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**Similarities between consensual image sharing, cyberbullying, and sexual assault:
Implications for DSM-5 PTSD construct validity.**

Scope of the Problem:

- (Dworak - Peck, S., 2018, USC) posits that nonconsensual image sharing (NIS) isn't pornography — it is sexual assault; she notes that survivors of this growing form of exploitation share symptoms similar to survivors of physical sexual assault; This speaks to the level of humiliation and shame.
- 2014 and 2015 interview-based study of 18 victims who participated shed light on similarities between how revenge porn and exploitive porn can affect a person's mental health. This author found a translation of nonconsensual image sharing to cyberbullying, social ostracism, and sexual assault. The effects were long-ranging and severe both individually and in an individual's social network. This author suggests that NIS does produce effects involving an invasion of body integrity. (Brewin 2021) equates bullying, emotional abuse, and neglect with CPTSD. He recommends the ICD-II approach of providing guidance rather than a formal definition and offers a viable solution to some of the problems associated with current and previous attempts to define traumatic exposure.

Researchers in the aforementioned study found a number of similarities between survivor's experiences including:

- Loss of trust
- Self-blame
- PTSD
- Debilitating anxiety and depression
- Suicidal thoughts
- Intrusion into a person's body image
- Poor self-esteem and self-confidence
- Sense of loss of control over one's body.

This author also found disruption of the victims' social network and social support system. This has significant implications as social networks provide for mutual need fulfillment.

Initial Presentation and Course of the Disorder Stemming from Dissemination of (NIS)

The degree of distress in this population is marked. It is characterized by catastrophic psychological and psychophysiological injury proximately related to NIS to peer groups. There are many similarities to PTSD symptomology (intrusive repetitive thoughts, discriminative stimuli (SD)). The traumatic effects are egregious and far-ranging.

This author points out that the dissemination of nude photos of minors is, in essence, similar to child pornography.

As one frequently sees, there are significant disorders comorbid with PTSD, viz, Major Depressive Disorder and Panic Disorder.

There is a marked disruption of the victim's interpersonal relationships and social and employment functioning.

Cyberbullying has pronounced long-term effects, viz, adverse effects on trust in relationships, damage to self-esteem, and an individual's self-reference and self-identity. The effects of these disorders can continue well into adulthood. They also affect the developmental trajectory of the victims. Development of sexuality in minors parallels social development.

Sexual Trauma

(Zaleski, USC) notes that the defining issue of sexual trauma is an individual losing control over their bodies. Zaleski notes that "when your image is blasted over and over again, how can you feel safe being in places not knowing if other people have seen a vulnerable, intimate image of you". The dissemination of intimate images of others has an egregious impact on the victim's self-esteem and social network. Many victims suffer from feelings of alienation from their peer groups who may be anything but supportive.

Zaleski notes that this form of sexual abuse is also a means for perpetrators to exert power and control over those whose images they share. She notes that women and lesbian, gay, and bisexual (LGB) people are more likely to be targeted with this form of exploitation.

Statistical Frequency

It is noted that 1 in 10 women under 30 have been threatened with nonconsensual image sharing and 6% report having had someone post a nude or nearly nude photo online, higher than the rates for men in the same range. 17% of LGB Americans have either had an image shared or been threatened.

Deficiencies in Construct Validity DSM-V PTSD

This author argues that just as studies have shown a failure to capture diverse and immigrant populations in PTSD, the PTSD construct also fails to capture members of this diverse population. This author has observed these individuals to suffer from:

- Intrusive, repetitive thoughts
- Shame and guilt
- Profound anxiety
- Defensive avoidance
- Recurring thoughts and images
- Sensitivity to the environment
- Sensitivity to discriminative stimuli

In younger age groups such as adolescents, the effects of cyberbullying and nonconsensual image sharing are more egregious due to the trauma impacting developing sexuality in young women. Unfortunately, their peers tend to be unsympathetic and enact victim-blaming and conformity to the main peer group. There is a diffusion of responsibility in the group. This is similar to what is seen in scenarios where the crowd takes videos of someone being assaulted, but no one steps up and helps the victim. Individuals who are members of the group diffuse their responsibility into their peer group. The victim becomes an afterthought.

Assessment Protocol

- Assessment of the effects of cyberbullying and nonconsensual image sharing
- Comprehensive Forensic Mental Health Assessment and intake

Objective Psychological Testing

- Broadband test of trauma (Personality Assessment Inventory-2 [PSA-2])
- Specific Trauma Assessment — Trauma Symptom Inventory-2

What are some takeaways from this?

1. (Maten, et al. 2019) notes that cyberbullying as victim only and as victim-perpetrator seem to be associated with multiple types of post-traumatic stress (PTS) symptoms. Cyberbullying and traditional victimization significantly predicted ($R^2 = 13.6$) intrusion and avoidance. Pediatricians, general practitioners, and mental health professionals need

to be attuned to possible PTS symptoms in young people involved in cyberbullying. Screening and early cost-effective treatments could be implemented.

2. There is a tremendous need for the support of victims of cyberbullying and non-consensual image sharing, especially by the schools. These acts of victimization need to be confronted squarely and promptly by school officials, social media, and law enforcement. Victims need support.
3. Mental health practitioners must be conscientious in not minimizing cyberbullying and non-consensual image sharing and viewing these in the larger realm of effects of sexual assault. Treatment protocols need to be robust in addressing the similarities to the effects of sexual assault in vulnerable populations.
4. Findings of this author are consistent with recent research (Brewin 2021) who found problems with the reliability of DSM-V criteria (PTSD + CPTSD)
5. An alternate model using World Health Organization (WHP) and ICD-II criteria is recommended. (Hyland 2021) noted that the WHO provided a refined description of PTSD focused on core symptoms of “re-experiencing the here and now”, “avoidance of traumatic events and thoughts”, a “sense of current threat”, and formally introduced complex PTSD (CPTSD), a disorder defined by the CPTSD symptoms, viz, problems with affect dysregulation, self-concept, and interpersonal relationships (Cloitre et al., 2018).
6. Members of this population are in marked, acute distress with a high degree of Defensive Avoidance. Thus, the mental health provider must be sensitive to this area and utilize gradual exposure therapy (ET). Newer paradigms have the victim write out a potential script and review it with the mental health provider. It is recommended that prior to ET, that the focus be on building a foundation for their subjects and providing support and affirmation as their groups are in profound distress. They need our compassion and understanding.