their love through paternalistic and "overprotective" behaviour, and attempted to keep them safe by limiting their autonomy, which the young women experienced as "controlling" and reminded them of the perpetrators' behaviour. After the exploitation, male family members were noted to react by "acting tough" and taking on "too much authority", although this is not what the young women expressed needing from their loved ones. The young women communicated that this controlling and paternalistic behaviour made them feel "upset", sad, angry, and "nervous", and at times, resulted in "crying" and feelings of suffocation. Additionally, some families refused to tell anyone what had happened, and from my analysis, this secretiveness caused the young women to feel ashamed of themselves. In turn, they hid what had happened to them from friends, family, and others, who could have potentially played a supportive role in their healing process.

A few of the young women's mothers belittled their appearance, weight and behaviours. It was documented that the young women began to feel badly about themselves and described feeling "like a loser" when their mothers put them down. They indicated the desire to "change" many of their "physical characteristics" and "personality" traits that their mothers had pointed out as defective. Additionally, at least three of the young women were blamed for their mothers stress, health problems, weight, and/or relationship problems. From my analysis, this caused the young women a great deal of stress and guilt. Overall, the controlling behaviour, manipulation, and belittling, compounded the poor self-esteem and interpersonal problems for these young women.

Adores Mother

Although many of the adolescents had unhealthy relationships with their mothers, others had loving and supporting relationships. These young women loved, looked up to, and "adored" their mothers. When they discussed their mothers, they voiced their multiple positive traits, "nice, caring, kind", "funny and cool", and "so pretty". They strived to emulate their mothers and expressed that they felt "so lucky" to have mothers as "cool" and supportive as theirs. The young women conveyed enjoying a close, "wonderful", "fun", and "loving relationship" with their mothers, and this in turn, helped the girls move through and complete the counselling process. This healthy relationship with their mothers may have helped build their resiliency.

Conclusion

Findings from the chart reviews, Facebook, and email messages reveal the complicated nature of Internet Sexual Exploitation and the contextual and contributing factors that add even more complexity to the experiences of the young women involved. Findings were broken down into four categories to help decipher between the many layers of exploitation. These categories included: 1) Experiences Before, During, and After the Exploitation: Themes Emerging from Charts; 2) Experiences During the Exploitation: Themes Emerging form Charts and Online Dialogues; 3) Experiences After the Exploitation: Themes Emerging from Counselling and; 4) Contextual and Contributing Experiences: Emerging Themes. Overall, these young women were struggling with a lot of difficult feelings prior to, during, and after the exploitation. They expressed feeling isolated, lonely, unloved, and suicidal, and struggled with low self-esteem due to their peer and family interactions. In order to escape these feelings and find love and acceptance, these young women turned to men on the Internet. Although the men temporarily

made them feel good about themselves, they were subjected to violence, abuse, manipulation, sexual material, and sexual activity. As a result, the young women again struggled with the same feelings as before they met these men, complicated by emergent feelings of grief, self-blame, betrayal, and loss as a result of the ISE experience. In the next chapter, I will discuss in more depth, my analysis of the findings and their implications.

Chapter V: Discussion

"If there is only one truth, you couldn't paint a hundred canvasses on the same theme"

- Pablo Picasso, 1966

The findings of this study based on my analysis of the data, has lead to an enriched understanding of the experience of adolescent females who are exploited sexually by men through the Internet. As was documented in the young women's charts, they described feeling unloved, isolated, different, and alone, and as a result suffered from poor self-esteem and suicidality. They were looking for love, belonging, and attention and found this connection online with males who made them feel wanted, desired, and cared for. Unfortunately, the males misrepresented their motivation and these vulnerable young women were groomed into believing they were in a relationship, when in fact they were being used for sex. This experience caused further emotional turmoil resulting is sadness, suicidality, anger, self-blame, and avoidance. In this section, I will be discussing these experiences in relation to existing literature, as well as grounding my analysis of the findings within socio-cultural and political contexts. I will also address the unique contributions of this qualitative content analysis chart-based study, its strengths and limitations, and future recommendations based on my critical analysis of the existing literature and my research findings.

Findings and Current Literature

The findings in the current study are grounded within a qualitative feminist theory paradigm, where data was derived from therapeutic process notes in the young women's clinical records, from some of the young women's online communications with the perpetrators, and from hand written notes by the clients. Therefore, my qualitative feminist theory approach and the data sources used are different from the existing literature, where the primary means of data collection and finding generation are quantitative.

The literature indicates that feelings of isolation, sadness, loneliness and depression (Assistant Deputy Minister, 2001; Steeves, 2005; Ybarra, Mitchell, Finkelhor, & Wolak, 2007), and low self-esteem (Abbott, 2008; Coy, 2009; Assistant Deputy Minister; Steeves; Subrahmanyam & Greenfeild, 2008; Ybarra, et al., 2007) have been found in those who engage in unsafe behaviour on and offline, and are consistent with the findings in the current study. Furthermore, Subrahmanyam and Greenfeild (2008) and Wolak, et al. (2008), discovered that those who feel lonely and suffer from emotional and interpersonal problems seek love, attention,

and affection from others to fill their emotional void. In this current study, the men online filled this void for the young women. For example, some of the young women stated that they started going online to talk to men when their fathers became absent in their lives, leaving them feeling lonely and unloved. In addition to the low self-esteem, these young women also felt they had to please others, often placing the needs of others above their own safety. Similar findings have been noted in the commercial exploitation of women; Coy (2009) found her population of female youth easily conformed to the expectations of others, sought approval, and pleased others above their own feelings and thoughts. They did this to ensure they would not lose what they perceived to be their only meaningful connection with another, by avoiding the possibility of displeasing or disappointing the male pimps. Correspondingly, the young women in the current study were noted to describe feeling they could not say no for fear of disproval and disappointment, and for fear of losing the relationships that they greatly treasured, once they had invested in it following the grooming process. This is illustrated by the quote: "I felt I had to [do everything he asked] because I wanted to stay with him, but maybe he knew that?"

Feeling unloved, isolated, different, and alone did not develop naturally nor were the girls born feeling this way. My examination of the charts revealed that the young women's life experiences contributed to and created these feelings, including their parent-daughter relationships and the home environment. Specifically, many of these young women had strained relationships with their mothers with whom they lived, while some also had biological fathers who were non-existent in their lives, unhealthy relationships with their fathers, and/or conflict with their stepfathers. Fighting and conflict, abuse, poor communication, and a lack of warmth, love, connection, and affection, characterized their family environments and played a significant role in their feelings. Throughout their counselling sessions and online dialogues with the male perpetrators, their unhappiness at home was a central theme, for example, not feeling like one belongs with her family. Fathers, at times, were emotionally cold and controlling, siblings were uninvolved in their lives, and at least one of the young woman found her mother passive and unhappy in her marriage. This is consistent with current quantitative literature on family risk factors that contribute to increased rates of sexual violence. This literature suggests that families (consisting of two heterosexual parents) who are unstable and filled with constant turmoil (Abbott, 2008; Coy, 2009; Perry, 1997), use controlling parenting styles (Rew, & Bowman, 2008), and have little connection to one another (Abbott, 2008; Coy, 2009; Assistant Deputy

56

Minister, 2001; Rew, & Bowman, 2008; Department of Justice Canada, 2005) are at high risk for sexual violence. My analysis suggests that the young women escaped their everyday experiences by going online and talking to males that made them feel wanted, loved, and gave them a sense of belonging. Furthermore, my study's findings are also consistent with qualitative literature conducted in the Scandinavian countries on Internet Sexual Exploitation (ISE). For example, Almind Jansen (2010), conducted interviews with children and their families to gain an understanding into their experiences of ISE. The author found that victims of ISE are typically neglected and lonely children who seek comfort online.

The young women in the current study also indicated feeling unloved, isolated, different, and alone because they were bullied (four of the five young women) and socially isolated and excluded (three of the young women) by their peers. This finding has been reported in other studies, where adolescents without peer support suffer low levels of well being and poor mental health including loneliness (Ireland & Power, 2004), low self-esteem, sadness, depression, anxiety, and suicidal ideation (Owens, Slee, & Shute, 2000; Rigby, 1997; 2000). Furthermore, those without social support are more vulnerable to bullying and this bullying leads others to view these children as undesirable friends, resulting in a cycle of bullying and isolation (Rigby, 2000). As documented in their charts, the young women described themselves as lonely children while reflecting back on their childhoods during counselling, and who, from their perspective had few to no friends growing up or during the time of the exploitation. They felt disconnected from others and internalized this. At least one of the young woman believed she was strange and weird and therefore, not worthy of friends or fitting in. The perpetrators helped them to forget about their real world problems. The perpetrators became the girls' best friend, confidant, lover and parent. For some, the perpetrators were "their everything".

The internalization of social exclusion and bullying, and the subsequent belief that they had defective traits that made them unlikeable by others, has also been found in studies of children who are bullied. Children do not yet have the ability to comprehend why children bully and therefore blame themselves as the problem (Finklehor, Ormrod, & Turner, 2007). Interestingly, it was noted that two of the girls in the current study also bullied others despite going through it themselves and experiencing how painful it can be. In the bullying literature these youth are categorized into the bully/victim subtype, who experience the highest level of loneliness compared to 'pure bullies' or 'pure victims' subtypes (Ireland & Power, 2004). Ireland

and Power (2004) theorize that prolonged victimhood causes severe loneliness that in turn increases their feelings of anger and therefore, aggression against others. In this study, all five adolescents were found to have feelings of anger and expressions of aggression, which they directed at family, objects, themselves, and friends. It is important to note however, that new research on bullying in Canada advises against labeling children as 'bullies' or 'victims' (Pepler & Craig, 2007). Labeling kids as bullies or victims makes it appear as an individual characteristic, and therefore, that individual's fault, versus understanding it as a complex social dynamic that involves many factors, conditions, and people (Lowenberg, 1995; Pepler & Craig, 2007).

As was recorded in their charts, all young women in the current study were suicidal at some point and all attempted suicide at least once. Interestingly, the suicide method of choice for these girls was most often cutting themselves, a method traditionally seen in healthcare as indicating self-mutilation (Harris, 2000). According to Stanley, Gameroff, Michalsen, and Mann (2001), self-mutilators are also a unique population within patients who attempt suicide and are characterized by overwhelming tension and pain with intense and relentless urges to hurt and kill themselves. Suicidal self-mutilators are more aggressive, depressed, anxious, and impulsive with affective instability, sensitivity to rejection, and feelings of emptiness, isolation, and hopelessness (McAndrew & Warne, 2005; Stanely, et al., 2001). This is consistent with the characteristics I found in the young women in the current study, who suffered from sadness, anger, loneliness, and sensitivity to rejection after the lifelong rejection by peers and one or both parents. As mentioned, the young women sought comfort, love, happiness, and attention from males online. When these relationships ended, the suicidal ideation and attempts were frequent. This behaviour was also seen in Stanely's, et al. (2001) study where the self-mutilating group regulated their internal emotional states by relying on external sources, particularly relationships; once the relationships ended, affect regulation was again uncontrolled and lead to suicidal behaviour. Furthermore, McAndrew and Warne's (2005) participants blamed themselves for the assaults, and this guilt and hatred of themselves was reflected in their suicide method of choice, cutting. Self-blame was found in the girls in the current study, and this finding, in relation to McAndrew and Warne's (2005), creates understanding as to why these young women chose to cut themselves as a means of killing themselves. Lastly, Harris found that the women in her study chose to cut themselves to alleviate the emotional pain inside of them by turning it into

physical pain. They literally were trying to cut the 'bad' (pain) out of them. This theme may resonate with the current study's adolescents who suffered from a great deal of emotional pain.

My investigation of the charts revealed that all of the young women suffered from poor self-esteem because of bullying, their perceived inability to fit in, and the isolating and unloving home environments. The men they met online helped them to feel better about themselves. At last they had someone who showered them with positive attention, affection, gifts, advice, and listened to their life problems. While they thought they were building strong friendships and relationships, they in fact were being groomed online for sex. The methods these men used to gain the young women's trust are consistent with methods that have been reported in the grooming literature. Vulnerable youth are lured and then groomed online over an extended period of time, whereby the men slowly gain the trust of an adolescent using the methods of befriending, complimenting, listening, advice and gift giving, and counselling (Almind Jansen, 2010; Elliott, Browne, & Kilcoyne, 1995; Leclerc, Proulx, & Beauregard, 2009; Smallborne & Wortley, 2001; Wolak, et al., 2008; Wells & Mitchell, 2007). The charts revealed that the young women in this study were then introduced to sexual material as something that is natural and normal to talk about with adult males. The sexual material increased in frequency and explicitness as the girls became increasingly desensitized to sexual images. The adolescents' natural curiosity to explore their sexuality was exploited by these men. For example, Facebook chats illustrated how natural curiosity was manipulated; how men introduced girls to increasingly more adult language and pornography overtime and subsequently, how the girls eventually incorporated the adult material into their own view and fantasy of sexual activity. Furthermore, the men were able to get the young women to ask them for sex and request positions and activities far above their developmental level, and none of which the girls were comfortable with at the beginning of the Facebook relationships. This too is consistent with current grooming literature where men desensitize youth by talking about sex, by sending them pornography and images, and eventually getting the females to consent to meet in person for sexual activity (Brown, 2009; Christiansen & Blake, 1990; Royal Canadian Mounted Police, 2008; Wells & Mitchell, 2007).

Unique Contributions of the Current Study

In addition to the uniqueness of the study mentioned thus far in the proceeding section, an important contribution of the present study, which has not yet been addressed in ISE research, is

anger. Anger was strongly demonstrated across all of the young women's charts following the exploitation and had a significant impact on their recovery process. From my review of the charts, the young women in the current study were often overwhelmed by their anger, and struggled to release it in non-destructive ways. Most often, it was noted to be directed towards their mothers, family members, objects, and towards themselves. The young women voiced feeling sadness and regret that they unleashed their anger on others, but found it difficult to control their anger in the moment. Throughout the counselling process, they learned to understand and manage their feelings that contributed to their anger, and how to express it using non-destructive methods.

Another unique contribution of the present study, as recorded in the therapeutic process notes, is its exposé of the loss and grief for these young women following the end of these relationships, despite the mistreatment and exploitation they suffered. It was noted that a few of the girls considered these men to be their boyfriends, whom they had an adult loving relationship with and others considered them as close friends. Therefore, when the relationship came to an end, they grieved it as lovers or friends grieve the loss of their loved ones. Yet, at the same time, they struggled to understand that they had been mistreated, deceived, and manipulated. Therefore, while grieving, they also experienced intense anger at the betrayal.

Compounding the loss and betrayal that these young women felt was the lack of self-determination and choice to end the relationships themselves. There was evidence in the charts that all of the young women indicated that the relationships came to an abrupt and severe end when it was discovered by family, school, and authorities, or when the men themselves ended the relationship with them. Therefore, none of the young women chose to end the relationships; this choice was made for them. There were no goodbyes and no closure from the men and their relationships.

Connected to the grieving and the importance of the relationships in their lives, is the self-blame and guilt that occurred. Both of these feelings played a significant role in the recovery process of those involved. Three of the young women blamed themselves when the men who had sexually exploited them, had been caught and prosecuted. When the girls entered counselling, they often were unable to fully recognize and comprehend that what these men were doing online (luring and grooming) and then offline (having sex with a minor) was something illegal, and therefore, felt it was their own fault their male friends and lovers were in trouble. After

60

months of counselling, they were eventually able to recognize they were not to blame for the actions of the men. Additionally, the young women held themselves responsible for participating in sexual talk online, watching pornography, and engaging in sexual activity. At times, they described feeling like they participated without objecting and this made them question whether they enjoyed it or whether they went along for the perpetrators sake. Given their poor self-esteem, the abusive relationships with the perpetrators, and their desire to please the men, I believe the young women agreed to 'participate' in order to keep the men happy and interested in them, and for fear of violence if they refused. However, their inability to say 'no' and their belief of their seemingly 'active role', made their recovery complex. Capturing this experience and making others aware through research, may lead more healthcare and healing professionals to explore and address guilt and self-blame after Internet exploitation experiences

Future research can be developed to investigate some of the implications of such experiences for the young women involved for the short and longer term. Moreover, with this type of information being made available through this research, it provides opportunities for some anticipatory planning and health promoting strategies being considered, developed, and then evaluated regarding their relevance and appropriateness to assist young women who have involved in these types of complex experiences.

Social, Political, and Cultural Context

The online sexual exploitation that these female adolescents experienced did not occur in isolation, but within social, political, and cultural contexts that promote and reinforce violence against women. Women experience sexual violence at a much greater rate than males. Canadian data reports that 82% of females experience sexual violence compared with 18% of males (Statistic Canada, 1999). Moreover, every 17 minutes a woman is raped in Canada (Canadian Advisory Council on the Status of Women, 1985). Of all the sexual assault victims in Canada, 61% are children which, according to police reports, amounts to approximately 9,000 sexual assaults against children in one year, and of these, 80% are girls (AuCoin, 2005; Standing Senate Committee on Human Rights, 2011). Global data reports that between 5% and upwards of 44% of females are victims of sexual violence depending on where she lives, with Azerbaijan and France at the low end and Costa Rica and Mexico at the higher end (this data excludes Asia and Africa where rates are projected to be significantly higher but actual data is hard to find due to the oppressive and repressive nature of the social and political contexts of these countries)

(United Nations, 2010). These statistics illustrate the continued gender inequality that exists within Canada and globally.

Media Culture

"Media, by altering the environment, invoke in us unique ratios of sense perceptions. The extension of anyone sense alters the way we think and act - the way we perceive the world"

- McLuhan & Fiore, 1967, p. 41

The young women in the current study were exposed to graphic and often violent pornographic images and films that, by the time they had been groomed by the male perpetrators, did not appear to induce fear, disgust, or danger. Rather, these adolescents were interested in the material and overtime became excited by the images, as well as desensitized to the level of violence. Although this desensitization and incorporation of sexual violence into their fantasies was a result of the grooming process, it can also be attributed to the media culture in which these youth have been raised. These young women have grown up in an age where violence has increased significantly on television, and in movies. For example, Paquette (2004) reported that between 1993 and 2001, violence in Canadian TV shows increased by 378% and by 2001 a child was seeing 40 violent images every hour. Music is consumed on average anywhere from one in a half to two and half hours per day (Rideout, Foehr, & Roberts, 2010). Explicit sexual content was found in 42% of the songs in the top ten CDs in 1999, with rap music containing the most explicit language, violence, homophobia, racism, and hatred for women (Reddick & Beresin, 2002; Gentile, 1999). For example, Eminem, a top selling rap artist in North America, has lyrics that include: "Don't you get it, bitch? No one can hear you. Now shut the fuck up, and get what's comin' to you... You were supposed to love me!!!!! (Sound of his ex-wife Kim choking) NOW BLEED, BITCH, BLEED, BLEED, BITCH, BLEED, BLEEEEEED!" & "Hey, look at this bush, does it got hair? Fuck this bitch right on the spot bare, till she passes out and she forgot how she got there" (Eminem, 2000; 2002). The media's portrayal of heterosexual relationships serves to perpetuate rape myths and gender roles, where men are at the top of the hierarchy and women are at the bottom to serve men's sexual needs. This is consistent with the experience of the young women in the current study, where they engaged in sexual activity because they were not able to say no and/or felt they could not say no to their older and more powerful male companions.

As for video games, which 63% of American youth play, 79% are aggressive while another one fifth show violence against women (Dill & Thill, 2007). Video games also perpetuate gender stereotypes as males are depicted as aggressive heroes, while women are depicted as sexualized submissive damsels' in distress (Dill & Thill). Scarier still is the perpetuation of rape myths in video games. In Grand Theft Auto, an extremely popular video game series, prostitutes are programmed to say 'I like it rough' after they have been hit by the main male character; he can also beat her to death after having sex with her, and then steal his money back (Dill & Thill). Video games are helping to shape impressionable youth's worldview. As Rubin (1990) states: "… few of us – man or women, adolescent or adult – can ignore entirely the judgments of the larger society within which our lives are embedded" (p. 73). It is no wonder that the young women in this study did not see anything wrong with the violent sexual images being sent to them when they have grown up surrounded by violence on television, in music, and videogames, together with the grooming and use of pornographic images by the male perpetrators.

Internet culture

The Internet gives people the ability to view and send whatever they want, when they want, anonymously. There are no rules, no regulations, and no age restrictions. It was noted that some girls in the current study were online by age 11 to 13, looking at pornography, talking to men, and posting sexually suggestive pictures that eventually lead to the posting of naked ones. It is not uncommon for some young adolescents to engage in this behaviour online. In Canada, students in grades six to nine ranked 'Piczo' within their top 15 websites. This site is for posting pictures and while many are innocent and age appropriate, there are often sexually explicit images that should not be posted or seen by these age groups (Steeves, 2005). Any internet-savvy child can find pornography on the Internet within seconds and often the first sites generated are most depraved and inappropriate for youth (Stock, 2004). Teens that avoid these images are often involuntarily bombarded with them in the form of pornographic and sexually suggestive pop-ups, spam e-mail, and seemingly innocent websites that are in fact not (Stock, 2004). For example, entering 'Am I Normal?' in Google, a question often asked by my patients', returns questionable websites. Two of the first three links are not kid friendly; one on smoking drugs and the other on cannibalism, with ads at the side of each site depicting women sexually, in little clothing, with large breasts, and mainly underage. This is not surprising considering

Steeves (2005) found that one third of the top 50 websites visited by Canadian grade eight and nine students contains violent material (28%) or highly sexualized material (32%). In addition, recent U.S. literature found that one in four teens are exposed to nude photos or of people having sex (Finkelhor, et al., 2000), three percent said they had received sexual solicitations online within the past year (Mitchell, et al., 2010), and 19% had been sexually solicited in their lifetime (Finkelhor, et al., 2010). From the charts of the young women in the current study, at least two girls were exposed to sexual images prior to the exploitation, and taking into account the age of the remainder of the girls, it is likely that they too have been exposed to sexually suggestive images prior to the exploitation. These distorted images of sexuality on the Internet are shaping the ideas and beliefs youth have about their body, about their sexuality, and about the gendered way in which they are to act.

There are websites for every interest, fetish, desire, and subculture. The Internet has created a multiplicity of subcultures. Related to the present study, is the existence of a pedophile subculture, the participants of whom identify as 'child-lovers' and who justify sexual interests in children as a product of their love for them (Holt, Blevins, & Burkert, 2010). They have created their own sites in which to form a group to support one another's interest, discuss their oppression from society, laws and prosecutions of other pedophiles and child lovers, and share information on how to conceal their illegal activities (Holt, et al., 2010). This subculture serves to normalize their desire, encourages and justifies the activity, and assimilates others into the subculture. As bell hooks (2004) famously said,

> The first act of violence that patriarchy demands of males is not violence toward women. Instead patriarchy demands of all males that they engage in acts of psychic self-mutilation, that they kill off the emotional parts of themselves. If an individual is not successful in emotionally crippling himself, he can count on patriarchal men to enact rituals of power that will assault his self-esteem (p. 66).

This is the world in which these young women in the current study have developed, one where women are objectified online and made to appear as hyper-sexualized objects for men's desire. The Internet has affected males in a similar way by making the objectification and sexualization of women and children their norm. We must understand this in order to understand the socio-cultural context in which youth today have grown up and how we, as healthcare

providers, can act to change the environment to one that promotes equality and healthy relationships.

Political Context

"To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins the victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered"

- Judith Lewis Herman, 1992, p. 9

Politically, women's (and girls) rights have eroded in Canada since 2004 when the conservative government gained considerable seats in the House of Commons and eventually took office in 2006 (Canadian Feminist Alliance for International Action & the Canadian Labour Congress, 2010). Since then, Canada's ranking in the World Economic Forum Gender Gap Index has slipped from 7th place in 2004 to 25th in 2009 because of changes in policy. These changes include:

> The elimination of the phrase 'gender equality' from the mandate of Canada's primary institution responsible for gender equality in Canada: Status of Women; The closing of twelve of the sixteen Status of Women offices, on the principles that women's and men's issues do not need to be separated; The reallocation of funding from organizations that support advocacy for women's human rights to organizations that provide front-line services only; The elimination of funding to the court challenges program, a program created to provide assistance to court cases related to equality rights guaranteed under Canada's constitution; The elimination in 2006 of the funding agreements that had been negotiated with provinces and territories to provide five billion dollars for childcare and early learning programs; The decrease in levels of financial and human resources specifically committed to gender-equality projects in the Canadian International Development Agency and the Department of Foreign Affairs (Canadian Feminist Alliance for International Action & the Canadian Labour Congress, 2010, p. 1).

Additionally, political leaders in Canada are creating a culture of fear and intimidation, where those who stand up for women's rights are threatened. In 2010, a conservative senator told approximately 80 aid representatives "that they should shut the fuck up about abortion for fear of retribution from Harper" (Brennan, 2010). These are the messages and behaviours that children

and young adults are witnessing. How can we expect young women to stand up against violence and abuse when the leaders of their country not only accept it but also perpetuate the behaviour?

In regards to the rights of children, the UN's 'Committee on the Rights of the Child' expressed regret in 2003 that Canada had not yet developed a national human rights institution to advance children's rights and ensure the implementation of the convention, which Canada had signed in 1989 (Committee on the Rights of the Child, 2003). Still today, the implementation of the convention has not occurred (Standing Senate Committee on Human Rights, 2011).

On a global level, Internet exploitation crosses all boundaries and is accessible in all countries. The information technology (IT) industry's supervisory body for the United Kingdom's (UK), Internet Watch Foundation (IWF), found that websites with indecent images of children doubled in just two years between 2004 and 2006, from 3, 438 to 6, 000 respectively (Davidson, Grove-Hills, Bifulco, Gottschalk, Caretti, Pham, & Webster, 2011). Additionally, 90% of these websites are hosted outside of the UK, with the US as the number one supplier (51%), followed by Russia (20%), Spain (7%), Japan (5%) & then the UK (1.6%) (IWF, 2006). This makes National policing, controlling, and the elimination of these sites extremely difficult as there is no international body that governs Internet laws or regulates Internet grooming, luring, and child pornography (Davidson, et al., 2011). Instead, each country decides its legislation, which creates global disparity in the prosecution and sentences for Internet crimes. Yet, "If Facebook were a country, its more than 350 million active users would constitute one of the largest populations in the world, behind only China and India" (Perrin, 2010, p. 71). It is time that the global community comes together to create legislation that prosecutes exploitation no matter the country of origin. The global aspect of Internet grooming and exploitation was present in the current study, as the young women were talking to older males outside of Canada and the perpetrators were soliciting girls worldwide. While the prosecution of the Canadian offenders was underway, the males outside of Canada were facing no legal repercussions for their involvement. According to Perrin (2010), more than three fourths of Canadian adolescents had social networking profiles in 2010 and "…that sex traffickers have turned to social networking websites as ideal forums in which to prey on vulnerable youth and recruit them for sexual exploitation across this country [Canada]…" (p. 71). In order to protect girls within Canada and globally, the world's governments must make protecting children a priority and come together to create an international body to oversee Internet legislation that will be applied worldwide.

Strengths & Limitations

My study is unique in comparison to the existing literature on this topic in that, in addition to the therapeutic process notes, it also includes immediate and real-time data in the form of online dialogues between the young females and the male perpetrators. This data provided a firsthand account of the development of the relationship, the grooming process, and their feelings and life experiences at that time. This added considerable understanding of their experiences through the richness and depth contained in these real-time data sets, validated some of what the young women had shared with the clinician, and contributed to the development of multiple themes, including *Manipulation, Secrecy, and Explicit Sexual Content*.

My study is also unique in that some cases included hand written notes by the young women during their appointments at the Sexual Assault Centre that also provided a real-time and non-manipulated (referring to the process that occurs through the documentation of clinical notes that by nature omits words or phrases depending on what a clinician labels as important to include in written notes) account of their feelings and experiences. Another strength of the current study is the amount of data, together with the depth and richness that was available in the clinical charts of the young women. As a result, I was able to get an in-depth understanding of their experiences prior to and during the exploitation, at the time they entered counselling, and over the course of their treatment with the clinician. Lastly, by using preexisting data and subsequent content analysis, the young women did not have to relive their traumatic experience for research. I was able to access their life and exploitation experiences without causing any further undue harm to the young women.

Although the use of preexisting data in the form of patient charts had many benefits, it also had its limitations. Obtaining consistent demographic information proved to be difficult because, at times, the same questions were not asked of all the young women or their families. Initially, in the development of this research project, I wanted to gather demographics in order to understand the ethno-cultural diversity, socioeconomic status, and educational background of the young women and their families and how these intersecting vulnerabilities may have interacted with their gender to shape their experience of exploitation. An additional challenge was transcribing data from notes written by someone else. My primary data source within the charts was the therapeutic process notes. These notes, by their nature, were not verbatim. However, many contained direct words used by the patients written in first person, as well as paraphrasing

and third person accounts of their experiences written by the clinician, along with the inclusion of the clinician's professional interpretation. This was, at times, confusing and increased the length of time it took me to transcribe the data, particularly because I did not have the opportunity to discuss, with the clinician, how he/she had written her notes before I transcribed or analyzed them. Furthermore, I am a nurse researcher, and not the counsellor, analyzing her or his counselling notes. Due to this, my interpretation and analysis of the data is mine alone. Another researcher or clinician may bring a different lens to this data, including theoretical frameworks, which could lead to differing interpretation and understandings of the process and experiences involved in Internet Sexual Exploitation. Also complicating the process is the non-verbatim nature of therapeutic process notes, where a clinician may not always write down what he/she is asking the patients to focus on or discuss. As with all retrospective chart reviews, a limitation of the method is the inability to clarify notes, themes found, or quotes used, with the healthcare provider(s) who originally wrote the notes contained within the patient chart. This allows for the possibility of misinterpretation on the part of the researcher. Lastly, another limitation, when using pre-existing data, is with regard to integrating feminist theory and qualitative research methods. Fonow and Cook (1991) argue that "feminist epistemology and methodology arise from a critique of each field's biases and distortions in the study of women" (p. 2). Within this context, as a feminist nurse researcher using pre-existing data, I was unable to ask questions of the young women in an open, non-judgmental, and non-leading manner, to ensure they are speaking for themselves, including being able, as a researcher, to address any needed clarifications of their meanings.

A challenge that arose in the current study was balancing the need to make public the very rich, complex, and traumatic experience of young women who have been exploited by men online, and the need to protect the privacy and identity of the young women whose charts were used in this study because consent was waived. As this study unfolded, the many complexities of Internet sexual exploitation manifested themselves, raising new ethical considerations for future research in this emerging, complex, and incredibly important field of study. Some of these ethical issues include 1) balancing the need to educate public and professionals using qualitative data while protecting the still vulnerable young women who have already experienced exploitation by men; 2) questioning whether researchers can and should publish results that could potentially help future victims, when the participants involved are pending criminal justice

proceedings. This can also be complicated by a concern regarding the publishing of their experiences and its' potential impact on the judicial outcomes; 3) confronting the challenge of how researchers can balance the goals of Feminist Theory, which are to empower participants by bringing marginalized voices into the mainstream, while working with still vulnerable populations, who may succumb to further harm if ethical considerations are not upheld.

Recommendations

The recommendations in this chapter will relate to nursing practice in the broadest of terms, encompassing not only clinical environments but also the wide range of practice settings in which nurse's work, including education, research, and policy. These recommendations are framed around the concept of social justice to ensure the distribution of life resources in a way that benefits marginalized communities and where population and societal health are at the forefront, while also working at the individual, family, and community levels (Schim, Benkert, Bell, Walker, & Danford, 2007; Stevens & Hall, 1992). This also includes shifting the focus away from assessment and treatment primarily, to a more holistic health promotion model of well-being (Lowenberg, 1995). Furthermore, the following recommendations support Herman's (1992) contention, that "to hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins the victim and witness in a common alliance" (p. 9). As Herman argues, the notion of "common" means belonging to a society, having a public role, and being part of what is universal, which clearly falls within the mandate for nursing practice in the broadest sense. Therefore, there is a need to re-conceptualize "short-term, seemingly irresolvable problems as issues situated in political, material, and social contexts [which] opens us to the realities and possibilities previously obscured" (McIntyre & McDonald, 2010, p. 4).

Practice

Healthcare professionals are often the first to interact with people who have experienced interpersonal violence and sexual violation, and yet their educational preparation to date has not adequately prepared them to deal with this sensitive and complex issue (Wathen, Tanaka, Catallo, Lebner, Friedman, Hanson, Freeman, Jack, Jamieson, & MacMillan, 2009). Sexual exploitation adds another layer of complexity to people accessing healthcare services following violation. This study can help inform practice by increasing healthcare professionals, and in particular nurses, understanding of young women who have been sexually exploited online.

Understanding their positions and experiences can help develop compassionate, non-judgmental, and empathetic care tailored to this specific population's needs. In return, survivors will feel comfortable speaking about and disclosing their stories to professionals who are open, empathetic, non-judgmental, and have an understanding of their experience.

In day-to-day practice, this can be actualized by creating an environment of safety, equity, and respect for survivors of ISE (and all types of violence), that values who they are, not just what they have gone through. This can also include listening, understanding, and assessing for contextual life factors such as family violence, bullying, and/or social isolation that are compounding the assault, and/or listening for protective factors in their lives upon which to build. When survivors of violence disclose other life hardships, nurses who are informed holistically, can be better prepared to make healthcare plans that include services to help address these compounding factors. In addition, if nurses can convey to the young women with whom they are working, that they are not alone in their trauma, then this too may open new possibilities, not only for their own healing, but perhaps for "an abstract principle of social justice that connects the fate of others to her own" (Herman, 1992, p. 209). Collectively, health promoting strategies such as these may assist in helping to shift the focus from personal blame or guilt to the wider context in which these experiences take place.

Given that three of the young women in the current study considered the men who exploited them to be their boyfriends and physical and verbal violence was present, nurses should also be comfortable asking and assessing patients for intimate partner violence, as a disclosure of Internet exploitation could arise from this question. However, nurses and healthcare professionals cannot just be expected to know how to care for survivors of violence; educational institutions must be held responsible for curriculum development and the accompanying teaching and nursing practice experiences regarding how to respond in a compassionate, caring, and healing manner, while using critical social theory to guide their understanding of, for example, gendered violence in society. Nurses, who are employed in practice settings such as health care institutions', emergency rooms, and/or in community health, are frequently required to work closely and intimately with adolescent females in relation to sexual assault, mental health, and sexual health. Therefore, to adequately prepare for this specialized work, nurses need further education and in-depth training, not only in educational institutions, but also in the workplace. For example, Internet sexual exploitation should be included in violence training, because the

Internet continues to play a large role in the lives of adolescents and children. Unless there is increased critical awareness of these issues together with prevention strategies being put in place, it is likely that the rates of violence online will increase. Additionally, working in interdisciplinary teams should be strongly encouraged, so multiple perspectives can be included in the understanding of survivors' experiences to aid in the development of a holistic healthcare plan overall.

Information from this study can also be used by nurses to better inform and assist families cope with the exploitation, as they too are affected by the violence. From the information recorded in the charts, parents in the present study did not have a clear understanding of what their children's experiences online actually were, how this had impacted their lives, or how to help their children cope with the trauma. Strategies such as speaking one-on-one with parents, providing written material to inform them on the general experience of adolescents who have been sexually exploited online, informing them regarding what to expect from their teen following the exploitation, and providing concrete tools for them to use to help their child cope, would be beneficial. This includes responding to their child in a supportive and believing manner, listening and being there during emotionally difficult times, and being present during their online use versus completely eliminating their access to the Internet because the latter can come across as punishing versus protective. Additionally, in the current social and cultural context, being online is an important part of social belonging for youth that we do not want to eliminate. Furthermore, siblings should also be included in the healthcare planning, as they could also be important support people for those who have been violated.

Girls that present with anger, depression, self-mutilation, suicidal ideation, and multiple suicide attempts should be screened for abuse from family, peers, and intimate partners. Given the multiple contextual factors that impact experience and intersect to increase vulnerabilities, nurses working with this population should advocate for all people including healthcare professionals, parents/caregivers, teachers, law enforcement, and such, to truly listen and hear when children and youth are speaking and make themselves available as open and active listeners. This action may prove to be one of the most important preventative factors, given that when this does not occur, young people may turn to the Internet to find someone who will listen and support them. Additionally, because nurses are often in close proximity to patients' families, they are in an advantageous position to educate parents, siblings, extended families, and

caregivers on supportive parenting, healthy home environments, positive home role modeling, and the healthy use of social networking. Nurses can also link families who are having difficulties, to the appropriate agencies, in order to intervene before long-term problems arise, such as those seen in the current study.

The same applies for children and youth who are being bullied, excluded, and assaulted by peers. Bullying is a form of violence whereby those in power pick on those perceived to be vulnerable. Those who bully are often rewarded socially for their use of force, while leaving those who are victimized more vulnerable, thus increasing the likelihood of experiencing disrespectful relationships where they feel powerless in the future (Pepler & Craig, 2007). This results in significant health issues for children and youth including psychosomatic, physical, and mental health problems, as well as an increased risk for violence (Craig, 1998). Those who are being victimized and those who participate in bullying need to be linked with agencies, counselling, and programs that will provide them with support, engage them in peer groups, focus on their strengths to improve self-esteem (Pepler & Craig, 2007), and involve the parents/caregivers, in order to prevent long-term health and social complications from bullying.

At the community and societal level, nurses are responsible for advocating for vulnerable and marginalized populations in society. Nursing organizations can lobby policy makers and government officials to change the current culture of violence and sexualization of women, to one of peace, tolerance and gender equality (Sloan, 2010). In addition, where not already available, nursing organizations can also encourage mandatory bullying education in schools across Canada that include discussions on the health effects of power imbalances and the benefits of empathy, with a focus on the broader relationships with family, teachers, peers, and community. In communities where some of these types of programs may already exist, it would be advantageous to work with the developers to initially assess the programs currently in use to see if, for example, attention is paid to safe uses of the Internet and beyond. These programs could be reviewed by creating and using a set of criteria that have emerged from this research, among other sources, to verify if the issues around bullying and the potential for sexual exploitation via the Internet are being addressed. If not, then consultations with, for example, the program developers, those who are involved in implementing these programs, together with some participants in these programs, could assist in their assessment and/or revisions where needed.

In addition, nurses can lobby governments to increase funding for services that support the social determinants of health, which are essential for the healthy development of children and youth. For example, this could include: 1) strengthening preventative and holistic healthcare and increased funding for counselling and therapy; 2) creating strategies targeted to parents such as universally accessible, not-for-profit, high quality, and regulated child care, increasing minimum wage, providing job security, and increasing full-time job creation to help eradicate poverty; 3) strengthening and building safe and healthy communities that offer resources like community centers, libraries, health centers, and parks.

Education

Healthy family, peer, and dating relationships need to be taught to all students across Canada beginning in elementary schools. These programs should use language and media that youth relate to and can understand. They should also address violence by all genders, as rates of violence are high for adolescents, while also taking into account the gendered, cultural, and developmental characteristics of violence (Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis, Stitt, & Donner, 2009). Children and youth who identify as a sexual minority also need programs to address their unique needs and circumstances. Building the foundations of healthy relationships will help adolescents recognize when they are being mistreated, reduce the risk of online victimization, and avoid relationships that are potentially abusive (for example, those with an uneven distribution of power in terms of age differences). Schools need to become a place where students feel comfortable disclosing personal hardships such as bullying, dating violence, and home violence. Furthermore, schools should help students understand how violence against women is promoted socially and culturally in western media. Only then will societal values change as each young generation brings this awareness into their adult lives.

Schools need to take an active role in teaching children and adolescents how to navigate the Internet safely. This includes critical education on the sharing of private information, posting pictures, privacy settings, talking to strangers, and authorities to call if they have been a victim of Internet crimes such as cybertip.ca, Canada's national tip line for reporting online sexual exploitation of children. This information should also be shared with parents and caregivers. The young women in the current study filled in all demographic questions on their online profiles like Facebook, because they did not realize they had a choice and/or what possible implications this could have for them if this information was available to sexual exploiters. This meant they

allowed anyone online to view their home address, phone number, and school. If schools do not teach Internet safety, children are inadvertently putting themselves at risk.

Research

The small sample size in the current study provided important information on the experience of female adolescents who have been sexually exploited online. However, qualitative literature on this experience would benefit from a larger sample size that also includes marginalized populations such as ethnocultural minorities, different socioeconomic classes, LGBTTQQI (lesbian, gay, bisexual, transgendered, two-spirited, queer, questioning and intersexed) identified youth, and those with disabilities. This would allow researchers to determine whether the themes found in this study are shared amongst a diverse group, and how intersecting positions in society may yield new experiences, vulnerabilities, and protective factors. Secondly, qualitative research with this population would benefit from the addition of interviews that may help to illicit different experiences and perspectives from participants. I recommend interviews with participants before they begin the therapy process to see the difference in perspectives between those who have gone through counselling and those who have not. Additionally, where appropriate, some young women from this population could be invited to participate in the research process in an all-encompassing manner, including the development of the research project, the implementation, and evaluation. Research should be expanded to include studies involving young men who are victims of Internet sexual exploitation in order to understand their particular vulnerabilities, strengths, experiences, and health effects. Lastly, more research needs to attend to the interplay and intersections in and between individual experiences of Internet sexual exploitation and the wider social, economic, cultural, and political contexts, in which they are located locally, nationally, and globally. This would help integrate the practice and social perspectives, without sacrificing either the complexities of the individual experience or the breath of political context (Herman, 1992).

Furthermore, as was noted in the section addressing the strengths and limitations of the research, in conducting research of this nature, many ethical considerations in this emerging and incredibly important and complex area of study need to be unpacked and critically considered. For example, we need to ensure that young research participants are protected, while working to maintain the fine balance between the need to support the young people who have been involved in Internet sexual exploitation and making health care providers and the public aware of the these

issues so health enhancing and health promoting work so urgently needed can be researched, developed, and implemented. Therefore, interdisciplinary and inter-professional collaboration on ethical considerations is strongly recommended.

Policy

Among the many possible 'healthy' policy initiatives, one would be the introduction and/or re-introduction of public health nurses and/or community health nurses in all schools who could help facilitate interdisciplinary education sessions on sexual health, healthy relationships, dating violence, and Internet safety. Furthermore, these nurses could also act as counsellors who students could turn to for advice, council, and referrals regarding violence in the family and with peers and partners. Professional organizations can advocate on behalf of nurses and students, to encourage the implementation of this policy.

Nurses, through their professional organizations, could also work collaboratively with other professional organizations to encourage the Canadian government to create foreign policy that builds multilateral international cooperation on strengthening laws that protect children and adolescents worldwide from Internet luring, grooming, pornography, exploitation, and trafficking. The Internet is borderless; what happens in one country has the potential to affect all other countries. This needs to be addressed globally and made a priority if we want to help protect future generations of children universally.

Conclusions

In this study, I was able to provide my perspective on the experiences of female adolescents who have been sexually exploited by men online, through the analysis of therapeutic process notes recorded by a clinician. This study should not be interpreted as 'facts' or 'truths' to be generalized and applied to all survivors of Internet sexual exploitation. Rather, it is an interpretation and subsequent critical analysis of the young women's lives and experiences included in this study based on a critical review of the relevant literature and the data I reviewed. We must also take into account the context in which these young women live and how these contextual factors have shaped their experiences and intersected to increase their vulnerabilities. Furthermore, despite attempting throughout to remain open and unbiased, the findings have been shaped by my location and life experiences as a professional nurse working with survivors' of abuse and assault, and as feminist nurse researcher. Another professional with a different background and theoretical position, may have come to different and/or similar themes and

conclusions. Nevertheless, this current study offers a window of understanding into the lives and experiences of adolescent females sexually exploited on the Internet, that otherwise has not yet been addressed in North American literature.

This study makes a contribution to a new and developing field of research regarding sexual exploitation through the use of Internet to lure and groom young women by male perpetrators. As such, it paves the way for continued qualitative research and discussion in this area, with the primary focus on the survivors of exploitation. Healthcare providers, and specifically nurses, can use the knowledge emerging from this study to advocate for this population, to better understand their experiences, and to provide sensitive, empathetic, and compassionate care tailored to this population's complex and unique needs. Furthermore, by helping to make more public and visible the issues relevant to social networking as one of many forums used to prey on vulnerable youth and recruit them for sexual exploitation, together with analyzing critically the underlying contextual and root causal factors, this type of qualitative research can also make a contribution to the development of evidence-based and theoretically informed prevention strategies and health promoting initiatives, including 'healthy' public policies, to address sexual exploitation, locally, nationally, and globally.

Appendix A: Demographic Information Sheet

Youth Information

1. Age

2. Country of Birth:

3. Ethnicity or Cultural Identity:

4. Currently attending school: □ Yes   □ No, grade of drop out ____

5. Lives: □ Rural   □ Suburbs   □ Small town   □ City

6. Location where computer accessed:

7. Is computer use monitored: □ Yes   □ No   □ Sometimes

    a. If so, by whom: _____

8. Employed: □ Yes, □ FT   □PT   □ No

Family Information

Caregiver 1

Relation to child:

Age:

Relationship Status:

Level of Education Completed:

Currently Employed: Yes   No

Spoken Language:

Legal Relationship with child:

    □ custodial parent

    □ non-custodial parent

    □ joint custodial parent

    □ other (please specify)_____

Contact with Caregiver #2:   □ Yes □ No

Caregiver 2

Relation to child:

Age:

Relationship Status:

Level of Education Completed:

Currently Employed: Yes   No

Spoken Language:

Legal Relationship with child:

    □ custodial parent

    □ non-custodial parent

    □ joint custodial parent

    □ other (please specify)_____

Contact with Caregiver #1:   □ Yes □ No

Other Caregivers:

Relation to child:

Age:

Siblings

Gender:

Age:

Lives with client:

Gender:

Age:

Lives with client:

Gender:

Age:

Lives with client:

Sources of Income:

□ wages/salaries

□ income from self-employment

□ Ontario Works

□ baby bonus

□ unemployment insurance

□ workers compensation / disability

□ old age security / pensions, etc.

□ savings

□ alimony / child support

□ other (please specify) _____

Number of people supported by family income _____

Total family income _____, if total income unknown, is it:

 □ below poverty line

□ above poverty line

Appendix B: A Guide for Retrospective Chart Review Process

ISE Process Questions:

1. How did the contact with the male(s) start?

    a. Whom contacted whom?

    b. Where? Facebook, chat room, msn, etc.

    c. How did the client feel?

2. Was there a discussion about their ages?

    a. If so, when did it take place (beginning of relationship, months later, etc)?

3. What did they talk about?

    a. Similar interests? Advice? Sex? Support?

    b. How did she feel?

4. When did sexual conversations/subjects begin?

5. Did the amount and/or frequency of sexual subject matter change with time?

6. Did he send her anything over the Internet or ask her to send him anything?

    a. i.e. pictures, address, pornography, etc.

    b. Before or after sexual activity?

7. Did he give her any gifts?

    a. Before or after sexual activity?

8. How did any of the above make the client feel?

9. What did she call this interaction between herself and him?

    a. Dating, relationship, boyfriend, friend, casual sex partner, exploiter, etc.

10. Was anyone aware of this relationship?

    a. If so, who? What did they think?

    b. If not, why did she not tell anyone?

11. Did she want this relationship to be sexual?

    a. If not, why did it become sexual?

    b. If yes, why?

12. How did sexual activity make her feel?

13. Has she had any prior experiences like this?

Healthcare Questions:

1. How does she feel today about what has happened to her?

2. How does she feel about herself?

3. Does she have any medical or health concerns?

4. What does she need from healthcare providers and/or healing professionals when she came to see them about ISE?

Contextual Questions:

1. Does she have close friends?

    a. If yes – does she feel comfortable confiding in them?

    b. If no, why not?

2. How is school?

    a. Class, likes, dislikes, teachers she is close with, etc.

3. Does she have friends/peer group at school?

4. What is her living situation? How does she feel there?

5. How strict or relaxed would she say her parent(s)/caregiver(s) are?

    a. i.e. disciplined, unreasonable, not around, fair, loving, minimally involved

6. Does she have a cell phone? Does it have Internet access?

7. Does she watch TV? What type of shows? Music videos? Movies?

8. What is her neighborhood like?

    a. i.e. safe, activities to do, friends in the area?

9. Are there any hobbies she enjoys?

10. Does she work?

    a. If yes- full time, part-time, casual?

    b. Does she enjoy it?

Appendix C: Definitions of Parenting Styles

Psychologist, Diana Baumrind's, parenting styles are most frequently cited in the literature. The following are definitions of each mentioned in this study.

Authoritarian: A strict parenting style where parents' rules must be followed with strict obedience. If children fail to comply, they are punished. Children have little say in regards to rules, their feelings are not considered and the rules must be regarded as the law of the house (Shaffer, Wood, & Willoughby, 2009).

Authoritative: a democratic parenting style where rules are made with the input from the children, although parents have the final say. Once rules are set they must be followed but punishment is not unjust or harsh (Shaffer, Wood, & Willoughby, 2009).

Permissive: a relaxed parenting style where parents set few rules and rarely monitor their children. Children express how they feel, follow their impulses and a great degree of freedom (Shaffer, Wood, & Willoughby, 2009).

Appendix D: Minimum Retention Periods for Hospital Records Policy

1.0 Introduction

This guideline is intended to be used in conjunction with hospital policy Records Retention and Destruction.

2.0 Minimum Retention Periods

The table below specifies required minimum retention periods for hospital Records in accordance with the Policy. Refer to this table to determine whether a Record should be retained and for what period of time. As per Section 4.1.4 of the Policy, where it is not clear from this table under which Record Category or Record Type the specific Record you are interested in fits, consult with the Quality & Risk Management Department (QRM).

Record Category	Record/Record Type	Minimum Retention Period	Ownership/ Position Responsible
Research Records	REB minutes	25 years	REB administrator
	Laboratory Notes, Raw Data & Analyzed Data (except for human subject research)	7 years post publication	Primary Investigator
	Human Subject Research Includes related Administrative & Financial Records, Raw Data & Analyzed Data	Later of: (i) 7 years post publication; or (ii) 25 years, if clinical trial	Primary Investigator and REB

Appendix E: Hospital Records Retention and Destruction Policy

1.0 Introduction

This policy outlines the requirements for the retention and destruction of Records across the Hospital in accordance with applicable legislation, as well as guidelines set out in the Ministry of Health Guidelines for the Retention and Disposition of Records by Public Hospitals, Ontario Hospital Association's Records Retention toolkit (2007), professional regulations, generally accepted industry practices, Hospital narcotic control policy, justifiable voluntary practices and applicable laws. Where legislation or regulatory authorities do not specify a retention period, this guideline provides recommendations for retention.

3.0 Policy

3.1 Record Categories

All Records fall under one of the following five record categories as defined in Section 2.0 of this policy (hereinafter referred to as a "Record Category"), namely:

- Patient Care Records;
- Human Resources Records;
- Financial Records and
- Corporate Record
- Research

3.2 Record Retention

Subject to Section 3.2.1 of this policy; retain a Record for at least the minimum retention period specified in the associated Record Category, as set out in the Minimum Retention Periods for Hospital Records guideline. Where the retention period or storage location is not obvious, refer the matter to the Quality and Risk Management Department (QRM) for guidance.

The retention period for a Record normally commences on the later of the date the Record was created or the date it was last updated, unless otherwise provided for in this Policy.

Those positions or locations indicated as owning the document(s), where applicable, are responsible for ensuring that standard operating procedures are in place to ensure that Records under their control as indicated in this policy are properly preserved and protected over the retention period. They are to ensure procedures are sufficient to protect Records from

unauthorized access, tampering, or premature loss from theft, vandalism, fire, or flood over the retention period. Refer to Section 4.1 of this Policy for procedures on Record retention.

3.2.1 Exceptions to minimum retention periods

Where the Hospital receives notice of a court action relating to treatment of a patient, retain the applicable Records for a minimum period of 25 years from the date the patient turns 18 years of age or until court action is finally disposed (resolved by way of settlement or judgment and all applicable appeal periods are exhausted), whichever is longer.

Where the Hospital receives notice of an investigation, assessment, inspection, inquest, or other inquiry relating to treatment of a patient, retain the applicable Records until the matter has been completed and any subsequent hearing is finally disposed of.

When the record of personal health information, or any information contained in it, is requested by the patient or substitute decision maker, the documents must not be discarded, but are to be kept until the request has been satisfied.

3.3 Record Destruction

Subject to Section 3.2.1 of this Policy, destroy a Record as soon as practical after the minimum retention period for the applicable category has elapsed, unless a decision is made to extend the retention period.

There may be cases where the destruction date for a specific Record being considered for destruction is not specified in this Policy. In this case, refer the matter to QRM for clarification. Refer to Section 4.2 of this Policy for procedures on Record destruction.

3.4 Extensions to Minimum Retention Periods

Minimum retention periods specified in this Policy are based primarily on relevant statutes, professional body regulations, and established Hospital policies. An extension to the minimum retention period for particular Records may be required (e.g., for legal reasons, as per Section 3.2.1), or may be appropriate (e.g., for reasons such as industry practice and other valid voluntary considerations). Consult with QRM regarding potential extensions to retention periods.

4.0 Procedures

4.1 Record Retention Periods and Procedures

The minimum retention period for each Record is set out in Hospital Guideline: "Minimum Retention Periods for Hospital Records" (hereinafter referred to as "the Guideline").

85

Refer to the Guideline to determine whether a Record should be retained. If the Record should not be retained, refer to Section 4.2 below regarding potential destruction of the Record.

Records involving a pending or potential litigation longer than the established retention schedule should be retained, in consultation with QRM. For Records subject to a long term retention schedule (i.e., longer than 5 years), a process and control procedures should be established (e.g., periodic sample audits) to prevent and identify any actual or potential threat to the integrity of retained records.

4.1.1 Backup Records and Electronic Logs

In the case of electronic Records:

Records stored for backup and recovery purposes (i.e., "Backup Records" required to restore a system and data in the case of data loss, or system failure) are not considered to be Records for retention purposes. Records for retention include only those stored on active storage devices (e.g. magnetic disks), near line storage (e.g. optical disks), or archive storage (Active Records). Duplicated or copied Records or sub-sets of Records need not be retained, provided the original Record is retained in accordance with this policy.

Electronic logs, such as transaction logs, operational logs and similar logs, that are not designated as Permanent Audit Logs, as defined in Section 2.0 of this Policy, need not be retained beyond normal system operation requirements. Permanent Audit Logs must be retained in accordance with the Guideline.

4.1.2 Form of Record Retention

Paper

Photographs:

- A photograph of a Record, as defined in this Policy, is a permissible Record for retention purposes.
- Where the photograph is smaller than the original, ensure it is no less legible than the original Record.
- Photography of a Health Record must be carried out in accordance with procedures established by the Board of Trustees.

Microfilm

- A microfilm of a Record is a permissible Record for retention purposes, provided it is of high quality (i.e., the copy is complete and as legible as the original).

- Ensure quality assurance of microfilming such that all microfilmed Records are of sufficiently high quality.

Electronic

- A Record may include a notation, report, order, entry, signature, or transcription in electronic or optical format (Electronic Record).
- An Electronic Record is a permissible Record for retention purposes, provided it is secure from tampering, interference, unauthorized use or access.
- Ensure the Electronic Record is secure in accordance with the Hospital's Information and Security policy.

4.1.3 Storage method and controls

When selecting an appropriate storage method and control procedures for Records, consider the following:

Record Quality: Record must be secure, usable, and in a readable format throughout the retention period.

Operational Ease: Record retrieval must be sufficiently easy and timely, based on business requirements for that Record.

Cost: Storage and retrieval of the Record must be cost-effective.

Legal Considerations: Storage method and associated controls must not compromise Record's admissibility as evidence in legal proceedings.

4.2 Record Destruction Procedures

4.2.1 Destruction schedule

Subject to Section 3.2.1, refer to the minimum retention period in the Guideline to determine whether a Record should be destroyed.

Custodians of records must establish a destruction schedule for a Record, or collection of Records, in accordance with this Section and the Guideline, and publish to Staff.

For Records involved in investigations or inspections, or for Records involved in pending or potential litigation (as per Section 3.2.1), establish a mechanism to preserve these Records beyond their retention period in consultation with Quality & Risk Management, (e.g., flag these Records to avoid inadvertent destruction as part of a routine destruction).

Design the Record destruction schedule to be cost-effective and efficient. Some flexibility in the destruction schedule is possible. Accordingly, consideration should be given to:

a. Scheduling destruction cycles no more frequently than once each year; and

b. For departmental Records, coordinating destruction schedules and procedures across a department or multiple departments, where feasible.

4.2.2 Destruction method

The method and procedures for Record destruction may vary depending on Record Category and storage medium.

Medical Records and Other Patient Care Records

Destroy Records only in accordance with the procedures determined by the Board of Trustees and only with the prior, written authorization of the Director of Health Records. Director of Health Records to make and retain indefinitely, a written statement specifying:

- A description of Records destroyed
- The names of patients to whom the destroyed Records refer; and
- The date and manner of destruction and whether or not destruction was carried out in accordance with the procedures determined by the Board of Trustees.

Other Confidential Records

Other confidential records includes Records classified under Staff or Corporate Record Categories and may include Proprietary Records.

Destroy Records in a manner that renders all information completely and permanently non-identifiable (i.e., by depositing in confidential Red Bins or, for large volumes of Records, through pre-arranged mass burning, shredding, or other similar means).

Ensure appropriate controls are in place to ensure destruction occurs in the specified manner. In the case of destruction of large volumes of Records carried out internally, it should occur under the supervision of responsible personnel. In the case of external destruction, appropriate contractual obligations should be in place between the Hospital and service provider covering controls prior to destruction (i.e., during removal, transportation, and temporary storage) and controls over the destruction process itself. See Confidential Waste Guidelines

Electronic Records

While destruction procedures may differ, Electronic Records stored on computer are subject to the same standards for destruction as paper Records (refer to Section 4.2.2 of this policy). For instance, if the Record qualifies as a Medical Record, destruction can only occur with the prior, written authorization of the Director of Health Records. If a Record is software

acquired from a third party and subject to a license agreement that includes non-disclosure provisions, the software is therefore a Proprietary Record to be destroyed in accordance with Section 4.2.2 of this policy.

For destruction of Records residing on servers supported by the Information Services Department (IS), contact the IS Help Desk to arrange for destruction or to set up a destruction schedule.

For destruction of Records stored on personal computer hard drives, removable storage devices or media, contact the IS Help Desk. Destruction of Records stored on personal computers to be redeployed or disposed of is subject to Hospital policy "Disposal of Computer Equipment No Longer Required". System support groups outside of IS must follow Record destruction procedures that are comparable to those followed by IS.

Non-Confidential Records

Destroy Records by depositing in blue recycling boxes or bins. For large volumes of Records, arrange for bulk recycling through the Hospital's Waste Management Department.

Appendix F: Technology Terminology

iPod: A portable music player made by Apple© that also provides access to the Internet through a browser and wifi

iPhone: A cell phone made by Apple© with many capacities, some of which include: camera, music player, Internet access, games, videos, and such

Memory chip: A device that stores information or saves data

MSN: Instant messaging software used to chat with others

Social networking sites: Online spaces where people can network, form groups, make friends, instant message, share pictures and videos, and such

Webcam: A camera used while online that allows people to view one another in real-time

References

Abbott, L. (2008). *Sexual exploitation of youth*. Kelowna, Canada: Community Against the Sexual Exploitation of Youth. Retrieved from http://caseyonline.org/articles/4/1/Sexual-Exploitation-of-Youth.html

Able-Peterson, T., & Meuleners, M. J. (2009). *Homeless youth and sexual exploitation: Research findings and practice implications*. Washington, DC: National Alliance to End Homelessness. Retrieved from *www.endhomelessness.org/*

Ahlstrom, K. (2005). Incorporating feminist standpoint theory. *Nordic Journal of Philosophy*, *6*(2), 79-92. Retrieved from http://philpapers.org/rec/AHLIFS

Almind Jansen, H. (2010). Psychological treatment of children exposed to "online grooming": Abuse through the Internet. In H. Almind Jansen & S. A. Madsen (Eds.), *Sexual abuse: Treatment, dissemination and research. A status report 2008-2009* (pp.29-33). Copenhagen, Denmark: The University Hospital. Retrieved from www.rigshospitalet.dk/ NR/rdonlyres/C62EBC3A-F1E0-474E-8A2C-A84B5BE4CACE/0/JMc_psyksoc_SMB_ statusrapport_v9_2009.pdf

Anderson, E. (2010). *Feminist epistemology and philosophy of science*. T*he Stanford encyclopedia of philosophy* (Fall 2010 ed.). Stanford, CA: Stanford University. Retrieved from http://plato.stanford.edu/entries/feminism-epistemology

AuCoin, K. (2005). Children and youth as victims of violent crime. *The Juristat, 25*(1). Ottawa, Canada: Statistics Canada. Retrieved from www.statcan.gc.ca/pub/85-002-x/85-002-x2005001-eng.pdf

Benard, B. (1998). *Fostering resiliency in kids: Protective factors in the family, school, and community*. Minneapolis, MN: University of Minnesota. National Resilience Resource Centre. Retrieved from www.cce.umn.edu/nrrc

Berg, B. L. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston, MA: Pearson Education Inc.

Brennan, R. (2010). *Tories accused to culture of intimidation*. (2010, May 4). Toronto Star. Toronto, Canada. Retrieved from http://www.thestar.com/news/canada/article/804414--conservatives-accused-of-culture-of-intimidation

Brown, D. (2009). Developing strategies for collecting and presenting grooming evidence in a high tech world. *The Prosecutor, 43*(3). Retrieved from www.ndaa.org/publications

Canada. Standing Senate Committee on Human Rights (2011). *The sexual exploitation of children in Canada: The need for national action.* Ottawa, Canada. Retrieved from http://www.parl.gc.ca/Content/SEN/Committee/411/ridr/rep/rep03nov11-e.pdf

Canada. Department of Justice Canada (2011). *Age of consent to sexual activity: Frequently asked questions.* Ottawa, Canada. Retrieved from http://www.justice.gc.ca/eng/dept-min/clp/faq.html

Canada. Department of Justice Canada (2006). *Age of protection legislation.* Ottawa, Canada. Retrieved from www.justice.gc.ca/eng/news-nouv/nr-cp/2006/doc_31832.html

Canada. Department of Justice Canada (2005). *Sexual abuse and exploitation of children and youth: a facts sheet from the Department of Justice Canada.* Ottawa, Canada. Retrieved from www.justice.gc.ca/eng/az.asp

Canada. Department of Justice Canada (2002). *Stronger child pornography law receive royal assent.* Ottawa, Canada. Retrieved from www.justice.gc.ca/eng/

Canada. Library of Parliament (2001). *Canada's legal Age of Consent to sexual activity.* Ottawa, Canada. Retrieved from www.parl.gc.ca/information/library/PRBpubs/prb993-e.pdf

Canada. Royal Canadian Mounted Police (2008). *Internet based sexual exploitation of children and youth environmental scan.* Victoria, Canada: National Child Exploitation Coordination Centre. Retrieved from www.rcmp-grc.gc.ca/ncecc-cncee/index-accueil-eng.htm

Canada. Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth (2001). *Sexual exploitation of youth in British Columbia.* Victoria, Canada: Queen's Publishing. Retrieved from www.mcf.gov.bc.ca/publications/youth/sex_exploit.pdf

Canadian Advisory Council on the Status of Women. (1985). *Sexual assault.* Ottawa, Canada: The Government of Canada. Retrieved from http://publications.gc.ca/site/eng/ourCatalogue.html

Canadian Feminist Alliance for International Action & the Canadian Labour Congress (2010). *Reality check: Women in Canada and the Beijing Declaration and Platform for Action Fifteen Years On. A Canadian Civil Society Response.* Retrieved from http://www.canadianlabour.ca/sites/default/files/Canada-Beijing15-Reality-Check-2010-02-22-EN.pdf

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2) (2nd ed.). Ottawa, Canada: The Government of Canada. Retrieved from www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Christiansen, J. R., & Blake, R. H. (1990). The grooming process in father-daughter incest. In A. L. Horton, B. L. Johnson, L. M. Roundy, & D. Williams, *The incest perpetrator: A family member no one wants to treat* (pp. 88-98). Newbury Park, CA: Sage Publications.

Cowen, E. L., & Work, W. C. (1988). Resilient children, psychological wellness and primary prevention. *American Journal of Community Psychology, 16*(4), 591-607. Retrieved from http://www.springer.com/psychology/community+psychology/journal/10464

Coy, M. (2009). Moved around like bags of rubbish nobody wants': How multiple placements can make young women vulnerable to sexual exploitation. *Child Abuse Review, 18*, 254-266. doi:10.1002/car.1064

Craig, W. (1998). The relationship among bullying, victimization, depression, anxiety, and aggression in elementary school children. *Personality and Individual Difference, 24*(1), 123-130. Retrieved from http://www.sciencedirect.com

Cybertip.ca (2008). *Cyber stats*. Winnipeg, Canada: Canadian Centre for Child Protection. Retrieved from www.cybertip.ca/pdfs/fact_sheet_pdf/Engllish/CyberStats_en.pdf

Davidson, J., Grove-Hills, J., Bifulco, A., Gottschalk, P., Caretti, V., Pham, T., & Webster, S. (2011). *Online abuse: Literature review and policy context.* Brussels, Belgium: European Commission on the Safer Internet Plus Program. Retrieved from http://www.europeanonlinegroomingproject.com/wp-content/file-uploads/EOGP-Literature-Review.pdf

Dill, K. E., & Thill, K. P. (2007). Video game characters and the socialization of gender roles: Young people's perceptions mirror sexist media depictions. *Sex Roles, 57*(1), 851-864. doi:10.1007/s11199-007-9278-1

Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect, 19*, 579-594. Retrieved from http://www.sciencedirect.com

Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115. doi:10.1111/j.1365-2648.2007.04569.x

Eminem (2000). Kim [Eminem]. *On the Marshall Mathers LP*. Santa Monica, CA: Aftermath, Interscope.

Eminem (2002). Guilty Conscience [Eminem]. *On the Eminem Show Album*. Santa Monica, CA: Aftermath, Interscope.

End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes' (ECPAT) International (2009). *Commercial sexual exploitation of children*. Bangkok, Thailand: ECPAT. Retrieved from www.ecpat.net

Escobar-Chaves, S. L., & Anderson, C. A. (2008). Media and risky behaviors. *The Future of Children, 18*(1), 147-180. Retrieved from http://futureofchildren.org/futureofchildren/publications/docs/18_01_07.pdf

Finkelhor, D., Mitchell, K. J., & Wolak, J. (2000). *Online victimization: A report on the nation's youth*. Crimes Against Children Research Centre. Washington, DC: National Clearinghouse.

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect, 31*, 7-26. doi:10.1016/j.chiabu.2006.06.008

Finkelhor, D., Turner, H. A., Ormrod, R. K., & Hamby, S. L. (2009). Violence, abuse, & crime exposure in a national sample of children & youth. *Pediatrics, 124*(5), 1-14. doi:10.1542/peds.2009-0467

Flicker, S., & Guta, A. (2008). Ethical approaches to adolescent participation in sexual health research. *Journal of Adolescent Health, 42*, 2-10. doi:10.1016/j.jadohealth.2007.07.017

Fonow, M. M., & Cook J. A. (1991). *Beyond methodology: Feminist scholarship as lived research*. Bloomington, IN: Indiana University Press.

Gentile D. A. (2009). *Teen-oriented radio and CD sexual content analysis*. Minneapolis, MN: National Institute on Media and the Family. Retrieved from www.mediafamily.org/research/report_radiocontentanalysis.pdf

Hankivsky, O., & Varcoe, C. (2007). From global to local and over the rainbow: Violence against women. In M. Morrow, O. Hankivsky, & C. Varcoe (Eds.), *Women's health in*

Canada: Critical perspectives on theory and policy (pp. 478-507). Toronto, Canada: University of Toronto.

Harris, J. (2000). Self-harm: Cutting the bad out of me. *Qualitative Health Research, 10*(2), 164-173.

Herman J. L. (1992). *Trauma and recovery: The aftermath of violence - from domestic abuse to political terror.* New York, NY: Basic Books.

Hesse-Biber, S. N., & Leavy, P. L. (2007). *Feminist research practice*. Thousand Oaks, CA: Sage Publications Inc.

Holder, A. R. (2008). Research with adolescents: Parental involvement required? *Journal of Adolescent Health, 42*, 1-2. doi:10.1016/j.jadohealth.2007.10.014

Holt, T. J., Blevins, K. R., Burkert, N. (2010). Considering the pedophile subculture online. *Sexual Abuse: Journal of Research and Treatment, 22*, 3-24. doi: 10.1177/1079063209344979

hooks, b. (2004). *The will to change: Men, masculinity and love.* New York, NY: Atria Books.

Hsieh, H. F., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277–1288. doi:10.1177/1049732305276687

Hunt, M. (2009). Strengths and challenges in the use of interpretive description: Reflections arising from a study of moral experience of health professionals in humanitarian work. *Qualitative Health Research, 19*(9), 1284-1292. doi: 10.1177/1049732309344612

Internet Watch Foundation (2006). *Annual and charity report 2006*. Cambridge, United Kingdom. Retrieved from www.enough.org/objects/20070412_iwf_annual_report_2006_web.pdf

Ireland, J. L., & Power, C. L. (2004). Attachment, emotional loneliness, and bullying behaviour: A study of adult and young offenders. *Aggressive Behavior, 30*, 298-312. Doi:10.1002/ab.20035

Kim, M. J., Tajima, E. A., Harrenkohl, T. I., & Huang, B. (2009). Early child maltreatment, runaway youths, and risk of delinquency and victimization in adolescents: A meditational model. *Social Work Research, 33*(1), 19-28. doi:1070-5309/09

Kushner, K. E., & Morrow, R. (2003). Grounded theory, feminist theory, critical theory: Toward theoretical triangulation. *Advances in Nursing Science, 26*(1), 30-43. Retrieved from http://journals.lww.com/advancesinnursingscience/toc/2003/01000

Leclerc, B., Proulx, J., & Beauregard, E. (2009). Examining the modus operandi of sexual offenses against children and its practical implications. *Aggression and violent behavior, 14*, 5-12. doi:10.1016/j.avb.2008.08.001

Loughlin, J., & Taylor-Butts, A. (2009). Child luring through the Internet. *The Juristat, 29*(1); Statistics Canada. Ottawa, Canada. Retrieved from www.statcan.gc.ca

Lowenberg, J. S. (1995). Health promotion and the ideology of choice. *Public Health Nursing, 12*(5), 319-323. Retrieved from http://ca.wiley.com/WileyCDA/

MacKinnon, C. (1989). *Toward a feminist theory of the state.* Cambridge, MA: Harvard University Press.

McAndrew, S., & Warne, T. (2005). Cutting across boundaries: A case study using feminist praxis to understand the meanings of self-harm. *International Journal of Mental Health Nursing, 14,* 172-180. doi:10.1111/j.1440-0979.2005.00378.x

McIntyre, M., & McDonald, C. (2010). Nursing issues: A call to political action. In M. McIntyre, & C. McDonald (Eds.), *Realities of Canadian nursing: Professional, practice, and power issues* (pp. 3-16) (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

McLuhan, M., & Fiore, Q. (1967). *The medium is the message.* New York, NY: Bantam Books Inc.

Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts.* Toronto, Canada: York University School of Health Policy and Management & Library and Archives Canada Cataloguing in Publication.

Milan, A., Vézina, M., & Wells, C. (2006). *Family portrait: Continuity and change in Canadian families and households in 2006, 2006 Census.* Statistics Canada. Ottawa, Canada: Ministry of Industry. Retrieved from www12.statcan.ca/ census-recensement/2006/as-sa/97-553/pdf/97-553-XIE2006001.pdf

Mitchell, K. J., Finkelhor, D., & Wolak, J. (2001). Risk factors for and impact of online sexual solicitation of youth. *Journal of the American Medical Association, 285*(23), 3011-3014. doi:10.1001/jama.285.23.3011

Mitchell, K. J., Finkelhor, D., Wolak, J., Ybarra, M. L., & Turner, H. (2010). Youth Internet victimization in a broader victimization context. *Journal of Adolescent Health, 48*, 128-134. doi:10.1016/j.jadohealth.2010.06.009

Moscovitch, A. (2007). *Contemporary family trends: Good servant, bad master? Electronic*

media and the family. Ottawa, Canada: The Vanier Institute of the Family. Retrieved from www.vifamily.ca/media/node/75/attachments/Good_servant_bad_master_ electronic_media_family.pdf

Moscovitch, A. (1998). *Contemporary family trends: Electronic media and the family.* Ottawa, Canada: The Vanier Institute of the Family. Retrieved from www.vifamily.ca/sites/default/files/electronic_media_family_0.pdf

Owens, L., Slee, P., & Shute, R. (2000). 'It hurts a hell of a lot…': The effects of indirect aggression on teenage girls. *School Psychology International, 21*(4), 359-376. doi:10.1177/0143034300214002

Paquette, G. (2004). Violence on Canadian television networks. *The Canadian Child and Adolescent Psychiatry Review, 13*(1), 13–15. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533816/

Pearce, J. (2006). Who needs to be involved in safeguarding sexually exploited young people? *Child Abuse Review, 15*, 326-340. doi:10.1002/car.954

Pepler, D., & Craig, W. (2007). *Binoculars on bullying: A new solution to protect and connect children.* Toronto, Canada: The Canadian Safe School Network. Retrieved from www.canadiansafeschools.com/programs/research.htm

Perrin, B. (2010). *Invisible chains: Canada's underground world of human trafficking.* Toronto, Canada: Penguin Canada.

Perry, B. (1997). Incubated in terror: Neurodevelopmental factors in the "Cycle of Violence". In J. Osofsky (Eds.), *Children, youth and violence: The search for solutions* (pp. 124-148). New York, NY: Guilford Press.

Picasso, P. (1966). In B. M. Wildemuth (Ed.), a*pplications of social research methods to questions in information and library* (pp. 308). Westport, CT: Libraries Unlimited.

Plummer, K. (1995). *Telling sexual stories: Power, change and social worlds*. New York, NY: Routledge.

Reddick, B. H., & Beresin, E. V. (2002). Rebellious rhapsody: Metal, rap, community, and individuation. *Academic Psychiatry, 26*(1), 51-59. doi:10.1176/appi.ap.26.1.51

Rew, L., & Bowman, K. (2008). Protecting youth from early and abusive sexual experiences. *Pediatric Nursing, 34*(1), 19-23. Retrieved from http://www.pediatricnursing.net/

Richards, H. M., & Schwartz, L. J. (2002). Ethics of qualitative research: Are there special issues for health services research? *Family Practice, 19*(2), 135-139. doi:10.1093/fampra/19.2.135

Rideout, V. J., Foehr, U. G., & Roberts, D. F. (2010). *Generation M^2: Media in the lives of 8-18 year-olds*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from www.kff.org/entmedia/ upload/8010.pdf

Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent well-being. *Journal of Adolescence, 23*, 57-68. Retrieved from http://www.ingentaconnect.com/

Rigby, K. (1997). What children tell us about bullying in schools. *Children Australia, 22*, 28-34. Retrieved from http://journals.cambridge.org/

Rubin, L. B. (1990). Erotic Wars: What happened to the sexual revolution? New York, NY: Farrar, Straus, & Giroux.

Sabina, C., Wolak, J., & Finkelhor, D. (2008). The nature and dynamics of Internet pornography exposure for youth. *Cyber Psychology and Behaviour, 11*(6), 691-693. doi:10.1089/cpb.2007.0179

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing and Health, 23*, 334-340. doi:10.1002/1098-240X

Schim, S. M., Benkert, R., Bell, S. E., Walker, D. S., & Danford, C. A. (2007). Social justice: Added metaparadigm concept for urban health nursing. *Public Health Nursing, 24*(1), 73-80. doi:10.1111/j.1525-1446.2006.00610.x

Scott, S., & Harper, Z. (2006). Meeting the needs of sexually exploited young people: The challenge of conducting policy relevant research. *Child Abuse Review, 15*, 313-325. doi:10.1002/car.959

Shaffer, D. R., Kipp, K., Wood, E., & Willoughby, T. (2009). *Developmental psychology: childhood and adolescence* (3rd ed). Toronto, Canada: Nelson.

Sloan, A. (2010). *The personal sexual exploitation of female youth.* Unpublished paper. Ryerson University. Toronto, Canada.

Smallborne, S. W., & Wortley, R. K. (2001). Child sexual abuse: Offender characteristics and modus operandi. *Trends and Issues in Criminal Justice, 193*, 1-6. http://ijo.sagepub.com/

Speziale, H. J. S., & Carpenter, D. R. (2007). *Qualitative research in nursing: Advancing the humanistic imperative* (4th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

Stanley, B., Gameroff, M. J., Michalsen, V., & Mann, J. J. (2001). Are suicide attempters who self-mutilate a unique population? *American Journal of Psychiatry, 158*(3), 427-432. Retrieved from http://ajp.psychiatryonline.org

Statistics Canada. (2007). *Uniform crime reporting survey (2.1): Location of incident by weapon present, selected police services*. Ottawa, Canada: Canadian Centre for Justice Statistics. Retrieved from www.statcan.gc.ca

Statistics Canada. (1999). Sex offenders. *The Juristat, 19*(3). Ottawa, Canada: Canadian Centre for Justice Statistics. Retrieved from www.statcan.gc.ca

Steeves, V. (2005). *Young Canadians in a wired world- phase II: Trends and recommendations*. Ottawa, Canada: Media Awareness Network. Retrieved from http://www.media-awareness.ca/english/research/YCWW/phaseII/

Stevens, P. E., & Hall, J.M. (1992). Applying critical theories to nursing in communities. *Public Health Nursing, 9*(1), 2-9. doi:10.1111/j.1525-1446.1992.tb00065.x

Stock, P. (2004). *The harmful effects on children of exposure to pornography*. Kelowna, Canada: Canadian Institute for Education on the Family. Retrieved from http://www.cief.ca/research_reports/harm.htm

Subrahmanyam, K., & Greenfield, P. (2008). Online communication and adolescents relationships. *The Future of Children, 18*(1), 119-146. Retrieved from http://futureofchildren.org/futureofchildren/publications/docs/18_01_FullJournal.pdf

Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.

Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1-21. Retrieved from www.ualberta.ca/~iiqm/backissue/3_1/pdf/thorneetal.pdf

Thorne, S., Reimer Kirkham, S., & MacDonald, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health, 20*, 169-177. Retrieved from http://www.mendeley.com/

United Kingdom. United Nations International Children's Emergency Fund (UNICEF) (2001). *Commercial sexual exploitation*. New York, NY. Retrieved from www.unicef.org/uk/

United Nations. (2010). *The world's women 2010: Trends and statistics.* Geneva, Switzerland: United Nations Statistical Division. Retrieved from http://unstats.un.org/ unsd/demographic/products/Worldswomen/WW_full%20report_color.pdf

United Nations. Committee on the Rights of the Child (2003). *Consideration of reports submitted by states parties under article 44 of the convention, concluding observations: Canada, CRC/C/15/Add.215.* Retrieved from http://rightsofchildren.ca/wp-content/uploads/2009/05/canada-co2.pdf

Wathen, C. W., Tanaka, M., Catallo, C., Lebner, A. C., Friedman, M. K., Hanson, M. D., Freeman, C., Jack, S. M., Jamieson, E., & MacMillan, H. L. (2009). Are clinicians being prepared to care for abused women? A survey of health professional education in Ontario, Canada. *BioMed Central Medical Education, 9*(34), 1-11. doi:10.1186/1472-6920-9-34

Wells, M., & Mitchell, K. J. (2007). Youth sexual exploitation on the Internet: DSM-IV diagnoses and gender differences in co-occurring mental health issues. *Child and Adolescent Social Work Journal, 24*(3), 235-260. doi:10.1007/s10560-007-0083-z

Wolak, J., Mitchell, K. J., & Finkelhor, D. (2003). *Internet crimes against minors: The response of law enforcement.* Alexandria, VA: National Centre for Missing and Exploited Children. Retrieved from http://unh.edu/ccrc/pdf/jvq/CV70.pdf

Wolak, J., Mitchell, K. J., & Finkelhor, D. (2006). *Online victimization: 5 years later.* Alexandria, VA: National Centre for Missing and Exploited Children. Retrieved from http://unh.edu/ccrc/pdf/CV138.pdf

Wolak, J., Finkelhor, D., Mitchell, K. J., & Ybarra, M. (2008). Online predators and their victims: Myths, realities and implications for prevention and treatment. *American Psychologist*, *63*(2), 111-128. doi:10.1037/0003-066X.63.2.111

Wolfe, D. A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L., & Donner, A. (2009). A school-based program to prevent adolescent dating violence: A cluster randomized trail. *Archives of Pediatric and Adolescent Medicine, 163*(8), 692-700. Doi:10.1016/j.jadohealth.2006.05.002

Ybarra, M. L., Mitchell, K. J., Finkelhor, D., Wolak, J. (2007). Internet prevention message: Targeting the right online behaviors. *Achieves of Pediatric and Adolescent Medicine, 161*, 138-145. Retrieved from http://unh.edu/ccrc/pdf/CV77.pdf

Zhang, Y., & Wildemuth, B. M. (2009). Qualitative analysis of content. In B. M. Wildemuth (Ed.), A*pplications of social research methods to questions in information and library* (pp. 308-319). Westport, CT: Libraries Unlimited.

Zingaro, L. (2009). *Speaking out: Storytelling for social change*. Walnut Creek, CA: Left Coast Press Inc.