The Role of Caregivers: Safeguarding & Enhancing Youth Resilience Against Harmful Sexual Encounters Online

Findings from qualitative and quantitative SG-CSAM research among parents and guardians in 2021

Research conducted by Thorn in partnership with Benenson Strategy Group

THORN

Benenson Strategy Group

TABLE OF CONTENTS

THORN

Introduction

This report represents a continuation of Thorn's research series examining attitudes and experiences related to self-generated child sexual abuse material (SG-CSAM). This series seeks to ground growing concern about the rise in SG-CSAM experiences in a deeper understanding of the scale of this issue, who it impacts, and what intervention opportunities exist.

We now know the sharing of nudes is viewed as normal by many young people, with 1 in 7 9–12-year-olds telling us they've shared their own nudes.[1] We know that kids face shame and blame as they recover from negative digital experiences, a reality that risks compounding the harm they experience and further isolating kids who are in trouble.[2] We also know that kids who seek support are more than twice as likely to look at online safety tools for that help than to ask for support from a peer or caregiver.[3]

TERMINOLOGY

SG-CSAM

Explicit imagery of a child that appears to have been taken by the child in the image. This imagery can result from both consensual or coercive experiences. Kids often refer to consensual experiences as "sexting" or "sharing nudes."

Caregivers play a central role in preparing kids to navigate risky online encounters and in fostering the development of their child's digital resilience. However, their success is heavily influenced by the age at which the conversations on the subject begin and the nature of the guidance they provide. Conversations that happen too late or communicate blame and shame fail to safeguard and can, at times, unintentionally isolate kids who are at risk.

It is essential for those developing effective interventions for online harms to understand the dynamics that influence how caregivers do — or do not — talk with their child about the inherent risks of digital exploration. For instance, how can interventions better support caregivers who are already navigating these conversations with their child and how can interventions be developed to activate caregivers who are less familiar with these issues or don't think they are relevant to their child? Early and safe dialogues are critical in ensuring kids are aware of risks they may encounter online and feel empowered to seek help if things go wrong.

---

1   Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_YouthMonitoring_FullReport_2021.pdf

2   Thorn. (2019). Self-Generated Child Sexual Abuse Material: Attitudes and Experiences. Available at: https://www.thorn.org/self-generated-child-sexual-abuse-material-attitudes-and-experiences/

3   Thorn. (2021). Responding to Online Threats: Minors' Perspectives on Disclosing, Reporting, and Blocking. Available at: https://www.thorn.org/thorn-research-minors-perspectives-on-disclosing-reporting-and-blocking/

This research focuses on understanding the attitudes, perceptions, and behaviors of caregivers as they relate to how they talk with their children about the sharing and nonconsensual re-sharing of SG-CSAM, including an exploration of barriers and motivators that influence how, when, and if those conversations occur. In surveying 2,000 caregivers, four key findings emerged:

1. Caregivers generalize talks about online safety with their kids. This often comes at the expense of explicit discussions that can help kids recognize and navigate the distinct risks and pathways of grooming and sharing nudes. While 2 in 3 caregivers have talked with their child about social media and digital safety, fewer than 1 in 3 caregivers have talked with their child about SG-CSAM.

2. Gender plays a pervasive role in how caregivers approach discussing SG-CSAM with their child. For example, caregivers think girls should receive the conversation at younger ages than boys. They also perceive higher levels of risk for girls experiencing online sexual activity than boys.

3. Caregivers perceive that their children would never engage with SG-CSAM or are too young. This, combined with a lack of confidence in speaking with their child about this topic or the tech they use, inhibits critical conversations between caregivers and their kids. Despite a majority of caregivers thinking a conversation about SG-CSAM should happen before a child turns 13-years-old, only 1 in 5 caregivers who have a child aged 7-12 say they have done so.

4. Not all kids have equal access to engaged or informed caregivers who can help safeguard them from the risks associated with SG-CSAM — and sadly, some caregivers hold extreme perspectives that could worsen outcomes for a child confronting a risky online experience. For instance, 1 in 5 caregivers are comfortable with their child being convicted of a crime or having to register as a sex offender if involved in an SG-CSAM incident.

THORN

Methodology & Research Design

Research into how and why caregivers do — or do not — talk with their child about SG-CSAM presents unique challenges, particularly due to the sensitive nature of the topic and the dynamic digital environment in which the behavior takes place. Survey authors have included here a brief discussion of some of these challenges and the actions taken to mitigate them, in addition to the final research design deployed.

TERMINOLOGY

Caregivers

Defined as an adult with a biological and/or adopted child, e.g. parents or guardians

Challenges

CHALLENGE: The use of traditional peer-reviewed research methods are not nimble enough for the digital landscape and issue at hand: the technologies and platforms intersecting with this issue are in constant change, as are the habits of the kids who use them.

Action: This research relies on dynamic social research methodologies, which enable faster collection and analysis of data, to ensure it best reflects the current digital landscape. Because design limitations restrict the number of platforms shown to participants, this

survey includes a diverse but non-exhaustive list of platforms, with top priority given to social platforms. The final list is informed by historical research, external reports, and expert consultation, and is re-evaluated for the needs of each individual survey.

CHALLENGE: Attitudes towards sexuality vary widely across demographics.

Action: This is a universal issue, but the way it impacts caregivers differs across demographics. This research aimed to identify trends among caregivers overall and particularly based on their perceptions of SG-CSAM and whether or not they had spoken to their child about the topics. A secondary objective was to get a broad understanding of how trends around this issue manifest differently across demographics, including age and gender of the child and gender of the caregiver. Given sample size limitations, some of the identified trends within subgroups are more appropriately viewed as starting points.[4]

---

4   Analysis of all data collected through this research is limited to the immediate scope of this report. For academics, researchers, or others involved in this issue space who are interested in accessing additional available data, please submit a request to research@wearethorn.org.

CHALLENGE: Entrenched stigma and sensitivity surrounding the topic may lead to an undercounting of the scale and frequency.

Action: Asking caregivers to open up about a subject as delicate and personal as their relationship with their child and the steps they take to safeguard them likely activates self-report bias where participants lean into more socially desirable responses. It also requires the design of survey instruments that are safe and supportive. Questions were written in a manner that gave the space for individuals to answer generally about "people they know" or "their child's peers" in lieu of asking them exclusively about their own experiences.

CHALLENGE: This research captured caregiver attitudes and behaviors during 2021 – a year in which a worldwide pandemic (COVID-19) continued to influence everyday life, including online experiences and social relationships.

Action: The researchers acknowledge the continued and ever-changing pandemic reality inhibits our ability to distinguish the precise role COVID-19 has had on caregiver-child relationships and how caregivers approach discussing sensitive issues. That said, this research did not seek to analyze the impact of the pandemic specifically, rather the focus of this research was on caregiver perceptions of their child's online habits, the risks their child faces, and how caregivers address sensitive subjects related to online risks.

Research Design

The resulting research focused on caregivers of children aged 7 to 17. Both qualitative and quantitative tools were used to collect data related to caregiver attitudes and behaviors about the role of technology in their child's life and its intersection with sexual exploration and exploitation. Collectively, this research sought to understand caregiver perceptions of risky online behaviors, including SG-CSAM, and the factors that influence how they do — or do not — talk with their child about related topics.

PHASE 1 — EXPLORATORY RESEARCH

In 2019, alongside an online survey administered to 996 minors on the topic of SG-CSAM, Thorn also administered a series of survey questions on the same topic to 402 caregivers. Results from this initial collection of caregiver responses provided foundational insights and knowledge mapping that served as the basis for the present research.[5]

PHASE 2 — IN-PERSON FOCUS GROUPS

Four 90-120 minute focus groups were conducted in Denver, Colorado on March 4-5, 2020. Group makeup included:

- **2 caregiver groups:** 1 group of 8 women caregivers and 1 group of 8 men caregivers, each aged 31-60

- **2 youth groups:** 1 group of 6 girls and 1 group of 8 boys, each aged 15-17

This phase allowed us to explore some of the nuances that exist within the caregiver-child relationship and identify some of the current barriers

5   Thorn. (2019). Self-Generated Child Sexual Abuse Material: Attitudes and Experiences. Available at: https://www.thorn.org/self-generated-child-sexual-abuse-material-attitudes-and-experiences/

(and potential actions) to preventing the re-sharing of SG-CSAM. The recruitment of minors was done through friendship groups (participants in each group had pre-existing relationships and rapport with one another). This method was intended to provide an open and comfortable environment for kids to express themselves authentically. Caregivers were recruited individually.

PHASE 3 — QUANTITATIVE ONLINE SURVEYS

The quantitative research was designed to build on the preliminary insights generated from the previous two phases and to test some hypotheses. Specifically, Phase 3 was intended to quantify caregivers' attitudes, perceptions, and behaviors related to the intersection of technology, SG-CSAM, and how they talk with their children about related online risks on a nationally representative scale. In total, 2,000 caregivers from across the United States participated in one of two 18-minute online surveys.

- **Survey A** (n=1,000 caregivers of 9-17-year-olds). Survey responses were collected from July 14 through July 26, 2021. This survey focused on longitudinal measurement of caregiver attitudes and experiences with their children and SG-CSAM.

- **Survey B** (n=1,000 caregivers of 7-17 year olds). Survey responses were collected from October 14 through October 30, 2021. This survey focused on exploring the role caregivers have in helping their child navigate a range of sensitive topics and risky behaviors, including grooming and SG-CSAM. The survey also explored nuances in caregiver perceptions of minors who have engaged in risky behaviors and online sexual exploration, as well as their perceptions of the

role of other stakeholders (e.g. schools and law enforcement) in educating and protecting minors on these issues.

In both surveys, to ensure a representative sample nationwide, data was weighted to age, gender[6], race, and geography, based on U.S. Census data. Participants were first asked how many children they have in the age ranges targeted for each survey. To adjust for participants with multiple children in these age ranges and to ensure the survey data collected would reflect a range of caregiver experiences with children of different ages, a random half of caregivers who identified multiple children were instructed to answer questions based on experiences with their oldest child within the age range while the other half were instructed to answers based on their youngest child within the age range. All data presented in this report includes specification of which survey the data was derived.

Note on Results

Due to rounding, many of the tables included in this report may not have columns or rows that add up to exactly 100%. The researchers have noted where data was influenced by multi-select response options.

Note on Privacy and Safety

Ensuring the privacy and safety of those who choose to participate in this research was paramount. Help resources were provided to participants in the event they wanted to learn more about the topics discussed or needed professional support to talk about the issues.

---

6   Throughout this report, caregivers are often segmented into "men" and "women" to evaluate the effect of gender. This phrasing reflects how respondents identified themselves in the survey. Respondents had the option to identify as non-binary or in another way of their choosing, but less than 1% of caregivers in either survey did so. As a result, data among non-binary caregivers and caregivers who identify their gender in another way were not statistically reliable.

The Digital Landscape

In the United States, access to the internet is largely ubiquitous and is a reality caregivers readily acknowledge based on their own experiences and the experiences of their child. While caregivers indicated they trust their child and are confident in their child's ability to stay safe online, most caregivers try to safeguard their child by establishing and enforcing rules for their child's use of technology.

Nearly all (99%) of caregivers surveyed reported that their child has access to at least one internet-connected device (Fig 1). Moreover, caregivers largely acknowledged that their children generally have internet access through multiple devices. When asked what devices their children have access to at home, 3 out of 4 (77%) caregivers indicated their child has a cell phone, followed by laptop (68%), gaming device (67%), and tablet (62%). While caregivers with older children (aged 13-17) were more likely to indicate that their child had a device, about 2 in 3 caregivers of children aged 9-12 reported that their child had a cell phone (66%), tablet (66%), laptop (64%), and/or gaming device (60%).

Familiarity with Online Platforms

Overall, caregivers indicied 70% or greater familiarity with one-third of the platforms included in the survey (Fig 2). As expected, caregivers reported familiarity with the same platforms that Thorn's past research[7]

Fig 1 | **Tech devices children have access to at home**

Q12. Which of the following devices does your child own or have access to at home?

| | All caregivers | Child age | | |
		Ages 7 or 8	Ages 9-12	Ages 13-17
Cell phone	77%	43%	66%	87%
Laptop	68%	42%	64%	71%
Gaming device	67%	57%	60%	72%
Tablet	62%	69%	66%	59%
Desktop computer	47%	32%	39%	53%
Other	1%	0%	0%	1%

Note: Data reflects combined responses from both Survey A and Survey B. Data for column "Ages 7 or 8" is exclusively from Survey B. Columns will total more than 100 because questions were multiple select.

has identified as the most popular (i.e. used on a daily basis) among minors. Among caregivers, there was near universal familiarity with YouTube (96%), Facebook (91%), and Facebook Messenger (88%), while about 4 in 5 caregivers reported that they were at least somewhat familiar with Instagram (84%), Snapchat (79%), Twitter (78%), and TikTok (78%). Caregivers were also particularly aware of gaming platforms and devices, with over 7 in 10 having reported familiarity with Minecraft (74%), Grand Theft Auto (72%), Call of Duty (71%), and Nintendo Switch (71%).

---

7   Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_YouthMonitoring_FullReport_2021.pdf

THORN

Fig 2 | **Caregiver familiarity with tech platforms**

Survey A: Q18. How familiar are you with each of the following social media apps, platforms, or websites?

Showing total familiar	All caregivers	Caregiver age		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Ages 18-40	Ages 41 or older	Yes	No
Amino	34%	48%	25%	55%	17%
Among Us	50%	63%	41%	69%	35%
Bumble	38%	49%	31%	57%	24%
Byte	35%	50%	26%	60%	16%
Call of Duty	71%	77%	68%	76%	68%
Discord	43%	53%	36%	60%	29%
Facebook	91%	89%	93%	87%	95%
Fortnite	66%	77%	59%	75%	60%
Google Hangouts/Google Meet	70%	80%	64%	83%	60%
Grand Theft Auto (GTA)	72%	75%	70%	78%	67%
Grindr	39%	53%	31%	60%	24%
Houseparty	42%	52%	35%	64%	25%
iMessage	62%	64%	60%	68%	57%
Instagram	84%	91%	79%	90%	79%
Kik	44%	61%	34%	63%	30%
Marco Polo	51%	63%	43%	70%	36%
Messenger (Facebook)	88%	87%	89%	87%	89%
Minecraft	74%	73%	76%	82%	69%
Monkey	35%	47%	27%	59%	17%
Nintendo Switch	71%	72%	70%	78%	65%
OnlyFans	45%	58%	36%	65%	29%
Pinterest	76%	75%	77%	77%	75%
Reddit	58%	63%	55%	66%	52%
Roblox	61%	68%	55%	72%	52%
Signal	39%	54%	30%	61%	22%
Slack	38%	48%	32%	60%	21%
Slither.io	41%	52%	33%	60%	26%
Snapchat	79%	85%	75%	85%	74%
Tagged	41%	52%	34%	64%	23%
Telegram	48%	62%	40%	66%	35%
TikTok	78%	87%	72%	77%	78%
Tinder	51%	63%	44%	61%	44%
Triller	37%	51%	27%	59%	20%
Tumblr	51%	64%	42%	68%	37%
Twitch	52%	65%	43%	67%	40%
Twitter	78%	81%	75%	85%	72%
VSCO	34%	45%	26%	57%	15%
WhatsApp	71%	80%	66%	80%	65%
Whisper	36%	47%	28%	58%	18%
Wickr	35%	48%	27%	57%	18%
Wink	36%	48%	28%	58%	19%
Wishbone	35%	49%	26%	55%	20%
YouNow	38%	50%	30%	61%	20%
YouTube	96%	93%	98%	94%	97%

Note: "Total familiar" reflects the net percentage of caregivers who selected "very familiar" or "somewhat familiar." Columns will total more than 100 because question was multiple select.

Caregivers indicated the least level of familiarity with Byte (35%), Monkey (35%), Wickr (35%), Wishbone (35%), Amino (34%), and VSCO (34%).

Caregiver age was correlated with their level of platform familiarity: younger caregivers (aged 18-40) generally reported higher levels of familiarity with all platforms. This was most pronounced with platforms that were less well-known overall — specifically, Kik (+27), Byte (+24), Signal (+24), and Triller (+24).

Another notable difference in familiarity was found among caregivers who indicated they believe their child had a direct experience with SG-CSAM (e.g. sent/re-shared/had their own imagery leaked) and caregivers who did not. Caregivers who suspected their child had some experience with

SG-CSAM reported generally higher levels of platform familiarity (+25 average); most prominently, they reported greater familiarity with Byte (+44), Monkey (+42), VSCO (+42), Tagged (+41), and YouNow (+41).

Past research identified 16 platforms where 9-17-year-olds reported having the highest rates of online sexual interactions, both with other minors and with adults.[8] Among these, less than half of caregivers were aware of Amino (34%), VSCO (34%), Discord (43%), Kik (44%), and Telegram (48%) (Fig 3). Importantly, Amino, Kik, and Telegram were found to be platforms where caregivers reported less overall familiarity and which minor users reported having online sexual interactions with someone they believed to be aged 18 or older at some of the highest rates.

Fig 3 | **Caregiver familiarity with platforms where minors reported above average rates of online sexual interactions**

Survey A: Q18. How familiar are you with each of the following social media apps, platforms, or websites? // 2020 ROT Survey: Q20. For each of the following platforms, please indicate if you have ever experienced any of the following?

Note: Columns will total more than 100 because question was multiple select. Minor data was pulled from Thorn. (2021). Responding to Online Threats: Minors' Perspectives on Disclosing, Reporting, and Blocking. Q20.

	All caregivers	% of minors who use each platform	% of minor users who have had...		% of all minors who have had...	
			an online sexual interaction	an online sexual interaction w/ someone they thought was 18+	an online sexual interaction	an online sexual interaction w/ someone they thought was 18+
Amino	34%	10%	20%	13%	2%	1%
Call of Duty	71%	48%	11%	5%	5%	2%
Discord	43%	34%	14%	8%	5%	3%
Facebook	91%	62%	16%	10%	10%	6%
Google Hangouts	70%	64%	15%	9%	9%	5%
Instagram	84%	76%	22%	13%	16%	9%
Kik	44%	14%	23%	14%	3%	2%
Messenger (Facebook)	88%	62%	18%	10%	11%	6%
Snapchat	79%	71%	23%	15%	16%	10%
Telegram	48%	11%	21%	14%	2%	1%
TikTok	78%	69%	14%	7%	9%	5%
Tumblr	51%	40%	20%	12%	7%	4%
Twitter	78%	59%	15%	8%	9%	5%
VSCO	34%	12%	14%	10%	10%	34%
WhatsApp	71%	47%	21%	11%	9%	5%
YouTube	96%	97%	9%	5%	9%	5%

8   Thorn. (2021). Responding to Online Threats: Minors' Perspectives on Disclosing, Reporting, and Blocking. Available at: https://www.thorn.org/thorn-research-minors-perspectives-on-disclosing-reporting-and-blocking/

THORN

Fig 4 | **Caregiver estimates of platform use compared to reported rates of usage by minors**

Survey A: Q19. And to the best of your knowledge, how often does your child use/check/play each of the following? // 2020 SG-CSAM Survey: Q14B. How often do you use/check/play each of the following?

	Showing at least once a day			Showing ever used		
	All caregivers	All minors	+/-	All caregivers	All minors	+/-
Amino	38%	24%	+14	79%	68%	+11
Among Us	39%	45%	−6	78%	86%	−8
Bumble	32%	–	–	63%	–	–
Byte	37%	12%	+25	75%	46%	+29
Call of Duty	36%	26%	+10	77%	70%	+7
Discord	33%	43%	−10	70%	77%	−7
Facebook	61%	36%	+25	83%	62%	+21
Fortnite	46%	25%	+21	79%	69%	+10
Google Hangouts/Google Meet	32%	33%	−1	69%	64%	+5
Grand Theft Auto (GTA)	33%	21%	+12	74%	67%	+7
Grindr	31%	–	–	63%	–	–
Houseparty	31%	11%	+20	70%	60%	+10
iMessage	43%	–	–	70%	–	–
Instagram	53%	50%	+3	83%	76%	+7
Kik	29%	14%	+15	63%	53%	+10
Marco Polo	32%	13%	+19	72%	57%	+15
Messenger (Facebook)	50%	32%	+18	80%	62%	+18
Minecraft	40%	27%	+13	84%	86%	−2
Monkey	34%	15%	+19	76%	61%	+15
Nintendo Switch	35%	26%	+9	73%	66%	+7
OnlyFans	32%	9%	+23	62%	21%	+41
Pinterest	29%	26%	+3	66%	75%	−9
Reddit	29%	21%	+8	59%	65%	−6
Roblox	37%	28%	+9	78%	76%	+2
Signal	32%	30%	+2	73%	61%	+12
Slack	34%	24%	+10	76%	64%	+12
Slither.io	35%	8%	+27	78%	78%	0
Snapchat	46%	47%	−1	76%	71%	+5
Tagged	38%	17%	+21	76%	58%	+18
Telegram	37%	37%	0	64%	70%	−6
TikTok	52%	45%	+7	81%	69%	+12
Tinder	24%	–	–	53%	–	–
Triller	35%	17%	+18	77%	62%	+15
Tumblr	25%	13%	+12	55%	40%	+15
Twitch	31%	26%	+5	63%	69%	−6
Twitter	40%	28%	+12	68%	59%	+9
VSCO	38%	15%	+23	74%	52%	+22
WhatsApp	43%	26%	+17	67%	47%	+20
Whisper	38%	15%	+23	74%	50%	+24
Wickr	39%	–	–	81%	–	–
Wink	35%	26%	+9	77%	72%	+5
Wishbone	35%	–	–	73%	–	–
YouNow	36%	29%	+7%	74%	68%	+6%
YouTube	73%	80%	−7%	95%	97%	−2%

Note: Columns will total more than 100 because question was multiple select. Minor data was pulled from Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Q14B.

THORN

While caregivers reported a familiarity with a wide range of online platforms that are used by minors, their perceptions of which platforms their child uses and how often their child uses them were incongruous with minors' actual experiences (Fig 4).[9] For example, caregivers generally reported higher levels of their children using the vast majority of platforms than the usage rates that minors themselves reported. This includes platforms that minors were much less likely to report using daily (e.g. KiK) and some of the more popular platforms (e.g. Facebook). However, YouTube (-7) and Discord (-10) revealed a gap in caregiver estimates of their child's use, where minors reported more frequent daily use than their caregivers estimated.

Trust & Confidence in Their Child

By and large, caregivers reported placing a considerable amount of trust in their child (Fig 5). When caregivers were asked, in general, the degree to which they trust their child, 2 in 3 (65%) indicated that they trust their child "completely," while nearly all caregivers (94%) indicated that they at least "somewhat" trust their child. Caregiver trust in their child did increase with the age of a child; 88% of caregivers of younger children (aged 7 or 8) at least somewhat trusted them, while nearly all — 99% — caregivers of teens (aged 13-17) did.

Revealingly, caregivers also reported high levels of confidence in their child's ability to navigate online environments safely (Fig 6). When caregivers were asked how confident they were that their child has the knowledge or understanding of how to protect themselves online, half (51%) of caregivers reported that they were "very confident" while 9 in 10 (91%) reported that they were at least "somewhat confident."

Fig 5 | **Caregiver degree of trust in their child**

Survey B: QTrust. In general, if you had to say, would you say that you trust your child completely, somewhat, a little bit, or not at all?

	All caregivers	Child age		
		Ages 7 or 8	Ages 9-12	Ages 13-17
Trust your child completely	65%	63%	65%	65%
Trust your child somewhat	29%	25%	26%	34%
Only trust your child a little bit	5%	10%	7%	0%
Do not trust your child at all	2%	2%	2%	1%

While the general level of overall confidence was found to be consistent across demographics, the strength of confidence did fluctuate. It was notably higher among women caregivers (56%) compared to men caregivers (45%), and higher among caregivers with older children (aged 13-17) (56%) compared to those with younger children (aged 9-12) (45%). Additionally, men caregivers were more likely to report higher confidence in their sons (49%) than their daughters (39%), and women caregivers reported more confidence in their daughters (59%) than their sons (53%). Caregivers who suspected their child had sent/re-shared/had their own SG-CSAM leaked were the least likely to have confidence in their child's ability to stay safe online (83%) compared to other caregivers (95%), although they still overwhelmingly did.

Caregivers were also asked how they, themselves, are — or are not — connected with their child online (Fig 7). Overall, half (52%) of caregivers reported a mutual online following between their account(s) and their

---

9   Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_YouthMonitoring_FullReport_2021.pdf

10   Secondary accounts are separate private accounts that are intentionally set up to keep content private from some groups, like caregivers or friends. Collectively, 3 in 5 (60%) caregivers reported they were familiar with this trend among people their child's age.

THORN

Fig 6 | **Caregiver degree of confidence in their child's ability to stay safe online**

Survey A: Q45. When it comes to being safe online, how confident are you that your child has the knowledge or understanding of how to protect themselves and stay safe?

Note: "Total Not Confident" reflects the net percentage of caregivers who selected "not very confident " or "not at all confident."

| | All caregivers | Child age | | Women caregivers | | Men caregivers | | Believe their child has sent, re-shared, and/or had their SG-CSAM leaked | |
		Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons	Yes	No
Total Confident	91%	91%	92%	92%	94%	89%	89%	87%	95%
Very confident	51%	45%	56%	59%	53%	39%	49%	43%	57%
Somewhat confident	40%	46%	36%	33%	41%	51%	40%	43%	38%
Total Not Confident	9%	9%	8%	8%	6%	11%	11%	13%	5%

Fig 7 | **How caregivers are connected to their child online**

Survey A: Q24. And are you friends with or do you follow your child on social media? Which of the following most accurately reflects your relationship with your child online?

| | All caregivers | Believe their child has sent, re-shared, and/or had their SG-CSAM leaked | |
		Yes	No
I follow them and they follow me	52%	42%	60%
We don't follow each other	15%	12%	18%
I follow their accounts, but I suspect they have a private account I don't know about	11%	19%	5%
We follow each other but they have me on limited profile	10%	16%	5%
I follow them, but they don't follow me	8%	12%	5%
Other	4%	0%	7%

child's account(s), although 1 in 5 (21%) reported that they follow their child and either suspect they have a secondary account[10] (11%) or that their child has them on a limited profile view (10%). About 1 in 7 (15%) caregivers indicated that they do not follow their child at all on social media. Caregivers who suspected their child had sent/re-shared/had their own SG-CSAM leaked were less likely to indicate they had mutual following with their child's online account(s) (-18); they were also more likely to suspect their child had them on limited profile (+11) and/or has a private account they do not know about (+14).

Rules for Access & Usage

"They have their items taken away and they can not have them for two weeks and can only use them for school purposes."
CIS MALE, 36, AFRICAN AMERICAN/BLACK/CARIBBEAN AMERICAN, SOUTH

Caregivers reported employing a wide range of rules for their child's internet, platform, and device usage (Fig 8). In fact, 97% of all caregivers indicated they have at least one rule in place for their child's technology

Fig 8 | **Tech-related rules imposed by caregivers, regardless of device type**

Among caregivers who indicated their child has access to any device

Survey A: Q14. Some children have rules they have to follow when they use the following devices. When thinking about the tech devices your child has access to at home, which, if any, of the following rules do they have to follow?

Note: Columns will total more than 100 because question was multiple select.

Caregivers were asked to indicate if their child had any rules regarding the use of the following devices individually: cell phones, tablets, laptops, desktop computers, and gaming devices. The data in this figure represents the percent of caregivers who enforce a given rule on any device.

	All caregivers	Child age		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Ages 9-12	Ages 13-17	Yes	No
Limits on screen time/games	84%	88%	80%	90%	79%
Permission on apps/new accounts	76%	82%	72%	85%	70%
Check-ins	75%	79%	72%	79%	73%
Social media monitoring	72%	78%	67%	78%	67%
Blocked websites/apps	69%	77%	62%	79%	61%
Default settings	65%	69%	61%	76%	56%
Permission to add new friends/followers	64%	73%	57%	72%	58%
Common area only	60%	70%	51%	74%	49%

use. The three most commonly reported rules were placing limits on screen time and gaming (84%), requiring permission to download new apps and/or open new accounts (76%), and instituting check-ins (75%).

Unsurprisingly, caregivers of younger children (aged 9-12) were more likely than caregivers of teens (aged 13-17) to indicate they had established rules in place for their child's devices. While this was found to be true across all identified rules, it was most pronounced in their requirement that devices be used in common areas only (+19) and blocking websites or apps (+15). It was least pronounced among caregivers that required check-ins (+7), default settings (+8), and limits on screen time or games (+8).

Despite having established rules in place for their child's technology use, caregivers generally recognize that kids will attempt to subvert them on occasion (Fig 9). In general, around half of caregivers indicated that they believed their child "always" followed any given rule they had in place. Nevertheless, caregivers indicated that they believed their child was mostly obedient in following their established rules even if not perfectly so: more than 80% of caregivers indicated they believe their child follows each rule most of the time.

Caregivers with rules in place were most likely to believe their child always follows these rules: blocked websites or apps (57%) and permission-based rules (e.g. to download new apps [55%], to join new social media [54%], and to add new followers/friends [54%]). The rules caregivers suspected their child was least likely to always follow was use of devices in common areas only (34%), followed by limits on games (42%), and social media monitoring (44%).

> *"Parents also need to step up and stop allowing their kids to have electronic freedoms."*
> **CIS FEMALE, 38, WHITE, WEST**

The results also revealed that caregivers of girls were more likely than caregivers of boys to believe their child always followed rules related to asking permission to download new apps, open new social media accounts, and add new friends/followers. For 6 of the 10 rules presented in the survey, caregivers of girls were more likely to say their child always followed the rule than caregivers of boys. As may be expected, caregivers who suspected their child had sent/re-shared/had their own SG-CSAM leaked were generally less likely to believe their child always follows the rules. This was especially so for rule adherence related to: social media

Fig 9 | **Caregiver perceptions of their child's tech-related rule adherence**
Among caregivers who indicated their child has rules related to devices

Survey A: Q16. And would you say that your child follows these rules…?

Showing always	All caregivers	Child gender		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Girl	Boy	Yes	No
Blocked websites or apps	57%	54%	59%	46%	67%
Check-ins	48%	51%	46%	44%	52%
Common areas only	34%	30%	38%	30%	40%
Default setting to private	53%	53%	54%	41%	66%
Limits on games	42%	40%	44%	41%	44%
Limits on screen time	47%	49%	44%	57%	36%
Permission to add new friends/followers	54%	62%	48%	48%	59%
Permission to download new apps	55%	59%	52%	47%	62%
Permission to join new social media account	54%	60%	48%	42%	65%
Social media monitoring	44%	51%	39%	31%	56%

Showing at least mostly	All caregivers	Child gender		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Girl	Boy	Yes	No
Blocked websites or apps	86%	86%	86%	79%	93%
Check-ins	87%	87%	87%	81%	92%
Common areas only	85%	86%	84%	81%	89%
Default setting to private	83%	82%	83%	76%	90%
Limits on games	78%	81%	76%	72%	85%
Limits on screen time	87%	90%	85%	87%	88%
Permission to add new friends/followers	87%	87%	86%	82%	91%
Permission to download new apps	87%	89%	86%	82%	92%
Permission to join new social media account	88%	87%	89%	81%	94%
Social media monitoring	85%	91%	81%	80%	91%

Note: Columns will total more than 100 because question was multiple select.

Fig 10 | **Caregiver perceptions of rule adherence by minor rates of adherence**
Among caregivers who indicated their child has rules related to devices

Survey A: Q16. And would you say that your child follows these rules…? // 2020 SG-CSAM Survey: Q9. And would you say that you follow each of these rules…?

Showing always	All caregivers	All minors	+/-
Blocked websites or apps	57%	51%	-6
Check-ins	48%	37%	-11
Common areas only	34%	38%	+4
Default setting to private	53%	-	-
Limits on games	42%	39%	-3
Limits on screen time	47%	34%	-13
Permission to add new friends/followers	54%	-	-
Permission to download new apps	55%	43%	-12
Permission to join new social media account	54%	54%	0
Social media monitoring	44%	47%	+3

Showing at least mostly	All caregivers	All minors	+/-
Blocked websites or apps	86%	77%	-9
Check-ins	87%	75%	-12
Common areas only	85%	75%	-10
Default setting to private	83%	-	-
Limits on games	78%	77%	-1
Limits on screen time	87%	76%	-11
Permission to add new friends/followers	87%	-	-
Permission to download new apps	87%	75%	-12
Permission to join new social media account	88%	79%	-9
Social media monitoring	85%	79%	-6

Note: Columns will total more than 100 because question was multiple select. Minor data was pulled from Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Q9.

THORN

monitoring (-25), default setting to private (-25), permission to open new social media accounts (-23), and blocked websites/apps (-21).

Thanks to past research, the researchers were able to compare minor's self-reported rule adherence to the perceptions caregivers had (Fig 10).[11] In general, minors reported less rule adherence than caregivers reported. While for some rules there was minimal difference between the self-report data and caregivers perceptions, minors reported less adherence to limits on screen time (-13), permission to download new apps (-12), and check-ins (-11) compared to caregiver estimates.

On an open-ended basis, when caregivers were asked to describe any consequences their child would face for violating established technology rules, caregivers primarily reported implementing punishments that involved confiscating devices, taking away internet privileges, and cutting down on screen time (49%) (Fig 11). Women caregivers (64%) were twice as likely to implement this punishment compared to men caregivers (33%). Additionally, while woman caregivers indicated this punishment consistently, regardless of their child's gender, men caregivers were 1.5 times more likely to implement it with daughters (44%) than with sons (27%).

"Everything will be taken away until the next report card comes in, which is every 6 weeks."
CIS FEMALE, 39, AFRICAN AMERICAN/BLACK/CARIBBEAN AMERICAN, SOUTH

"I give him a warning at the first time, but if it happens again, I deprive him of using the device for a certain period."
CIS MALE, 36, WHITE, NORTHWEST

Fig 11 | **Caregiver consequences for their child's digital rule infractions**
Among caregivers who said their child has access to devices at home

Survey A: Q17. And what are the consequences if your child does not follow these rules?

	All caregivers	Caregiver gender		Women caregivers		Men caregivers	
		Women	Men	Daughters	Sons	Daughters	Sons
Take away devices/internet/screen time	49%	64%	33%	62%	66%	44%	27%
Grounded/loss of privileges/not allowed to play	10%	11%	9%	7%	15%	13%	7%
General positive mentions	5%	2%	9%	2%	2%	3%	13%
Loss of games (general/not specific to device)	4%	5%	2%	1%	10%	1%	2%
Punishment/consequences (general)	4%	3%	5%	1%	5%	2%	7%
Loss of other specific privileges: no allowance/no treats/no car, etc.	3%	3%	3%	4%	2%	1%	4%
Consequences caused by the use of technology: meeting bad people/emotional or mental harm/physical harm, etc.	3%	2%	4%	0%	1%	6%	4%
Talk to them/educate them	3%	1%	5%	3%	1%	1%	5%
Bad (general)	2%	1%	3%	1%	1%	1%	4%
Child follows the rules	2%	2%	2%	3%	1%	1%	2%
Additional chores	1%	1%	1%	2%	1%	0%	
Verbal reprimand	1%	2%	0%	1%	0%	1%	1%
Warning	1%	1%	1%	0%	1%	2%	3%
I will be upset/angry	1%	0%	3%	0%	0%	2%	1%
Supervised usage	1%	0%	1%	1%	2%	0%	1%
Don't know/refused	6%	4%	8%	4%	4%	7%	9%
Nothing/no consequences	7%	6%	8%	9%	3%	8%	8%
Other	8%	6%	9%	7%	5%	10%	9%

Note: Open ended question.

THORN

Experiences & Perceptions

Sexting and sharing nudes are not behaviors limited to young people; many caregivers admit they have sent nudes of themselves and think their child participates in similar behaviors.

Sending Nudes, Among Adults

To better understand caregiver perceptions and attitudes about their child's sharing behaviors, it's important to place them in the context of their own. For instance, do some caregivers view the sending of intimate imagery as off limits for adults, let alone for children? Do caregivers who have shared nudes themselves think it's more plausible that their kids will do the same?

When asked directly if they had ever shared a nude photo or video of themselves, one-third (31%) of caregivers reported that they had, while another 10% indicated that while they had not ultimately shared intimate imagery, they had at least considered doing so (Fig 12). Men caregivers were twice as likely to indicate they had shared a

1 in 3
Caregivers have sent a nude of themselves

nude (42%) compared to women caregivers (22%) and younger caregivers (aged 18-40) were more likely to have shared a nude (42%) compared to older caregivers (aged 41 or older) (25%). Caregivers who had shared a nude were nearly four times more likely (53%) to think their child had a direct experience with SG-CSAM (i.e. their child had sent their own, had re-shared another child's, and/or had their own imagery non-consensually re-shared) than caregivers who had not shared nude imagery of themselves (14%). This appears to establish a strong positive correlation between a caregiver's own sharing behaviors and their perceptions of their child's behaviors.

4x
Caregivers who had shared their own nudes were 4x more likely to think their child had participated in SG-CSAM behavior

This research also sought to explore caregivers' rationale for which circumstances they thought were acceptable for someone to share nude imagery of themselves online (Fig 13). Overall, from a list of 14 possible scenarios, approximately one third of caregivers agreed with each rationale: being in a relationship with the recipient was identified as the most acceptable rationale (39%), followed by "you know you can trust them" (35%).

THORN

Fig 12 | Caregiver rates for sharing their own nudes

Survey A: Q27. Have you ever sent or shared a nude photo or video of yourself either directly with someone else or with your social media followers? // Q28. Even if you have never shared a nude photo or video, have you ever considered doing so?

	All caregivers	Caregiver age		Caregiver gender		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Ages 18–40	Ages 41 or older	Women	Men	Yes	No
Yes	31%	42%	25%	22%	42%	53%	14%
Prefer not to say	2%	3%	1%	3%	1%	2%	1%
No	67%	55%	74%	76%	57%	44%	84%
No/prefer not to say - but considered	10%	13%	8%	9%	11%	14%	7%

Fig 13 | Caregiver agreement with reasoning behind sharing nude imagery

Survey A: Q33. Below are some things people could say about sharing a nude photo or video of themselves online. How strongly do you agree or disagree with each one? It is okay to share a nude photo or video of yourself with someone online as long as...

	All caregivers	Caregiver age		Child gender		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked		Caregiver shared nude	
		Ages 18–40	Ages 41 or older	Girl	Boy	Yes	No	Yes	No
You are in a relationship with them	39%	43%	36%	32%	44%	61%	21%	77%	20%
You know you can trust them	35%	41%	31%	28%	40%	64%	13%	73%	17%
They are the same age as you	34%	39%	30%	26%	40%	65%	9%	69%	17%
You can't see your face in the photo or video	33%	38%	29%	28%	36%	62%	10%	28%	15%
They don't show it to anyone else	32%	38%	29%	29%	35%	57%	14%	69%	15%
You only show them in person on your own phone, but don't actually send it to them	32%	39%	27%	28%	36%	59%	11%	66%	16%
They send you a nude photo or video back	30%	36%	26%	24%	35%	58%	8%	67%	12%
You are sending it to someone to show them how much you like them	30%	41%	23%	26%	34%	61%	7%	69%	12%
Your children, coworkers, or employer does not find out	30%	39%	24%	24%	34%	57%	9%	69%	11%
Your friends don't find out	30%	37%	25%	24%	35%	56%	10%	64%	13%
They ask nicely	28%	33%	25%	20%	34%	54%	8%	66%	11%
You send it over an app that doesn't save it, such as Snapchat	28%	32%	25%	22%	33%	53%	9%	59%	13%
You have never met them in person	27%	34%	22%	22%	30%	55%	5%	62%	10%
You livestream yourself being nude	24%	31%	20%	19%	29%	50%	5%	58%	8%

Note: Columns will total more than 100 because question was multiple select. Numbers represented are the net percentage of two discrete response options: "somewhat agree" or "strongly agree."

THORN

Unsurprisingly, caregivers that admitted to having shared nudes in the past were more likely to agree with all proffered rationales for sharing nudes online than caregivers who had never shared a nude. In particular, 3 in 4 (77%) caregivers who have shared a nude of themselves agreed that being in a relationship makes it okay to share a nude photo or video with someone online. For comparison, caregivers who had not shared a nude also identified that being in a relationship was the most agreeable rationale for doing so, although at a much lower percentage (20%). Caregivers who suspected their child had a direct experience with SG-CSAM were also more likely than caregivers who did not to perceive acceptable rationales in which to send nude imagery: 65% agreed it was okay if the person receiving the nude imagery is the same age as the person sharing it, 64% agreed it was okay if you trust the person who is receiving the nude imagery, and 62% agreed it was okay as long as the person's face was not in the imagery. These rates of agreement compare to 9%, 13%, and 10%, respectively, of caregivers who did not think their

child had a direct experience with SG-CSAM. Finally, caregivers of boys and younger caregivers (aged 18-40) were also more likely to agree with all nude imagery sharing scenarios than their counterparts.

Sending Nudes, Among Minors

When caregivers were asked how often they thought their child shares their own nudes compared to other children in their community (e.g. their child's friends or peers at their child's school), approximately half (56%) of caregivers did not think their child ever had and, in general, were more likely to believe the behavior was happening among kids rather than with their child (Fig 14).

Caregivers of boys and men caregivers were generally more likely to believe SG-CSAM behaviors were happening among other kids and with their child than caregivers of girls and women caregivers.

Fig 14 | **Percentage of caregivers that believe their child, their child's friends and peers are sharing nudes**

Survey A: Q25A. How often do you think each of the following send or share photos or videos of themselves that are nude?

Showing at least sometimes	All caregivers	Child gender		Child age		Women caregivers		Men caregivers	
		Girl	Boy	Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons
Peers at your child's school	45%	39%	51%	46%	45%	32%	39%	48%	60%
Your child's friends	41%	35%	47%	42%	41%	27%	31%	47%	60%
Your child	35%	28%	41%	39%	32%	19%	22%	41%	57%

Showing never	All caregivers	Child gender		Child age		Women caregivers		Men caregivers	
		Girl	Boy	Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons
Peers at your child's school	35%	39%	32%	34%	36%	43%	45%	33%	22%
Your child's friends	41%	45%	38%	42%	40%	52%	57%	34%	23%
Your child	56%	65%	49%	51%	60%	71%	71%	56%	30%

Note: Numbers represented are the net percentage of two discrete response options: "often" and "at least sometimes.

THORN

In follow-up questions, caregivers were asked to approximate the frequency in which they believe their child is involved in a spectrum of SG-CSAM contexts (e.g. receiving content from someone else, having their imagery leaked, etc.) (Fig 15). While the majority (63%) of caregivers believe their child never sends nude imagery of themselves, 1 in 4 (26%) caregivers believe their child does so at least sometimes. A similar distribution held true among other related behaviors; 1 in 4 caregivers also indicated they believe their child at least sometimes has their nude images leaked or shared without their permission (26%) and that their child re-shares the nude imagery of another child (24%). These perceptions were driven by men caregivers, caregivers of boys, and younger caregivers (aged 18-40).

Fig 15 | Caregiver beliefs about their child's frequency of engaging with nudes

Survey A: Q25B. If you had to say (even if you are not certain), how often do you think your child...?

Caregivers who think their child at least sometimes...	All caregivers	Caregiver age		Caregiver gender		Child gender	
		Ages 18-40	Ages 41 or older	Women	Men	Girl	Boy
Receives or gets sent nude photos or videos	28%	34%	24%	17%	39%	23%	32%
Sends or shares photos or videos of someone who is nude to others	26%	30%	24%	13%	40%	21%	30%
Sends or shares photos or videos of themselves that are nude to others	26%	31%	22%	13%	40%	21%	30%
Has nude photos or videos of themselves shared or leaked without their permission	26%	33%	21%	11%	41%	22%	29%
Sends or shares photos or videos of another child that is nude to others	24%	31%	20%	10%	39%	19%	29%

Caregivers who think their child never...	All caregivers	Caregiver age		Caregiver gender		Child gender	
		Ages 18-40	Ages 41 or older	Women	Men	Girl	Boy
Receives or gets sent nude photos or videos	51%	48%	54%	65%	37%	58%	46%
Sends or shares photos or videos of someone who is nude to others	59%	50%	64%	78%	38%	67%	53%
Sends or shares photos or videos of themselves that are nude to others	63%	56%	67%	79%	46%	71%	57%
Has nude photos or videos of themselves shared or leaked without their permission	62%	53%	68%	79%	45%	70%	56%
Sends or shares photos or videos of another child that is nude to others	64%	55%	69%	82%	44%	71%	58%

Note: "At least sometimes" reflects the net percentage of caregivers who selected "often" and "sometimes." Data for response option "rarely" is not shown.

THORN

PERCEPTIONS OF COVID IMPACT

Given the ongoing nature of the COVID-19 pandemic at the time survey responses were collected, two COVID-19-specific questions were included. The first asked caregivers whether or not they thought their child's online activity had changed as a result of the pandemic (Fig 16) and the second asked caregivers whether or not they thought their child's participation with SG-CSAM behaviors had changed as a result of the pandemic (Fig 17). While about 3 in 4 caregivers indicated they believed their child was spending more time online in general (71%), including half (52%) who indicated they thought their child was spending more time online unsupervised, a majority (2 in 3) of caregivers indicated they did not believe their child was having SG-CSAM experiences more or less since the start of the pandemic. While earlier research that asked minors a similar question about their peers' behaviors[12] found a majority of minors also did not believe their peers

were having SG-CSAM experiences more or less since the onset of the pandemic, that research did find that more minors self-reported they had shared their own nudes in 2020 than those who had in 2019.[13]

That said, about 1 in 4 caregivers did indicate they believed their child was participating in such behaviors more since the onset of the pandemic. Caregivers who indicated they suspect their child has ever had an experience sending, re-sharing or having their imagery leaked were the most likely to believe their child was participating in the behaviors more during the pandemic, with approximately half indicating they thought their child was sharing their own nudes (45%), re-sharing the nudes of other kids (46%), and having their own nudes leaked more frequently (47%).

Fig 16 | **Caregiver perceptions of their child's online behavior since pandemic onset**

Survey A: Q10. Thinking about your child's behavior before the pandemic compared to now, would you say that your child is doing each of the following more or less?

Note: Numbers represented are the net percentage of two discrete response options: "somewhat more" or "much more."

	All caregivers	Child gender		Child age		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Girl	Boy	Ages 9-12	Ages 13-17	Yes	No
Playing video games	72%	65%	77%	72%	71%	85%	61%
Spending time with their friends online	72%	73%	71%	73%	70%	80%	65%
Spending time online in general	71%	75%	69%	75%	69%	75%	68%
Spending time on social media	67%	67%	68%	64%	70%	81%	56%
FaceTiming or video chatting	67%	68%	66%	70%	64%	78%	44%
Taking selfies	55%	56%	54%	57%	53%	68%	44%
Abiding by house rules about technology use and online behavior	53%	51%	55%	57%	50%	65%	44%
Spending time online unsupervised	52%	47%	57%	54%	51%	72%	37%
Meeting or interacting online with people they have never met in person	49%	44%	54%	51%	48%	69%	35%

12   See Figure 24, pg. 24. Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_ YouthMonitoring_FullReport_2021.pdf

13   Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_YouthMonitoring_ FullReport_2021.pdf

Fig 17 | **Caregiver perceptions of their child's experiences with nudes since pandemic onset**

Survey A: Q51. If you had to say (even if you are not certain), is your child doing the following more or less since the start of the coronavirus pandemic?

Note: "Happening more" reflects the net percentage of caregivers who selected "much more" or "somewhat more." "Happening less" reflects the net percentage of caregivers who selected "much less" or "somewhat less."

		All caregivers	Child gender		Child age		Believe their child has sent, re-shared, and/ or had their SG-CSAM leaked	
			Girl	Boy	Ages 9-12	Ages 13-17	Yes	No
Sending or sharing photos or videos of themselves that are nude to others	**No change**	61%	65%	58%	57%	64%	26%	88%
	Happening more	22%	18%	26%	24%	20%	45%	5%
	Happening less	17%	17%	17%	18%	16%	29%	8%
Sending or sharing photos or videos of another child that is nude to others	**No change**	62%	66%	59%	59%	65%	29%	88%
	Happening more	22%	17%	27%	25%	20%	46%	4%
	Happening less	16%	17%	15%	16%	16%	25%	9%
Having nude photos or videos of themselves shared or leaked without their permission	**No change**	62%	65%	59%	58%	64%	29%	87%
	Happening more	23%	19%	26%	25%	20%	47%	4%
	Happening less	16%	17%	15%	17%	15%	24%	9%

THORN

Conversations About Nudes

"Don't ever send or take pictures you wouldn't want your grandma and dad seeing cause [there is] a good chance they can find it!"

CIS FEMALE, 38, HISPANIC/LATINO, SOUTH

In both surveys, caregivers were asked whether or not they had a conversation with their child about SG-CSAM, including a conversation about sending their own and/or re-sharing others' SG-CSAM. Notably, caregiver responses between the two surveys diverged. In Survey A, nearly 2 in 3 (63%) caregivers reported that they had talked to their child about "sending sexually suggestive or nude photos or videos" and half (54%) indicated that they had spoken to their child about "re-sharing sexually suggestive or nude photos or videos of other people."[14] However, in Survey B when asked to indicate which topics they had discussed with their child, caregivers were comparatively less likely to indicate they had SG-CSAM conversations.[15]

It's the researchers' opinion that the way the question was posed to caregivers in Survey B likely resulted in a more accurate representation of caregiver behavior related to the rate of talking about SG-CSAM with their child. Survey B's question wording was both more expansive and specific which likely reduced response bias: it asked if the respondent or the child's other caregiver had had the conversation (i.e. was more inclusive) and it featured a list of topics which provided caregivers who may not have explicitly discussed SG-CSAM-specific topics to identify that they had discussed other important topics more generally (i.e. its wording was more discrete).

Findings from Survey B revealed that most caregivers have not had a conversation with their child about nudes (Fig 18). Among a list of 13 different coming-of-age topics that caregivers were asked if they had discussed with their child, talking with their child about sharing SG-CSAM registered tenth and re-sharing SG-CSAM registered twelfth in likelihood for caregivers to have discussed the topic with their child. Comparatively, caregivers were most likely to indicate they had talked with their child about social media/digital safety (66%), bullying (59%), and cigarettes/smoking/vaping (54%); they were least likely to indicate they had talked

---

14   Survey A's exact question wording was: Have you had a conversation with your child about sending sexually suggestive or nude photos or videos?//Have you had a conversation with your child about re-sharing sexually suggestive or nude photos or videos of other people

15   Survey B's exact question wording was: Which of the following topics have you or your child's other parent/caregiver had a discussion about with your child?

THORN

Fig 18 | **Coming-of-age topics caregivers have discussed with their child**

Survey B: QC1. Which of the following topics have you or your child's other parent/caregiver had a discussion about with your child?

	All caregivers	Ages 7 or 8	Ages 9–12	Ages 13–17
			Child age	
Social media and digital safety	66%	67%	57%	72%
Bullying	59%	53%	54%	65%
Smoking (cigarettes, vaping)	54%	38%	44%	70%
Mental health	46%	43%	41%	51%
Online sexual predators	45%	37%	30%	60%
Substance use (alcohol, drugs)	45%	34%	32%	61%
Puberty	43%	32%	39%	51%
Consent and healthy relationships	40%	24%	30%	56%
Safe sex (contraception, STDs)	32%	11%	15%	54%
Sharing nude imagery of themselves	31%	17%	23%	45%
Sexual assault	29%	13%	20%	42%
Re-sharing nude imagery of other children	27%	22%	20%	36%
Pornography	23%	8%	17%	34%
None of the above	7%	4%	10%	7%

Note: Columns will total more than 100 because question was multiple select.

1 in 3

Caregivers have talked with their child about sharing SG-CSAM

1 in 4

Caregivers have talked with their child about re-sharing the SG-CSAM of other kids

with their child about pornography (23%), re-sharing SG-CSAM (27%), and sexual assault (29%).

Overall, slightly more than one-third of (37%) caregivers had talked with their child about an SG-CSAM topic and, in general, more caregivers had had a conversation with their child about sharing their own nudes than about non-consensually re-sharing someone else's nudes. One in 3 (31%) caregivers reported they had had a conversation with their child about sharing nude imagery of themselves and 1 in 4 (27%) reported they had a conversation with their child about re-sharing the nude imagery of other children. Among caregivers who have had a discussion about SG-CSAM with their child, 59% covered both SG-CSAM behaviors in their discussions — equivalent to 22% of all caregivers.

Notably, not all caregivers who reported they had talked with their child about social media/digital safety and/or online grooming also reported that they have had a conversation with their child about sharing nudes of themselves and/or re-sharing re-sharing nudes of other children. In fact, caregivers were twice as likely to indicate they had talked with their child about social media/digital safety and 1.5 times as likely to indicated they had talked with their child about online sexual predators compared to SG-CSAM indicating that while SG-CSAM is predominately a digital issue it may not typically be included in more the general online safety discussions caregivers are having with their child.

Among those that had discussed each of the topics (Fig 19), caregivers were most likely to report they had a single

THORN

Fig 19 | **Caregiver conversational frequency with their child about the coming-of-age topics**

Among caregivers that have had the following discussions

Survey B: QC1E. You indicated you or your child's other parent/caregiver had a discussion about the following topics with your child. Different people take many different approaches to discussing these topics with their children for a variety of reasons. For each, please indicate approximately how many times you or your child's other parent/ caregiver have had a discussion with your child about this topic.

	Single conversation	More than one conversation
Sharing nude imagery of themselves	37%	63%
Re-sharing nude imagery of other children	33%	67%
Safe sex (contraception, STDs)	31%	69%
Pornography	29%	71%
Online sexual predators	26%	74%
Puberty	26%	74%
Sexual assault	26%	74%
Smoking (cigarettes, vaping)	25%	75%
Consent and healthy relationships	24%	76%
Social media and digital safety	24%	76%
Substance use (alcohol, drugs)	21%	79%
Bullying	17%	83%
Mental health	16%	84%

Note: Columns will total more than 100 because question was multiple select.

discussion with their child about sharing SG-CSAM (37%), re-sharing SG-CSAM (33%), and safe sex (31%) respectively. Comparatively, mental health (84%), bullying (83%), and substance use (79%) were the topics caregivers were most likely to indicate they talked about with their child more than once.

CHILD DEMOGRAPHICS

The age of the child was found to be the most influential indicator of likelihood for caregivers to have a conversation about SG-CSAM, reinforcing a logical assumption that caregivers view the conversation as tied, at least in part, to a child's perceived level of developmental maturity (Fig 20). Within conversations about sharing SG-CSAM, likelihood to have received the conversation increased with the age of the child; almost half (45%) of caregivers of teens (aged 13-17), one-quarter (23%) of caregivers of pre-teens (aged 9-12), and one-sixth (17%) of caregivers of a child aged 7 or 8 have had a conversation with their child.

Within conversations about re-sharing SG-CSAM, this finding was less pronounced: One-third (36%) of caregivers of teens, one-fifth (20%) of caregivers of pre-teens, and one-fifth (22%) of caregivers of a child age 7 or 8 had had the conversation.

The gender of the child alone was not found to have an effect among caregivers who had already talked with their child about SG-CSAM.

RELATIVE IMPORTANCE

To further contextualize how caregivers ranked the importance of talking with their child about SG-CSAM compared to other coming-of-age topics, caregivers were shown four topics at a time and prompted to identify which topic they thought was the most important to talk to their child about and which topic was the least important. Findings from this analysis revealed that conversations about sharing and re-sharing SG-CSAM are not viewed as the most important when compared to the other discussion

Fig 20 | **Percentage of caregivers who have discussed SG-CSAM with their child, by SG-CSAM behavior**

Survey B: QC1. Which of the following topics have you or your child's other parent/caregiver had a discussion about with your child?

	All caregivers	Child gender		Child age			Women caregivers		Men caregivers	
		Girl	Boy	Ages 7 or 8	Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons
Sharing nude imagery of themselves	31%	30%	33%	17%	23%	45%	35%	30%	21%	36%
Re-sharing nude imagery of other children	27%	27%	28%	22%	20%	36%	26%	29%	29%	26%
Total discussed both sharing and re-sharing	22%	21%	22%	10%	16%	31%	23%	25%	19%	20%

Note: Question was multiple select.

Fig 21 | **Caregiver ranking of most important topics to discuss with their child**

Survey B: QC2. Which is the most important topic for you and/or your child's other parent/caregiver to discuss with your child and which is the least important topic to discuss with your child?

Showing % of caregivers who identified the topic as one of their top two most important	All caregivers	Child age			Had a SG-CSAM conversation	
		Ages 7 or 8	Ages 9-12	Ages 13-17	Yes	No
Online sexual predators	30%	43%	23%	30%	34%	29%
Mental health	29%	24%	23%	24%	35%	27%
Sexual assault	29%	24%	29%	31%	29%	29%
Consent and healthy relationships	21%	14%	21%	23%	18%	22%
Bullying	14%	27%	13%	9%	7%	17%
Sharing nude imagery of themselves	13%	11%	13%	13%	29%	7%
Social media and digital safety	13%	24%	12%	8%	8%	14%
Safe sex (contraception, STDs)	12%	1%	10%	18%	11%	12%
Substance use (alcohol, drugs)	12%	2%	15%	14%	9%	13%
Re-sharing nude imagery of other children	9%	15%	14%	2%	9%	9%
Smoking (cigarettes, vaping)	8%	5%	11%	8%	2%	11%
Puberty	7%	6%	11%	4%	5%	8%
Pornography	5%	5%	6%	4%	4%	5%

Note: Question was presented in MaxDiff format. TURF analysis was performed on the results to determine the percent of caregivers who said a given topic was one of the top two most important.

THORN

topics (Fig 21). This may be one of the reasons, among others, why most caregivers have not had a talk about SG-CSAM with their child. That said, it is notable that caregivers' ranked importance of topics generally did not correspond to the order of topics caregivers indicated they had discussed with their child (Fig 20), suggesting there are other influential variables.

Online sexual predators (30%), mental health (29%), and sexual assault (29%) were the topics caregivers indicated they felt were most important to discuss with their child. In contrast, caregivers were most likely to indicate it was least important that they talk with their child about cigarettes/smoking/vaping (33%), puberty (32%), and social media/digital safety (20%). SG-CSAM related topics were decidedly in the middle — identified as neither the most nor the least important among the other topics.

When controlling for the child's age, some variations in ranking emerged. Caregivers of younger children (aged 7 or 8) were the most likely to indicate agreement with the importance of talking with their child about online predators (43%) and they prioritized the importance of talking with their child about bullying (27%) above sexual assault (24%). Caregivers of pre-teens (aged 9-12) and teens (aged 13-17) were more likely to indicate agreement with the importance of talking with their child about sexual assault — 29% and 31%, respectively.

Caregivers were also more likely to identify the importance of talking with their child about sharing SG-CSAM than re-sharing the SG-CSAM of others. Again, the age of the child was identified as a possible intervening factor; caregivers of younger children identified greater importance in discussing the re-sharing of others' SG-CSAM than caregivers of older children, although the same was not found for sharing their own SG-CSAM.

As expected, the topic of sharing SG-CSAM was ranked higher in importance among those who have already had conversations about those topics with their child. Among caregivers that have had a conversation with their child about sharing SG-CSAM, 29% identified "sexting/sharing of nude photos/videos" as one of the top two most important topics to discuss with their child, compared to 7% of caregivers who had not. Notably, there was much less of a difference found for ranked importance among caregivers who have had conversations about re-sharing with their child (9%) and caregivers who have not (8%).

WHAT PROMPTS THE CONVERSATION

For caregivers who have had a conversation with their child about any of the coming-of-age topics, they were most likely to indicate that they had the conversation because their "child reached the age when I decided it was necessary to discuss this," they were influenced to do so by what they learned on the news/online/elsewhere and/or they had proximity to a child who had an experience with the topic (Fig 22). This held true for those who had discussions with their child about SG-CSAM and reinforces the influence of child age noted earlier as well as underscoring the importance public awareness and social norms may have in elevating these evolving risks for caregivers.

While sample sizes for comparison were small, among caregivers who had a conversation about sharing SG-CSAM with their child, the actual age of their child did appear to influence the situational context that inspired the conversation. Among younger children (aged 7-8 and 9-12), a top three leading reason caregivers talked with them about sharing SG-CSAM was because their child came to them to discuss it. In fact, one-fifth (19%) of caregivers of a child aged 7 or 8 and one-third (31%) of

1 in 5

Caregivers of a child aged 7 to 8 talked with their child about sharing nudes of themselves after the child came to them to discuss it

1 in 3

Caregivers of a child aged 9-12 talked with their child about sharing nudes of themselves after the child came to them to discuss it

THORN

Fig 22 | **Caregiver reasoning for discussing a topic with their child**
Among caregivers that have discussed each topic with their child

Survey B: QC1F. You indicated you or your child's other parent/caregiver had a discussion about the following topics with your child. Different people take many different approaches to discussing these topics with their children for a variety of reasons. The first time you had this discussion, please indicate why you did so.

			Child gender		Child age		
		All caregivers	Girl	Boy	Ages 7 or 8	Ages 9-12	Ages 13-17
Online sexual predators	My child reached the age when I decided it was necessary to discuss this	58%	55%	60%	61%	58%	57%
	Because of something I learned on the news, online, or elsewhere about this topic	37%	43%	33%	14%	46%	40%
	My child came to me to discuss this	19%	9%	25%	14%	15%	21%
	Another adult suggested I discuss this topic with my child	17%	16%	18%	20%	18%	16%
	I learned about a child in our community or know a child who had an experience related to this topic	16%	23%	12%	20%	24%	13%
	Because of something I learned from a health professional (doctor, nurse, therapist, etc.)	15%	14%	15%	11%	33%	9%
	My child's school suggested resources on this topic	15%	12%	17%	12%	9%	18%
	My child had a personal experience related to this topic	9%	6%	12%	10%	13%	8%
	Other	7%	1%	12%	0%	2%	11%
Sharing nude imagery of themselves	My child reached the age when I decided it was necessary to discuss this	62%	61%	62%	77%	58%*	61%
	Because of something I learned on the news, online, or elsewhere about this topic	35%	34%	35%	35%	26%*	38%
	My child came to me to discuss this	24%	30%	19%	10%	27%*	26%
	Another adult suggested I discuss this topic with my child	16%	21%	12%	19%	31%*	10%
	I learned about a child in our community or know a child who had an experience related to this topic	13%	4%	20%	1%	15%*	14%
	Because of something I learned from a health professional (doctor, nurse, therapist, etc.)	12%	7%	16%	3%	16%*	11%
	My child's school suggested resources on this topic	11%	7%	13%	5%	21%*	7%
	My child had a personal experience related to this topic	10%	0%	18%	0%	2%*	14%
	Other	7%	9%	6%	16%	19%*	1%
Re-sharing nude imagery of other children	My child reached the age when I decided it was necessary to discuss this	54%	51%	56%	67%	45%*	54%
	I learned about a child in our community or know a child who had an experience related to this topic	34%	41%	28%	26%	44%*	32%
	Because of something I learned on the news, online, or elsewhere about this topic	30%	26%	33%	13%	34%*	32%
	My child came to me to discuss this	20%	25%	15%	16%	29%*	17%
	My child's school suggested resources on this topic	15%	19%	10%	7%	32%*	9%
	Another adult suggested I discuss this topic with my child	9%	7%	11%	12%	17%*	5%
	Because of something I learned from a health professional (doctor, nurse, therapist, etc.)	7%	8%	7%	2%	21%*	3%
	My child had a personal experience related to this topic	7%	5%	9%	0%	11%*	7%
	Other	7%	4%	10%	0%	2%*	11%

Note: Columns will total more than 100 because question was multiple select. * Base size <100

THORN

caregivers of pre-teens (aged 9-12) who spoke to their child about sharing SG-CSAM indicated the conversation was prompted by the child bringing it up.

Some gender differences were also noted. Caregivers of girls were more likely to indicate they talked with their child about sharing their own nude imagery or re-sharing others' nude imagery because they learned about a child in their community who had a related experience and/or because their child came to them to discuss it. Caregivers of boys, on the other hand, were more likely to indicate they talked with their child about sharing their own imagery because their child had a personal experience with it (+16).

Conversation Inhibitors

In general, among caregivers who had not yet had a conversation with their child about a given coming-of-age topic, caregiver reasoning was consistent: They identified their child was too young and/or the topic wasn't relevant to them (Fig 23).[16] The predominance of this reasoning held true for conversations related to sharing nudes of themselves and re-sharing the nudes of other children where 1 in 4 caregivers thought their child was too young to discuss the topics with and 1 in 5 believed the topics were not relevant to their child.

1 in 4

Caregivers who had not talked with their child about sharing or re-sharing nudes thought their child was too young to discuss it

1 in 5

Caregivers who had not talked with their child about sharing or re-sharing nudes thought the topic not relevant to their child

Among caregivers who had not had the conversation with their child, their perceptions that their child was "too young" to discuss the sharing of nudes was found to decrease as the child's age increased. Nevertheless, 1 in 5 (20%) caregivers of children aged 13-17 who had not had the conversation maintained that their child was too young. Conversely, among caregivers who had not had the conversation with their child, their perceptions of the topic's lack of relevance to their child was found to increase as the child's age increased. Among those who had not had the conversation, caregivers of older children (aged 13-17) were 2.5 (38%) more likely to indicate the topic was not relevant compared to caregivers of younger children (aged 9-12) (15%).

Caregiver perceptions of their child being too young to discuss re-sharing SG-CSAM were also found to decrease as the age of the child increased; however, unlike with conversations about sharing nudes, caregiver perceptions of topical relevance for re-sharing nudes were generally stable regardless of the child's age.

Notably, women caregivers of boys were much more likely to perceive that their child was too young to discuss sharing or re-sharing SG-CSAM with compared to other parent-to-child gender demographics. They were twice (38%) as likely to think their child was too young to discuss sharing SG-CSAM and they were three times (42%) as likely to identify that their child was too young to discuss re-sharing SG-CSAM.

2x

Women caregivers of boys were twice as likely to think their child was too young to discuss sharing nudes

3x

Women caregivers of boys were 3x as likely to think their child was too young to discuss re-sharing nudes

---

16   Across all topics, approximately one fifth to one fourth of caregivers who had not yet had a given conversation with their child about a topic selected the response option "none of these." There was no subsequent survey question that explored their reasoning beyond that selection.

Fig 23 | **Caregiver reasoning for not discussing a topic with their child**
Among caregivers that have not discussed each topic with their child

Survey B: QB1. Earlier you indicated you have not yet discussed the following topics with your child.
Which of the following describe why you have not yet discussed each with your child?

		All caregivers	Ages 7 or 8	Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons
			Child age			**Women caregivers**		**Men caregivers**	
Online sexual predators	They are too young to discuss this	23%	44%	21%	13%	16%	34%	27%	19%
	This topic is not relevant for my child	17%	17%	15%	18%	19%	24%	8%	17%
	They learned about this from school	15%	16%	16%	13%	14%	8%	19%	16%
	I don't know enough about this topic to discuss it	14%	11%	18%	11%	14%	7%	15%	20%
	It is embarrassing for me to discuss this	13%	6%	19%	9%	9%	16%	7%	21%
	Their other parent/caregiver does not want us to discuss this with our child (Among co-parents)	12%	4%	16%	10%	11%	6%	17%	11%
	I feel like a hypocrite discussing this with my child	8%	5%	14%	3%	0%	1%	26%	5%
	It won't make a difference to discuss this	8%	3%	11%	8%	8%	4%	10%	10%
	Discussing this will permanently change my relationship with my children	7%	11%	3%	11%	6%	9%	6%	8%
	I don't want my child to ask me questions about my own experiences on this topic	7%	10%	6%	5%	2%	10%	10%	6%
	They can learn about this online	4%	3%	3%	5%	1%	6%	4%	4%
	None of these	23%	12%	22%	33%	32%	25%	22%	13%
Sharing nude imagery of themselves	They are too young to discuss this	28%	41%	28%	20%	21%	38%	29%	26%
	This topic is not relevant for my child	20%	18%	15%	28%	20%	25%	19%	17%
	They learned about this from school	16%	12%	12%	21%	9%	14%	13%	26%
	I don't know enough about this topic to discuss it	13%	10%	16%	12%	13%	6%	19%	15%
	It is embarrassing for me to discuss this	10%	3%	15%	10%	10%	12%	3%	15%
	Their other parent/caregiver does not want us to discuss this with our child (Among co-parents)	8%	8%	3%	12%	4%	9%	8%	9%
	I feel like a hypocrite discussing this with my child	8%	10%	8%	6%	5%	3%	13%	10%
	It won't make a difference to discuss this	8%	8%	10%	5%	4%	4%	19%	6%
	Discussing this will permanently change my relationship with my children	7%	14%	5%	3%	7%	3%	9%	8%
	I don't want my child to ask me questions about my own experiences on this topic	7%	7%	6%	6%	1%	5%	7%	14%
	They can learn about this online	4%	4%	5%	3%	0%	3%	3%	10%
	None of these	21%	21%	20%	24%	30%	22%	23%	9%
Re-sharing nude imagery of other children	They are too young to discuss this	24%	43%	29%	10%	16%	42%	19%	22%
	This topic is not relevant for my child	19%	18%	18%	21%	24%	17%	21%	13%
	They learned about this from school	14%	16%	13%	14%	12%	10%	8%	23%
	I don't know enough about this topic to discuss it	13%	14%	12%	14%	12%	13%	8%	19%
	It is embarrassing for me to discuss this	12%	12%	8%	16%	12%	12%	12%	12%
	Their other parent/caregiver does not want us to discuss this with our child (Among co-parents)	10%	3%	11%	12%	4%	3%	21%	14%
	I feel like a hypocrite discussing this with my child	6%	11%	7%	2%	3%	10%	8%	4%
	It won't make a difference to discuss this	5%	4%	5%	7%	4%	2%	4%	10%
	Discussing this will permanently change my relationship with my children	5%	5%	5%	5%	4%	2%	4%	9%
	I don't want my child to ask me questions about my own experiences on this topic	4%	5%	5%	3%	1%	4%	4%	9%
	They can learn about this online	3%	7%	2%	3%	2%	0%	4%	7%
	None of these	24%	18%	21%	30%	29%	22%	27%	18%

Note: Columns will total more than 100 because question was multiple select.

THORN

PERCEPTIONS OF ADOLESCENT DEVELOPMENT

Caregiver perceptions that their child is too young to cover SG-CSAM topics may be reinforced, or driven, by caregiver perceptions that a child's engagement with SG-CSAM occurs later in adolescence (Fig 24). While most caregivers (3 in 4) do not believe, on average, that kids send or receive nudes until they are at least 13-years-old, many caregivers don't think it happens before the age of 18. This includes 1 in 4 (27%) caregivers asked about the average age for boys to share their own nudes and 1 in 5 (22%) caregivers asked about the average age of girls.

The ages at which caregivers are able to recognize, in theory, conversations about SG-CSAM with their child should occur does not directly translate into when they actually have such conversations with their child. Understanding the barriers at play here, such as the issue of relevance to their child, is essential for earlier interventions and more effective safeguarding.

When caregivers were asked to identify what they thought was the most appropriate age of a child was to start having conversations about SG-CSAM, a clear disconnect between expectation and reality emerged. For instance, a majority (55%) of caregivers indicated that the most appropriate age to have a conversation with a child about sharing SG-CSAM is before a child turns 13 (10% aged 7 or 8 and 45% aged 9-12) (Fig 25). However, only 21% of caregivers of children aged 7-12 reported they had had this

55%

Of caregivers considered before the age of 13 to be the most appropriate age to talk to a child about sharing SG-CSAM

Fig 24 | **Caregiver perceptions of the average age people have certain experiences**

Survey B: QK1. The following are behaviors/experiences many people have. In the United States, what do you believe is the average age at which girls or women do the following things for the first time? // QK2. The following are behaviors/experiences many people have. In the United States, what do you believe is the average age at which boys or men do the following things for the first time?

Note: Columns will total more than 100 because question was multiple select.

		Caregivers asked about the average age for...	
		Girls	Boys
Begin puberty	Younger than 9	10%	12%
	9-10	10%	14%
	11-12	28%	34%
	13-14	31%	24%
	15-17	10%	7%
	18 and older	11%	9%
Date and have romantic relationships	Younger than 9	10%	10%
	9-10	4%	3%
	11-12	12%	9%
	13-14	22%	25%
	15-17	36%	36%
	18 and older	17%	18%
Drink alcohol	Younger than 9	9%	10%
	9-10	6%	2%
	11-12	7%	8%
	13-14	20%	18%
	15-17	29%	31%
	18 and older	28%	31%
Have sex	Younger than 9	10%	10%
	9-10	2%	2%
	11-12	5%	4%
	13-14	20%	17%
	15-17	38%	41%
	18 and older	25%	27%
Share nude imagery of themselves	Younger than 9	10%	12%
	9-10	4%	3%
	11-12	11%	7%
	13-14	20%	18%
	15-17	26%	37%
	18 and older	27%	22%
Receive nude imagery of someone else	Younger than 9	11%	13%
	9-10	5%	3%
	11-12	13%	9%
	13-14	20%	18%
	15-17	32%	37%
	18 and older	19%	21%
View pornography	Younger than 9	12%	11%
	9-10	6%	4%
	11-12	21%	10%
	13-14	19%	20%
	15-17	23%	31%
	18 and older	19%	24%

conversation with their child. Similarly, a majority (54%) of caregivers also indicated that the most appropriate age for a child to receive a conversation about re-sharing SG-CSAM was before a child turned 13 (14% aged 7 or 8 and 50% aged 9-12). Yet, only 1 in 5 (20%) caregivers of a child aged 7-12 reported they had had this conversation with their child.

For most topics, including conversations about SG-CSAM, caregivers identified younger ages on average for discussing each topic with girls compared to boys. Fifty-seven percent of caregivers who were asked

21%

Of caregivers of children aged 7-12 had a conversation with their child about sharing SG-CSAM

about daughters indicated they think conversations about sharing SG-CSAM should happen between the ages of 7 and 12 (11% aged 7 or 8 and 46% aged 9-12), while less than half (46%) of caregivers of boys identified the ages of 7-12 (7% aged 7 or 8 and 39% aged 9-12) as the most appropriate ages for this conversation. This finding appears in contrast to an earlier finding that identified caregivers believe the average age girls experience many of the topics is older than the average age for boys, suggesting other factors at play.

CAREGIVER DISCOMFORT

Alongside the influence of caregivers' perceptions of their child's age and the corresponding relevance of a given topic for their child, caregiver feelings of discomfort in talking with their child about a given topic was also identified as a mediating factor.

Unsurprisingly, caregivers who indicated they had not yet had a conversation with their child about a given coming-of-age topic reported greater feelings of discomfort at the idea of having such conversations than caregivers who had already had them (Fig 26). That said, while the degree of discomfort may be different, the topics that all caregivers reported the least level of comfort with were the same: All caregivers reported they felt the most uncomfortable discussing pornography with their child followed by sharing SG-CSAM.

Among caregivers who had a direct conversation with their child, the top five coming-of-age topics that made them feel the most uncomfortable were pornography (43%), sharing SG-CSAM (24%), puberty (24%), and re-sharing nudes of other children (19%). Comparatively, among caregivers who had not had a given conversation with their child, the top five topics that made them feel the most uncomfortable were pornography (44%), sharing SG-CSAM (38%), safe sex (37%), and smoking (36%).

Fig 25 | **Most appropriate age to discuss each topic with their child**

Survey B: QC3. Regardless of when you first discussed each of the following topics with your own child, what is the most appropriate age for a parent/caregiver to discuss each of the following with their son/daughter/non-binary child?

		Caregivers asked about the appropriate age for...	
		Girls	Boys
Online sexual predators	**Aged 7 or 8**	19%	11%
	Aged 9-12	51%	47%
	Aged 13-17	19%	33%
Sharing nude imagery of themselves	**Aged 7 or 8**	11%	9%
	Aged 9-12	46%	42%
	Aged 13-17	32%	41%
Re-sharing nude imagery of other children	**Aged 7 or 8**	15%	10%
	Aged 9-12	40%	40%
	Aged 13-17	34%	43%

Note: Data for response options "6 or younger," "18 or older," and "never" are not shown.

Fig 26 | **Caregiver comfort discussing coming-of-age topics with their child**

Survey B: QC1B. For each topic that you have discussed with your child, please indicate how comfortable or uncomfortable you felt about having this discussion. // QCD1. For each topic that you have not discussed with your child, please indicate how comfortable or uncomfortable you feel about the idea of having this discussion.

		Among caregivers who _____ discussed the topic with their child	
		Have	Have not
Smoking (cigarettes, vaping)	Total comfortable	98%	64%
	Total uncomfortable	2%	36%
Substance use (alcohol, drugs)	Total comfortable	95%	73%
	Total uncomfortable	5%	27%
Online sexual predators	Total comfortable	94%	68%
	Total uncomfortable	6%	32%
Bullying	Total comfortable	92%	77%
	Total uncomfortable	8%	23%
Consent and healthy relationships	Total comfortable	91%	81%
	Total uncomfortable	9%	19%
Safe sex (contraception, STDs)	Total comfortable	90%	63%
	Total uncomfortable	10%	37%
Mental Health	Total comfortable	89%	85%
	Total uncomfortable	11%	15%
Social media and digital safety	Total comfortable	89%	79%
	Total uncomfortable	11%	21%
Sexual assault	Total comfortable	83%	70%
	Total uncomfortable	17%	30%
Re-sharing nude imagery of other children	Total comfortable	81%	72%
	Total uncomfortable	19%	28%
Puberty	Total comfortable	76%	77%
	Total uncomfortable	24%	23%
Sharing nude imagery of themselves	Total comfortable	76%	62%
	Total uncomfortable	24%	38%
Pornography	Total comfortable	57%	56%
	Total uncomfortable	43%	44%

Note: Based on a likert scale of 1-7. Total comfortable (5-7). Total uncomfortable (1-4).

THORN

Reducing Conversation Inhibitors

Conversations between a caregiver and child about SG-CSAM can have significant protective value. This research sought to understand which factors could affect the likelihood that caregivers have these conversations with their children. Specifically, caregivers were presented with a list of ten potential factors that might influence their likelihood to talk with their child about sharing and re-sharing SG-CSAM and were asked to identify the impact each could have (Fig 27).

Among caregivers who had not yet had a conversation with their child, 4 in 5 indicated the following factors would make them more likely to have that conversation: Knowing other parents at their child's school were discussing the issue with their children (82%), having a better understanding of the tech platforms used by their child to share nude photos/videos (81%), and seeing/hearing news that SG-CSAM behavior was occurring more frequently (80%). While no single factor was found to be overwhelmingly influential in contrast to the others, on average, approximately 3 in 4 caregivers indicated that any given factor would make them more likely to have the conversation with their child.

Fig 27 | **Influential factors for increasing the likelihood of caregivers to talk with their child about nudes**

Survey B: QB3. For each of the following factors, please indicate if it would make you more or less likely to discuss the issue of sharing or re-sharing nude photos/videos with your child?

Note: Numbers represented are the net percentage of two discrete response options: "somewhat more likely" or "much more likely."
* Base size <100

	All caregivers	Among caregivers who HAVE NOT had the conversation				Among caregivers who HAVE had the conversation			
			Child age				Child age		
		Total caregivers	Ages 7 or 8	Ages 9-12	Ages 13-17	Total caregivers	Ages 7 or 8*	Ages 9-12	Ages 13-17
Having a better understanding of the apps/platforms/tech children are using to send nude imagery	86%	81%	72%	91%	76%	93%	99%	84%	95%
Seeing or hearing in the news that children sharing and re-sharing nude imagery was happening more frequently	85%	80%	78%	80%	82%	94%	90%	93%	95%
Knowing other parents with children at my child's school were discussing the issue with their children	84%	82%	91%	82%	75%	88%	89%	77%	93%
Knowing the only information my child will receive about this topic would come from peers and the internet if I did not discuss it with them	84%	79%	74%	85%	74%	92%	95%	85%	94%
Knowing other children at my child's school had been sharing or re-sharing nude imagery	83%	78%	68%	81%	82%	91%	93%	88%	92%
Knowing that children in my community have shared or re-shared nude imagery	83%	79%	70%	83%	79%	89%	91%	90%	88%
Knowing the school my child attends is not educating students about the issue	81%	76%	64%	78%	80%	91%	93%	84%	93%
Knowing my child's other parent would be present and participate in this discussion with our child *(among co-parents)*	80%	77%	65%	85%	75%	87%	99%	75%*	89%
Knowing my child's other parent thought it was a good idea to have this discussion with our child *(among co-parents)*	78%	73%	89%	61%	75%	89%	99%	85%*	88%
Knowing the school my child attends is educating students about the issue	78%	77%	71%	81%	77%	79%	86%	58%	87%

Perceptions of Risk & Blame

The likelihood that caregivers have a talk with their child about SG-CSAM — and the content of their conversations if they do — is likely influenced by their broader perceptions of how technology intersects with adolescent development, the risks they perceive as inherent to offline/online sexual exploration, and their notions of who is to blame if those risks become a reality. At a basic level, caregivers understand that adolescents today use technology to explore their sexual development although they view sexual activities occurring online as somewhat distinct from physical sexual activities.

Sexual Exploration in the Digital Age

Caregiver acknowledgement that sexual development and exploration is a normal part of adolescent development and that in today's world,

technology is used to facilitate such exploration is a foundational reality — and one that can foster caregivers' conversations about SG-CSAM. Tellingly, 3 in 4 (76%) caregivers reported some level of agreement with the statement, "[i]t's normal for minors to want to explore sexuality, including through the use of technology, but it is important to stay safe," where 2 in 5 (41%) caregivers indicated strong agreement (Fig 28). As expected, caregivers who had had a conversation with their child about SG-CSAM were more likely to agree with the statement (83%), although those who had not also overwhelmingly agreed (71%).

While acknowledging the role technology can play in adolescent sexual exploration, caregivers also view online sexual exploration as

3 in 4

Caregivers agreed with the statement "it's normal for minors to want to explore sexuality, including through the use of technology, but it is important to stay safe"

Fig 28 | **Caregiver perceptions on the normalcy of safely expoloring sexuality online**

Survey B: QE1A. Do you agree or disagree with the following statement: It's normal for minors to want to explore sexuality, including through the use of technology, but it is important to stay safe.

	All caregivers	Child gender		Child age			Had a SG-CSAM conversation	
		Girl	Boy	Ages 7 or 8	Ages 9-12	Ages 13-17	Yes	No
Total agree	76%	71%	80%	74%	71%	80%	83%	71%
Strongly agree	41%	41%	41%	35%	43%	43%	49%	37%
Somewhat agree	34%	29%	39%	40%	28%	37%	34%	34%
Total disagree	24%	29%	20%	26%	29%	20%	17%	29%
Somewhat disagree	15%	19%	12%	17%	21%	10%	11%	18%
Strongly disagree	9%	10%	8%	9%	8%	10%	6%	11%

THORN

Fig 29 | **Caregiver perceptions of differences between online and offline sexual activities among children**

Survey B: QE1. In general, if you had to say, for children these days is engaging in online sexual activities...?

Note: Based on a likert scale of 1–7. Fundamentally the same as engaging in physical sexual activities (1-3), Neutral (4), Fundamentally difference from engaging in physical sexual activities (5-7).

		Child gender		Child age			Women caregivers		Men caregivers	
	All caregivers	Girl	Boy	Ages 7 or 8	Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons
Fundamentally the same as engaging in physical sexual activities	33%	37%	29%	32%	26%	39%	43%	41%	26%	19%
Neutral	7%	11%	4%	13%	6%	6%	12%	8%	7%	1%
Fundamentally different from engaging in physical sexual activities	60%	53%	67%	55%	68%	55%	44%	51%	66%	80%

fundamentally different than offline sexual exploration (Fig 29). Using a likert scale, caregivers were asked to identify if they thought engaging in online sexual activities was different than or similar to offline sexual activities for minors today. Three in 5 (60%) caregivers reported online sexual exploration was to some degree "different" than offline sexual exploration. This perception was most pronounced among caregivers of a child aged 9-12 (68%), caregivers of boys (67%), and those answering about a child with a different gender than their own.

To dig into this perception, caregivers were presented possible sexual interactions that might occur online versus offline and were asked to rank the activities based on what they perceived to be the least risky to most risky. To test for potential gender biases, the sample was split into two sub-samples: One-half (n=500) was asked to rank the activities for girl children, and the other half (n=500) was asked to rank them for boy children.

Overall, the three activities caregivers were most likely to identify as the two top riskiest activities for girl and boy children were penetrative sex without a condom, pentrative sex with a condom, and sharing a nude

photo/video of themselves with someone they met online (Fig 30). Caregivers overwhelmingly identified unprotective pentrative sex as the highest risk activity for girl (64%) and boy (67%) children, but those answering for girl children identified sharing a nude with someone they met online (38%) as equivalent in risk to protected pentrative sex (35%), while caregivers answering for boy children identified protected pentrative sex (45%) as nearly twice as risky as sharing a nude with someone they met online (24%).

Although caregivers reported unprotected sex as the highest risk activity regardless of a child's age, the age of the child and gender of the child did reveal notable fluctuations in caregiver perceptions of risk related to the sharing of explicit imagery. Notably, among caregivers answering for boy children, the younger a child's age, the higher perceived risk in sharing nude imagery with others while among caregivers answering for girl children, such a correlation was not found.

Notable distinctions in perceived risk were also identified between caregivers who had already talked with their child about SG-CSAM and

Fig 30 | **Caregivers' perceptions of sexual activity risk based on gender of the child**

Survey B: QE2A. Below is a list of different types of sexual activities. Please rank them in order of which is the riskiest activity for minor girls (girls younger than 18), with the riskiest activity at the top. // QE2B. Below is a list of different types of sexual activities. Please rank them in order of which is the riskiest activity for minor boys (boys younger than 18), with the riskiest activity at the top.

| | | Caregivers asked about minor girls | Caregivers asked about minor boys | Child age | | | | | | Had a SG-CSAM conversation | | | |
| | | | | Ages 7 or 8 | | Ages 9–12 | | Ages 13–17 | | Yes | | No | |
				Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Penetrative sex with a condom	1 - *Most risky*	9%	11%	3%	4%	10%	9%	11%	15%	7%	14%	10%	8%
	2	26%	34%	41%	30%	23%	37%	23%	32%	16%	31%	32%	35%
	3	13%	14%	14%	15%	13%	15%	12%	13%	10%	19%	14%	11%
	4	9%	16%	9%	17%	12%	19%	8%	13%	7%	15%	11%	17%
	5	21%	15%	22%	19%	16%	7%	25%	20%	27%	12%	19%	17%
	6 - *Least risky*	21%	11%	11%	16%	26%	12%	22%	7%	34%	9%	15%	12%
Penetrative sex without a condom	1 - *Most risky*	52%	51%	64%	40%	39%	48%	57%	58%	43%	53%	56%	50%
	2	12%	16%	8%	9%	20%	15%	8%	19%	6%	18%	15%	14%
	3	4%	10%	3%	18%	8%	5%	1%	10%	6%	2%	2%	16%
	4	9%	8%	9%	11%	10%	11%	9%	4%	6%	8%	11%	8%
	5	10%	10%	2%	8%	14%	14%	11%	7%	22%	11%	5%	9%
	6 - *Least risky*	13%	5%	14%	14%	10%	6%	16%	1%	17%	8%	11%	3%
Non-penetrative physical sexual activities	1 - *Most risky*	5%	8%	7%	12%	7%	13%	2%	3%	5%	3%	5%	12%
	2	8%	14%	7%	7%	3%	12%	12%	18%	12%	19%	6%	10%
	3	23%	21%	17%	19%	32%	22%	18%	21%	20%	30%	25%	16%
	4	19%	22%	10%	34%	25%	18%	18%	21%	27%	23%	15%	22%
	5	19%	14%	15%	7%	15%	25%	24%	9%	21%	11%	18%	16%
	6 - *Least risky*	26%	20%	43%	21%	18%	10%	26%	28%	15%	13%	32%	25%
Sharing nude imagery of themselves with a romantic partner	1 - *Most risky*	9%	12%	7%	20%	13%	17%	7%	5%	10%	11%	9%	13%
	2	14%	8%	8%	21%	18%	4%	14%	7%	17%	10%	12%	7%
	3	22%	17%	27%	26%	18%	7%	22%	21%	33%	21%	16%	14%
	4	16%	16%	24%	7%	10%	15%	17%	21%	12%	13%	18%	19%
	5	17%	18%	21%	13%	17%	22%	16%	17%	6%	19%	23%	18%
	6 - *Least risky*	22%	28%	14%	12%	24%	34%	24%	30%	21%	27%	23%	29%
Sharing nude imagery of themselves with another child they know	1 - *Most risky*	11%	10%	16%	7%	10%	8%	9%	12%	14%	12%	9%	8%
	2	16%	13%	14%	18%	20%	17%	14%	7%	26%	14%	11%	12%
	3	21%	24%	8%	16%	18%	26%	29%	25%	16%	21%	24%	25%
	4	19%	15%	21%	9%	11%	19%	25%	14%	20%	12%	19%	17%
	5	24%	25%	36%	37%	25%	18%	17%	26%	17%	30%	27%	22%
	6 - *Least risky*	9%	14%	4%	12%	16%	13%	5%	16%	8%	11%	9%	17%
Sharing nude imagery of themselves with someone they met online	1 - *Most risky*	15%	8%	3%	17%	22%	5%	15%	8%	22%	7%	11%	10%
	2	23%	16%	22%	15%	16%	14%	29%	17%	22%	8%	23%	20%
	3	18%	14%	31%	6%	12%	24%	19%	9%	16%	8%	20%	19%
	4	28%	23%	28%	22%	32%	18%	24%	28%	29%	29%	27%	19%
	5	8%	18%	4%	17%	12%	14%	7%	21%	7%	17%	9%	18%
	6 - *Least risky*	8%	21%	13%	24%	6%	24%	8%	17%	4%	31%	10%	14%

THORN

Fig 31 | Caregiver level of concern by SG-CSAM behavior

Survey B: QE4. If you had to say, which of the following would cause you the most concern if your own child did it?

Note: * Base size <100

	All caregivers	Caregiver gender		Child age			Had a SG-CSAM conversation	
		Women	Men	Ages 7 or 8	Ages 9-12	Ages 13-17	Yes	No
Both are equally concerning	71%	79%	62%	59%	55%	89%	86%	64%
Shared their own nude imagery	18%	11%	11%	21%	33%	4%	10%	21%
Re-shared another child's nude imagery	11%	10%	27%	19%	12%	7%	4%	15%

those who had not. For instance, caregivers who had already talked with their child about SG-CSAM were more likely to rank sharing nudes with someone the child met online (44%) as one of the top two riskiest behaviors than caregivers who had not talked with their child (34%) and they were twice as likely (40%) to identify higher risk in their child sharing nudes with another child compared to caregivers who had not talked with their child (20%). In contrast, caregivers who had not had a conversation about SG-CSAM with their child were more likely to index higher risk with penetrative sex — both unprotected and protected forms.

SHARING VS. RE-SHARING SG-CSAM

Given the dual risk behaviors that intersect with SG-CSAM — both the initial share and the potential of re-sharing someone else's content — it was also essential that this research disentangle if, and how, caregivers perceive differences between their child sharing their own nudes and their child re-sharing of nudes of another child.

Overall, close to 3 in 4 (71%) caregivers indicated that they find both behaviors equally concerning, indicating caregivers generally do not index their concern on one behavior over the other (Fig 31). This response was driven by caregivers of teens (aged 13-17) (89%), caregivers who had already had a conversation with their child (86%), and women caregivers

(79%). Caregivers with younger children (aged 7-12) were less likely to indicate both behaviors were equally concerning compared to caregivers of teens (aged 13-17). The greatest distribution of concern was among caregivers of a child aged 9-12; 55% indicated both behaviors were equally concerning while 33% identified their child sharing their own imagery was the most concerning.

Non-Consensual Re-Sharing

Given the vital role caregivers play as their child's first line of defense when something goes wrong, it was important for this research to explore caregiver perceptions of blame; essentially, if a person's nude imagery is non-consensually re-shared, who do caregivers think is at fault? Understanding caregiver blame attitudes is critical as they impact a child's safeguarding and resiliency by implicitly or explicitly creating hurdles for the child's disclosure and either inhibit or reinforce a child's likelihood to turn to a trusted adult if and when they are in need of help.

IMAGERY OWNERSHIP

While half (50%) of caregivers indicated they believe a nude photo or video at least partially belongs to the person who receives it (Fig 32), a quarter

(24%) believe that the person who receives the imagery has a right to re-share it at their discretion (Fig 33).

Caregivers who indicated they thought their child had sent/re-shared/had imagery leaked were the most likely to view indiscriminate re-sharing as permissible (37%) compared to those who did not think their child had (14%). Similarly, men caregivers were twice as likely (33%) to indicate they thought the recipient had the right to re-share, compared to women caregivers (16%). Given the non-consensual nature of much re-sharing, any perception that the re-sharing of intimate images — without the permission of the person in the imagery — as a right of the recipient is problematic.

When caregivers were subsequently asked their level of agreement with different situational contexts in which re-sharing could be okay, one third (32%) of all caregivers agreed re-sharing could be permissible if the

1 in 4

Caregivers believe the receiver of nude imagery has a right to re-share the content at their discretion

person was in a serious relationship with the recipient, the imagery did not feature the person in the imagery's face, and the person in the imagery isn't actually nude or their private parts can't be seen (Fig 34). Again, this was driven by caregivers who indicated they thought their child had sent/re-shared/had imagery leaked and men caregivers. In particular, caregivers who suspected their child had a direct experience with SG-CSAM were around 4 to 10 times more likely to agree with each scenario compared to their counterparts who did not think their child had a direct experience it.

Likewise, responses from men caregivers revealed they agreed more strongly with every situational context for re-sharing, and they agreed with a more diverse list of situational contexts in which they were asked whether re-sharing would be permissible. A further gendered difference was noted among men caregivers who answered the broader survey

4x – 10x

Caregivers who thought their child had a direct experience with SG-CSAM were 4 to 10 times more likely to agree with the permissibility of all re-sharing scenarios

Fig 32 | **Caregiver perceptions of nude imagery ownership**

Survey A: Q35. Once an intimate photo or video, such as a nude photo or video, is shared online, who, in your view, does it belong to?

	All caregivers	Child age	
		Ages 9-12	Ages 13-17
The person who sent the imagery	20%	23%	17%
The person who received the imagery	10%	12%	8%
Both	40%	34%	44%
Neither	21%	20%	22%
Don't know	10%	11%	10%

Fig 33 | **Caregiver perceptions of the receiver's right to re-share nude imagery at their discretion**

Survey A: Q36. And in your view, does the receiver have the right to re-share or re-send the nude photo or video with others as they wish?

	All caregivers	Caregiver gender		Child age		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Women	Men	Ages 9-12	Ages 13-17	Yes	No
Yes	24%	16%	33%	25%	24%	37%	14%
No	65%	70%	59%	63%	66%	53%	74%
Don't know	11%	14%	8%	12%	10%	9%	12%

Fig 34 | Caregiver agreement with acceptable scenarios for re-sharing someone else's nude imagery online

Survey A: Q38. Below are some things people could say about re-sharing a nude photo or video of someone else online. How strongly do you agree or disagree with each one?
It is okay to re-share a sexually suggestive, or nude photo or video of someone else online as long as...

	All caregivers	Child age		Women caregivers		Men caregivers		Believe their child has sent, re-shared, and/ or had their SG-CSAM leaked	
		Ages 9-12	Ages 13-17	Daughters	Sons	Daughters	Sons	Yes	No
The imagery doesn't show the person's face	32%	39%	27%	20%	18%	41%	51%	61%	10%
The person isn't actually nude in the imagery or you can't see their private parts	32%	37%	29%	18%	17%	37%	55%	57%	13%
You are in a serious relationship with the person	32%	37%	28%	17%	23%	39%	48%	54%	15%
The person you're re-sharing the imagery with doesn't know the person in the photo or video and never will	29%	32%	26%	16%	16%	41%	44%	57%	7%
You know nudes of the person in the imagery have leaked before	29%	33%	26%	16%	12%	32%	52%	58%	7%
You only re-share the imagery with one person	29%	29%	30%	19%	13%	38%	47%	61%	8%
You only show the imagery to others in person to others in-person on your own phone, but don't send it to anyone	29%	33%	26%	16%	14%	39%	48%	56%	9%
The person in the imagery has done something to hurt you	28%	32%	24%	11%	11%	31%	54%	57%	5%
The person in the imagery doesn't find out	28%	35%	23%	16%	13%	38%	45%	58%	6%
You took the photo from a screenshot of a livestream or Snapchat the person posted themselves	28%	32%	25%	16%	13%	37%	46%	56%	7%
You re-share the imagery in a private message or group chat	27%	32%	23%	17%	13%	37%	42%	54%	6%
You don't know the person in the imagery	27%	29%	25%	15%	11%	40%	43%	52%	8%
The person in the imagery doesn't find out	26%	31%	23%	14%	11%	30%	48%	53%	6%
You only re-share the imagery with your best friend	25%	34%	17%	11%	12%	32%	46%	48%	6%

Note: Numbers represented are the net percentage of two discrete response options: "somewhat agree" or "strongly agree."

THORN

about their daughters versus those who answered about their sons, where men caregivers answering about sons were more likely to agree re-sharing was permissible across every situational context. Concerningly, the top three most pronounced differences among men caregivers answering for their sons compared to those answering for their daughters were in the re-sharing contexts of: the person in the imagery has done something to hurt you (+23), knowing the person's nude imagery had already leaked before (+20), and the person in the imagery doesn't find out it was re-shared (+18).

Caregivers of younger children (aged 9-12) were also more likely to agree with nearly all re-sharing contexts compared to caregivers of teens (aged 13-17), especially contexts like: you only re-share with your best friend (+17), the person in the photo doesn't find out (+12), and the content doesn't show the person's face (+12).

PERCEPTIONS OF BLAME

When asked directly about perceptions of blame, a concerningly high level of victim-blaming emerged. In many cases, the person featured in the explicit imagery was identified by caregivers as being at fault for the subsequent non-consensual re-sharing of their imagery. Half (53%) of all caregivers indicated that they would place the ultimate blame on the victim whose image had been non-consensually re-shared,[17] older caregivers (aged 41 or older) were the most likely to blame the victim; 56% identified blame with the victim compared to 49% of caregivers of younger caregivers (aged 18-40) (Fig 35).

1 in 2

Caregivers would ultimately blame the victim in situations where the person's nude imagery had been non-consensually re-shared or "leaked"

Fig 35 | **Caregiver perceptions of blame**

Survey A: Q39. In your opinion, if a nude photo or video of someone gets out, who is to blame? // Q40. And if a nude photo or video of someone gets out, who is most to blame?

		Caregiver age	
	All caregivers	Ages 18-40	Ages 41 or older
Person in photo	53%	49%	56%
Exclusively - Person in photo	34%	32%	35%
Both - Lean person in photo	19%	17%	20%
Re-sharer	47%	51%	44%
Exclusively - Person who re-shared	36%	40%	33%
Both - Lean person who re-shared	11%	10%	11%

VICTIM'S GENDER

Caregivers were also asked a variation of the question that further specified if the person in the photo was a girl or boy. Overall, caregivers identified blame for both genders at similar rates, where approximately 1 in 3 caregivers blamed the girl (36%) and the boy (32%) in the photo (Fig 36). That said, caregivers of girls were more likely to not only ultimately blame the victim in both scenarios; they were also twice as likely to exclusively blame the victim compared to caregivers of boys.

An influence of the victim's gender was found among caregivers who have had a conversation with their child about sharing or re-sharing SG-CSAM. While they were

2x

Caregivers of girls were twice as likely to blame the victim when their nude imagery was leaked

---

17   Caregiver perceptions of blame stand in contrast to youth perceptions where 40% of surveyed youth placed the ultimate blame on the victim. Thorn. (2021). Self-Generated Child Sexual Abuse Material: Youth Attitudes and Experiences in 2020. Available at: https://info.thorn.org/hubfs/Research/SGCSAM_Attitudes&Experiences_YouthMonitoring_FullReport_2021.pdf

also more likely to place at least part of the blame on the person in the photo, half (51%) of caregivers who had a conversation with their child about SG-CSAM placed blame on a girl in the photo, compared to 27% of caregivers that have yet to discuss this. This gap was less pronounced among caregivers who were asked about imagery that featured a boy; 39% placed at least some blame on the boy in the photo while only 26% of caregivers who have not had this conversation identified the same.

Fig 36 | **Caregiver perceptions of blame by gender of the victim**

Survey B: QBC1. In your opinion, if a nude photo or video of a girl is re-shared, who is to blame? // QBC2. In your opinion, if a nude photo or video of a boy is re-shared, who is to blame?

	All caregivers	Child gender		Child age			Had a SG-CSAM conversation	
		Girl	Boy	Ages 7 or 8	Ages 9–12	Ages 13–17	Yes	No
Girl in photo	36%	42%	30%	39%	34%	37%	51%	27%
Exclusively - Girl in photo	24%	30%	17%	33%	23%	20%	27%	21%
Both - Lean girl in photo	13%	12%	13%	6%	11%	17%	24%	5%
Re-sharer	56%	50%	62%	59%	59%	53%	40%	68%
Exclusively - Person who re-shared	34%	33%	36%	25%	33%	39%	24%	41%
Both - Lean person who re-shared	22%	18%	27%	34%	26%	14%	15%	27%
Neither	7%	7%	7%	2%	7%	10%	10%	6%

	All caregivers	Child gender		Child age			Had a SG-CSAM conversation	
		Girl	Boy	Ages 7 or 8	Ages 9–12	Ages 13–17	Yes	No
Boy in photo	32%	39%	24%	32%	24%	37%	39%	26%
Exclusively - Boy in photo	22%	28%	16%	22%	17%	26%	28%	18%
Both - Lean boy in photo	10%	11%	8%	9%	8%	11%	12%	8%
Re-sharer	62%	56%	68%	66%	68%	56%	53%	68%
Exclusively - Person who re-shared	43%	41%	45%	35%	54%	38%	31%	51%
Both - Lean person who re-shared	19%	15%	23%	32%	14%	18%	22%	17%
Neither	6%	5%	7%	2%	8%	7%	8%	5%

Note: * Base size <100

THORN

Support, Preparedness, & Response

This research also explored how caregivers thought their child would respond to an SG-CSAM incident, how prepared caregivers feel to handle a SG-CSAM incident involving their child, and how caregivers anticipate they would respond to an incident involving their child.

Anticipating Their Child's Response

Broadly, across a range of possible responses, caregivers generally aligned in the distribution of how they anticipated their child might respond to an SG-CSAM incident (Fig 37). Around half of caregivers (54%) believed their child would tell them if they received a non-consensually re-shared nude image/video of another child and nearly 2 in 5 believed their child would tell the person whose imagery it was what happened (38%) and/or block the person who sent the imagery (37%). Caregivers who had had a conversation about SG-CSAM with their child were generally more likely to believe their child would take action. In particular, they were more likely to believe their child would report the incident to the platform (+15), tell a school official (+14), and/or block the person who sent the imagery (+14) when compared to caregivers who had not talked with their child. Men caregivers of daughters were least likely to believe their child would come to them for support (42%).

Caregivers were also asked what they would *want* their child to do if they received a non-consensually re-shared nude image/video of another child. When caregiver responses were compared to how they thought their child would respond, the same percentage (54%) of caregivers indicated they would want their child to tell them what happened. However, caregivers were more likely to want their child to tell law enforcement what happened (+10) and they were less likely to want their child to tell a friend what happened (-15%) or tell their sibling (-9).

Preparedness to Handle an Incident

When caregivers were asked if they knew how they would handle a situation that involved the re-sharing of their own child's SG-CSAM, caregivers were generally confident in their preparedness to respond (Fig 38). Nearly four in 5 (78%) reported they would know how to handle the situation: 41% indicated they know exactly how they would handle the situation and 38% reported they have "some idea" of how to respond but would need "some help." In contrast, 18% of caregivers reported they have "no idea" while 4% indicated they had already had to deal with the situation.

THORN

Fig 37 | **Non-consensual re-sharing: how caregivers anticipate their child would respond v. how they would want their child to respond**

Survey B: QD2. Thinking from your child's perspective, if they were sent a nude photo or video of another child at their school without that child's permission, which of the following do you think your child would do in response? // QD3. Regardless of what you think your child would do if they were sent a nude photo or video of another child at their school without that child's permission, which of the following would you want them to do?

	All caregivers		Women caregivers				Men caregivers				Had a SG-CSAM conversation			
			Daughters		Sons		Daughters		Sons		Yes		No	
	Anticipated response	Desired response	Anticipated response	Desired response	Anticipated response	Desired response	Anticipated response	Desired response	Anticipated response	Desired response	Anticipated response	Desired response	Anticipated response	Desired response
Tell you	54%	54%	60%	56%	59%	59%	42%	47%	52%	52%	59%	58%	51%	51%
Tell a teacher, school official or guidance counselor	45%	46%	44%	51%	42%	59%	54%	46%	45%	31%	54%	53%	40%	42%
Tell the person in the photo or video	38%	34%	38%	36%	44%	38%	31%	27%	38%	34%	46%	46%	33%	27%
Block the person who sent the imagery	37%	42%	35%	48%	37%	48%	34%	33%	42%	36%	46%	47%	32%	39%
Tell a friend of theirs	30%	15%	30%	15%	23%	13%	32%	10%	34%	18%	35%	19%	26%	12%
Report it to the platform they received it on	25%	29%	9%	36%	5%	22%	15%	21%	15%	33%	34%	31%	19%	27%
Tell law enforcement	21%	31%	22%	34%	13%	17%	27%	47%	24%	28%	23%	37%	20%	28%
Tell your child's other parent	21%	26%	25%	27%	29%	32%	12%	16%	17%	27%	16%	22%	24%	28%
Tell their sibling	20%	11%	16%	6%	18%	14%	23%	10%	22%	16%	27%	12%	15%	11%
Re-share the nude imagery with someone else at their school	11%	15%	24%	12%	13%	10%	26%	19%	34%	21%	12%	17%	10%	14%
Tell another adult other than you	4%	2%	9%	1%	7%	8%	0%	0%	0%	0%	5%	0%	4%	3%
Do nothing/ignore the photo or video	4%	5%	6%	9%	7%	5%	3%	3%	0%	1%	0%	1%	7%	7%

Note: Columns will total more than 100 because question was multiple select.

THORN

"I would talk to my child and share the dangers of taking and sharing photos like that. I wouldn't be mad because that wouldn't do anything."
CIS WOMAN, 18-24, LATINA, WEST

"Talk to my child and ask why they took the photo, were they talked into it, by who? Make sure they understand that it is inappropriate and the picture they shared will be online for everyone to see, if they ever do it again."
CIS WOMAN, 54, WHITE, SOUTH

While results were fairly consistent regardless of caregiver demographics, the gender and age of their child did appear to influence caregivers' reported level of preparedness. While almost half of caregivers of boys (47%) reported they know exactly how they would respond only a third of caregivers of girls (34%) reported the same. Similarly, caregivers of a younger child (aged 9-12) were more likely to report they know exactly how they would respond (46%) than those with a teenage child (36%). Interestingly, caregivers who indicated they think their child has sent/re-shared/had their imagery leaked were twice as likely (25%) to report

uncertainty in how they would respond to an incident involving their child compared to caregivers who did not think their child had sent/re-shared/had their imagery leaked (13%).

ANTICIPATED RESPONSE

Caregivers were asked to identify or describe their anticipated response and the outcomes their child would face if they discovered their child was involved in sharing their own SG-CSAM or re-sharing the SG-CSAM of others. In response, many caregivers indicated they'd respond with punishment. Concerningly, they also did not overwhelmingly identify that such an incident would prompt them to discuss the issue with their child.

Caregivers who indicated they knew exactly how they would handle a situation involving leaked imagery of their child were subsequently asked to describe how they would respond (Fig 39). Broadly, caregiver responses were mixed and offered no clear consensus in approach; 1 in 5 caregivers mentioned they would talk to their child's school (22%) or involve law

Fig 38 | **Caregivers' ability to handle a nude photo/video of their child being shared**

Survey A: QCSAMRes. If your child told you that a nude photo or video of them had been shared around their school or online, would you know what to do?

Note: * Base size <100

	All caregivers	Child gender		Child age		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Girl	Boy	Ages 9-12	Ages 13-17	Yes	No
Know how they would respond	78%	80%	77%	79%	78%	71%	84%
Yes, I know exactly how I would handle this situation	41%	34%	47%	46%	36%	42%	40%
I have some idea how I would handle this situation, but I'd need to get some help as well	38%	46%	30%	33%	41%	29%	44%
Does not know how they would respond	18%	16%	20%	17%	19%	25%	13%
Has already dealt with the situation	4%	4%	3%	4%	4%	4%	3%

THORN

Fig 39 | **Caregivers' anticipated responses to their child having nude imagery leaked**
Among caregivers who said they knew exactly how to handle the situation

Survey A: Q46. How would you handle the situation if your child told you that a nude photo or video of them had been shared around their school or online?

	All caregivers	Child gender		Child age		Women caregivers		Men caregivers		Believe their child has sent, re-shared, and/or had their SG-CSAM leaked	
		Girl	Boy	Ages 9-12	Ages 13-17	Daughters*	Sons	Daughters*	Sons	Yes	No
Talk to the school	22%	20%	23%	26%	18%	25%	41%	13%	10%	14%	29%
Call the police/press charges	20%	15%	23%	28%	12%	19%	25%	9%	21%	7%	31%
Talk to my child about it	17%	20%	16%	10%	25%	20%	23%	19%	10%	16%	18%
Punishment (ground them, lose screen time)	12%	17%	9%	6%	18%	23%	11%	9%	8%	7%	16%
Try to have it removed/deleted	9%	14%	6%	10%	8%	19%	8%	7%	5%	4%	13%
General positive mentions	8%	6%	9%	9%	7%	3%	2%	9%	14%	16%	1%
Talk to the other child/their parents	8%	3%	10%	7%	8%	3%	20%	2%	4%	8%	7%
Comfort and support my child	5%	2%	6%	2%	7%	3%	10%	0%	3%	4%	5%
It would be bad /I would be upset	5%	4%	5%	7%	3%	5%	8%	3%	4%	4%	5%
Find out who is responsible for sharing it	4%	2%	4%	4%	3%	2%	1%	3%	7%	3%	4%
Report it/the person who is responsible for sharing it	4%	4%	4%	2%	6%	4%	7%	4%	1%	0%	6%
Report it to the platform that was used	3%	0%	5%	4%	3%	0%	9%	0%	3%	1%	5%
Lawsuit	2%	1%	2%	3%	1%	0%	1%	1%	3%	3%	1%
Block the person/cannot be around that person	1%	0%	2%	0%	2%	0%	4%	0%	1%	2%	0%
Containment /try to mitigate the damage	1%	1%	1%	2%	0%	1%	3%	1%	0%	0%	2%
I would handle it	1%	2%	1%	0%	2%	3%	2%	1%	0%	1%	1%
It's normal	1%	0%	1%	1%	0%	0%	1%	0%	1%	1%	0%
Prevention/make sure they do not do it	1%	1%	1%	0%	2%	1%	3%	0%	0%	0%	2%
Other	13%	15%	12%	17%	9%	8%	7%	25%	15%	15%	11%
Nothing	5%	6%	5%	4%	7%	5%	2%	8%	7%	8%	3%
Don't know/refused	8%	8%	8%	9%	7%	11%	3%	2%	12%	13%	4%

Note: Open ended question. * Base size <100

THORN

enforcement (20%), 1 in 6 (17%) mentioned they would talk to their child about it, and 1 in 8 (12%) mentioned they would enforce a punishment.

> *"I will file a complaint against whoever took nude pictures of my child and t[ake] him to a psychiatrist for his psychological treatment afterwards."*
> **CIS MALE, 33, NATIVE AMERICAN, WEST**

> *"I would immediately call the police and try to reach out to the people who leaked it and sue them immediately."*
> **CIS MALE, 31, WHITE, MIDWEST**

> *"I will talk to my child and make her feel safe and that she will never be harmed and I will talk to the school principal about this [t]o put an end to it [a]nd that children undergo lessons about [the] harms of this thing."*
> **CIS FEMALE, 36, WHITE, SOUTH**

When compared with caregivers of teens (aged 13-17), caregivers of younger children (aged 9-12) were less likely to indicate they would talk to their child about it (-15) or enforce a punishment (-12); conversely they were more likely to indicate they would involve law enforcement (+16).

Caregivers who indicated they have "some idea" how they would handle the situation but would need some help were subsequently asked where they anticipated they would go for help (Fig 40). Close to 1 in 3 (34%) indicated that they would seek help from the school/principal, 1 in 4 (27%) indicated they would seek help from the police, and 1 in 7 indicated they would seek help from a medical professional such as a counselor, therapist, or doctor. Caregivers of girls were more likely to think they would seek help from the police (+13) and they were less likely to indicate they'd seek help from a medical professional (-8) compared to caregivers of boys. Similarly, caregivers of younger children (aged 9-12) were less likely to indicate they would seek help from the police (-9) or from a medical professional (-9) than caregivers of teens (aged 13-17). Caregivers who did not think their child had a direct experience with SG-CSAM were far more likely to identify they'd seek support from the school (+29) and

police (+22). They were also more likely to indicate they'd seek help from the platform that was used (+8) when compared with caregivers who suspected their child had a direct experience.

In a different context, all caregivers were presented with a hypothetical situation in which their child was caught at school re-sharing nude imagery of another student (Fig 41). When presented with a list of possible consequences, 1 in 2 (51%) caregivers indicated their child should be suspended from school, 1 in 3 (34%) indicated their child should be expelled from school, and 1 in 5 indicated an alternatively severe consequence such as, being convicted of a crime (20%), losing the opportunity to attend college (20%) or future employment opportunities (19%), and being required to register as a sex offender (18%). Additionally, caregivers of younger children (aged 7 or 8) were the most likely to indicate they believe their child should be expelled from school (44%).

When presented with another hypothetical involving their child sharing or re-sharing different types of sexual content (e.g. adult pornographic content or SG-CSAM) with others, including with another child at their school and with another child they met online, only about half of caregivers indicated that they would "have a discussion" about the behavior as a part of their response (Fig 42).

> *"I would probably kill him first for sending one and then his phone would be taken away. I wouldn't pay for a new one. He would have to earn his own money to get himself one."*
> **CIS FEMALE, 52, WHITE, SOUTH**

Overall, this research found that online-only incidents were more likely to result in caregivers' identification of consequences for their own child. There were a few exceptions to this. Caregivers expressed a higher likelihood to inform law enforcement if their child shared nude imagery of themselves with an adult they know offline (39%) when compared with sharing with an adult they met online (17%).

Fig 40 | **Anticipated help resources caregivers would seek out if their child had nude imagery leaked**

Among caregivers that indicated they have some idea how they would handle a situation

Survey A: Q47. What help would you need and where would you go to get this help if your child told you that a nude photo or video of them had been shared around their school or online?

| | All caregivers | Caregiver gender | | Child age | | Believe their child has sent, re-shared, and/or had their SG-CSAM leaked | |
		Women	Men	Ages 9-12	Ages 13-17	Yes	No
School/principal	34%	33%	35%	33%	35%	15%	44%
Police	27%	33%	20%	22%	31%	13%	35%
Counselor/therapist/doctor	14%	11%	19%	9%	18%	14%	15%
Advice/help from friends/family	11%	12%	11%	9%	13%	13%	10%
Help deleting it	5%	7%	2%	6%	4%	6%	4%
The platform used	5%	6%	4%	4%	6%	0%	8%
Get more information about the picture/circumstances	4%	4%	4%	6%	3%	1%	5%
Lawyer	4%	4%	4%	3%	5%	2%	5%
Contact the other children involved/their parents	3%	4%	0%	4%	2%	2%	3%
General positive mentions	3%	2%	4%	4%	2%	8%	0%
Authorities	2%	3%	2%	2%	3%	2%	2%
Find out who is responsible	2%	3%	0%	4%	1%	0%	3%
I would need help/advice (general)	2%	3%	1%	2%	2%	1%	2%
Child's friends	1%	1%	1%	1%	1%	0%	1%
Specialist/expert/consultant (general)	1%	1%	2%	2%	1%	2%	1%
Other	13%	13%	14%	12%	14%	24%	8%
Nothing	7%	5%	8%	6%	7%	8%	6%
Don't know/refused	8%	4%	12%	12%	5%	11%	6%

Note: Open ended question.

Fig 41 | **Caregiver agreement with hypothetical consequences if their child re-shared nude imagery of another student**

Survey B: QD5. Again, whether or not you think this is something that could possibly happen, imagine your child was caught by their school re-sharing a nude photo or video of another student. Of the potential consequences or outcomes your child might face in this hypothetical scenario, please indicate which consequences you believe they should face.

Note: Columns will total more than 100 because question was multiple select.

| | All caregivers | Child age | | |
		Ages 7 or 8	Ages 9-12	Ages 13-17
Suspension from school	51%	42%	50%	57%
Loss of your trust	44%	41%	40%	48%
Loss of trust of their friends	43%	38%	41%	48%
Expulsion from school	34%	44%	29%	34%
Face no consequences from law enforcement	22%	17%	25%	22%
Become more popular with peers who encourage this behavior	20%	20%	20%	21%
Convicted of a crime	20%	20%	18%	22%
Loss of opportunity to attend college or university	20%	17%	23%	19%
Face no consequences from school	19%	28%	19%	14%
Loss of current or future employment opportunities	19%	21%	18%	19%
Required to register as a sex offender	18%	17%	20%	17%
Other	5%	11%	3%	4%

THORN

Fig 42 | **Caregivers' anticipated responses to their child sharing sexual material online**

Survey B: QD1A. Whether or not you think this is something that is likely to happen, if you discovered your child did the following with another child they met online, which actions would be a part of how you respond? // QD1B. Whether or not you think this is something that is likely to happen, if you discovered your child did the following with another child at their school, which actions would be a part of how you respond?

		...they met online	...they knew from school
Shared adult pornographic content with another child	Discuss what happened with the parents of the other child involved	56%	41%
	Have a discussion with your child about this behavior	55%	53%
	Inform law enforcement	19%	21%
	Inform the school	27%	24%
	Loss of mobile or other internet-connected devices for your child	46%	47%
	Loss of online privileges for your child	46%	45%
	Report it to the platform	34%	28%
	Seek information about how to best handle this situation	38%	47%
	I wouldn't take any action	6%	5%
	Other punishment or consequence for your child	39%	33%
Shared nude imagery of themselves with another child	Discuss what happened with the parents of the other child involved	39%	54%
	Have a discussion with your child about this behavior	64%	60%
	Inform law enforcement	39%	17%
	Inform the school	23%	35%
	Loss of mobile or other internet-connected devices for your child	52%	56%
	Loss of online privileges for your child	50%	52%
	Report it to the platform	39%	33%
	Seek information about how to best handle this situation	41%	41%
	I wouldn't take any action	3%	3%
	Other punishment or consequence for your child	36%	38%
Shared a nude imagery of themselves with an adult age 18 or older	Discuss what happened with the parents of the other child involved	39%	54%
	Have a discussion with your child about this behavior	64%	60%
	Inform law enforcement	39%	17%
	Inform the school	23%	35%
	Loss of mobile or other internet-connected devices for your child	52%	56%
	Loss of online privileges for your child	50%	52%
	Report it to the platform	39%	33%
	Seek information about how to best handle this situation	41%	41%
	I wouldn't take any action	3%	3%
	Other punishment or consequence for your child	36%	38%
Re-shared nude imagery of another child	Discuss what happened with the parents of the other child involved	39%	54%
	Have a discussion with your child about this behavior	64%	60%
	Inform law enforcement	39%	17%
	Inform the school	23%	35%
	Loss of mobile or other internet-connected devices for your child	52%	56%
	Loss of online privileges for your child	50%	52%
	Report it to the platform	39%	33%
	Seek information about how to best handle this situation	41%	41%
	I wouldn't take any action	3%	3%
	Other punishment or consequence for your child	36%	38%

Note: * Base size <100

THORN

Seeking Support

When caregivers were asked about different resources that could help and support discussions with their child about SG-CSAM, distinctions in support resources emerged. For instance, the support resources caregivers are interested in learning about in relation to SG-CSAM as an issue are different from the ones which caregivers are interested in learning about how they should talk to their child about it. These subtleties and nuances can be illuminating for those developing interventions that seek to support caregivers.

The research made clear that the resources caregivers are interested in learning about the topic from are not the same as the resources they'd be interested in learning about how to talk to their child about it, nor are they the same with where they would feel comfortable letting their child learn about the topic (Fig 43). For instance, while more than a majority of caregivers are interested in learning about the topic of SG-CSAM from online resources such as websites or apps, noticeably fewer are comfortable with their child learning about the topic from online resources.

Fig 43 | **Caregiver interest in different sources for learning about each topic, by learning context**

Survey B: QK3. Below are some different sources of information a parent/caregiver could go to for information about each of the following topics as they relate to their child(ren). For each topic, which sources of information would you be interested in learning from? // QK4. For each topic, which sources of information would you be interested in learning from? // QK6. Which of these sources would you be comfortable with your child talking to or learning from about each of the following topics?

	Online sexual predators			Sharing of nude imagery of themselves			Re-sharing nude imagery of other children		
	How the topic relates to their child	How to talk to their child about the topic	Letting their child learn about the topic	How the topic relates to their child	How to talk to their child about the topic	Letting their child learn about the topic	How the topic relates to their child	How to talk to their child about the topic	Letting their child learn about the topic
Online resources (websites, apps)	57%	35%	38%	57%	40%	38%	60%	34%	38%
Law enforcement (police, school resource officer)	42%	47%	38%	38%	28%	30%	40%	27%	29%
School (teacher, leader, guidance counselor)	39%	38%	40%	34%	34%	32%	39%	39%	39%
Another family member (grandparents, uncles, aunts)	25%	22%	21%	21%	21%	24%	20%	17%	24%
Other parents in your community	20%	25%	20%	19%	19%	21%	18%	21%	25%
Medical or mental health professional	28%	28%	27%	27%	24%	23%	22%	22%	24%
Religious leader (priest, rabbi, imam)	13%	11%	11%	10%	8%	10%	9%	11%	13%
Not interested in any	7%	13%	11%	8%	14%	15%	7%	16%	13%

Note: Columns will total more than 100 because question was multiple select.

THORN

Perhaps one of the more immediately relevant findings from this research for those developing interventions is that caregivers are open to receiving, and even want, help with educating their child about SG-CSAM.

Nearly 1 in 3 (32%) caregivers identified they would feel comfortable with their child learning about SG-CSAM from school (Fig 43), including half (51%) of caregivers of a child aged 7 or 8. Interestingly, women caregivers (32%) were less comfortable with their child learning about sharing their own SG-CSAM from schools compared to men (44%), although women and men caregivers supported schools teaching their child about re-sharing SG-CSAM at similar rates (41% and 44%, respectively).

While most caregivers believe a conversation with their child about the sharing and re-sharing of SG-CSAM would be more effective if led

1 in 3

Caregivers would feel comfortable with their child learning about SG-CSAM from school

by the caregiver (rather than a school official), one-third of caregivers indicated they believed the school-led approach would be more effective. This juxtaposition in caregiver beliefs amplifies the need for diversified resources that can support effective conversations with kids, wherever they may take place (e.g. at home, at school, etc.).

To explore what caregivers would most want covered in a school program to educate kids about SG-CSAM, caregivers were asked to choose from a list of possible topics which they thought would be the most important to include in a school program to educate students about the issue of sharing and re-sharing nude photos or videos, and which would be the least important (Fig 44). Caregivers identified that the most important lesson for a school program to cover by far is that minors should always turn to their caregiver if they are in a situation involving SG-CSAM, followed by teaching kids to use platform-based reporting tools to address incidents of non-consensual re-sharing.

Fig 44 | **Caregiver ranking of importance of content to include in a school program covering nudes**

Survey B: QRS5. Below are some topics that could be a part of a school program to educate students about the issue of sharing and re-sharing nude photos or videos. Which one is most important to include and which is the least important to include?

Note: Question was presented in MaxDiff format. TURF analysis was performed on the results to determine the percent of caregivers who said a given topic was one of the top two most important.

Showing % of caregivers who identified the topic as one of their top two most important		All caregivers
They or someone they know is threatened online to share nudes of themselves	Tell their parents	46%
	Tell their school or trusted adult	13%
Nude imagery of themselves or another child is non-consensually re-shared	Tell their parents	35%
	Use the reporting tools that an app or platform provides	23%
	Tell law enforcement	17%
	Tell their school or a trusted adult	10%
Their peers are consensually exhcanging nude imagery of themselves	Tell their parents	11%
	Tell law enforcement	7%
	Tell their school or a trusted adult	4%
Received unsolicited nude imagery	Tell their parents	15%
	Use the reporting tools that an app or platform provides	14%
	Tell their school or trusted adult	5%

THORN

Lived Experiences

"I took his phone for a week and I didn't speak to him for 3 days. Then he came to me and apologize[d]. I [taught] him why this is a bad thing to do."

CIS MALE, 42, WHITE, NORTHEAST

While the core of this research was focused on understanding why and how caregivers do — or do not — talk with their child about SG-CSAM, the researchers were also sensitive to the reality that some (if not many) of those surveyed may had already had a lived experience, i.e. an experience where their child had been involved with SG-CSAM. Therefore, caregivers were asked if any of their children had a personal experience related to SG-CSAM to explore how lived experiences may or may not have impacted the way they talked with their child (Fig 45).

In total, nearly half (45%) of caregivers indicated they had discovered at least one of their children experienced a situation that involved SG-CSAM where 1 in 6 (18%) caregivers indicated the experience had occurred between their child and an adult (aged 18 or older). Among caregivers who indicated they had a child with a lived experience, only 47% also indicated they had talked with their child about SG-CSAM.

45%

Of caregivers have at least one child who has had a personal experience with SG-CSAM

Caregivers who discovered their child's nude imagery had been non-consensually re-shared were most likely to indicate they removed their child's access to internet-connected devices (42%), implemented unspecified punishment/consequences for their child (42%), and/or had a discussion with the other parents involved (42%) as a result of the incident (Fig 46). Only 1 in 4 (26%) indicated they discussed the behavior with their child as part of their response.

1 in 4

Caregivers of children whose nude imagery had been non-consensually reshared discussed the behavior with their child as part of their response

"I was upset so [I] grounded them and took their phone."
CIS FEMALE, 42, WHITE, SOUTH

"I will talk to the parents of the kids […] Try to contact [the] app where the pictures are posted […] Maybe talk to [the] principal."
CIS FEMALE, 51, ASIAN, NORTHEAST

THORN

Fig 45 | **Caregiver awareness of their child(ren) having SG-CSAM related experiences**

Survey B: QR1. Thinking about any of your children (not only the one you are thinking about as you answer most questions), have they ever done any of the following and you found out?

	All caregivers	Had a SG-CSAM conversation	
		Yes	No
Does not have a child with a lived experience with SG-CSAM	55%	53%	56%
Has a child with a lived experience with SG-CSAM	45%	47%	44%
Been asked for nude imagery of themselves by someone younger than 18	16%	22%	13%
Received nude imagery from another child (younger than 18) that the other child sent themselves	15%	16%	14%
Shared nude imagery of themselves with someone younger than 18	15%	18%	13%
Received nude imagery of another child (younger than 18) that was sent without the consent of the child in the imagery	14%	18%	11%
Asked another child (younger than 18) to send them nude imagery of themselves	13%	18%	11%
Had nude imagery of themselves shared with someone else without your child's consent	13%	17%	11%
Re-shared nude imagery of another child (younger than 18) without the consent of the child in the imagery	12%	11%	12%
Been asked for nude imagery of themselves by someone 18 or older	11%	11%	11%
Taken a nude photo or video of themselves	11%	15%	9%
Shared nude imagery of themselves with someone 18 or older	10%	17%	6%

Note: Columns will total more than 100 because question was multiple select.

Fig 46 | **Caregiver reactions to their child having their nude imagery non-consensually re-shared**

Among caregivers with child that had nude imagery non-consensually re-shared

Survey B: QR4A. After you found out your child had a nude photo or video of themselves shared with someone else without your child's consent, which of the following happened?

	All caregivers
Loss of mobile or other internet-connected devices for your child	42%
You or your child's other guardian had a discussion with the parents of the other child involved	42%
You or your child's other guardian informed your child's school	35%
Loss of online privileges for your child	34%
You or your child's other guardian reported it to the platform/app	31%
You or your child's other guardian informed law enforcement	29%
You or your child's other guardian had a discussion with your child about this behavior	26%
Your child experienced mental health issues, such as depression, anxiety, thoughts of self-harm, or something else	25%
Your child experienced social consequences, such as losing friends	25%
You sought information about how to best handle this situation	22%
Other punishment or consequence for your child	42%
None of the above	8%

Note: Columns will total more than 100 because question was multiple select.

Among caregivers who discovered their child had non-consensually re-shared the nude imagery of another child, they were most likely to indicate they had a discussion with their child about the behavior (52%), that they sought information about how to best handle the situation (41%), that their child experienced social consequences for the behavior (41%) and/or that they had a discussion with the parents of the other child involved (39%) as part of their response (Fig 47).

> *"I was surprised by the picture and told my husband, th[e]n we discussed the issue with my child and we scolded him and deprived him of the Internet for awhile."*
> **CIS FEMALE, 33, WHITE, SOUTH**

> *"I talked to her about the situation and took her to the psychologist, she's currently in therapy."*
> **CIS FEMALE, 28, HISPANIC/LATINO, SOUTH**

The apparent contrast in form of response between caregivers with a child who shared their own content compared to those whose child had non-consensually re-shared content of others is striking.

CASE STUDY: LIVED EXPERIENCES WITH SHARING OR NON-CONSENSUAL RE-SHARING

To further evaluate caregivers' lived experiences, some of the specific SG-CSAM situations caregivers indicated their child had faced were clustered together for analysis and explored more in-depth. This sub-sample of caregivers included those who:

- indicated their child had shared nude imagery of themselves (20%), including with another minor (15%) and/or an adult (10%); and/or
- indicated their child had non-consensually re-shared the SG-CSAM of another child (12%); and/or
- indicated their child's SG-CSAM had been non-consensually re-shared or "leaked" (13%).

Fig 47 | **Caregiver reactions to their child non-consensually re-sharing another child's nude imagery**
Among caregivers with a child that non-consensually re-shared nude imagery of another child (younger than 18)

Survey B: QR2A. After you found out your child re-shared a nude photo or video of another child (younger than 18) without the consent of the child in the photo or video, which of the following happened?

	All caregivers
You or your child's other guardian had a discussion with your child about this behavior	52%
You sought information about how to best handle this situation	41%
Your child experienced social consequences, such as losing friends	41%
You or your child's other guardian had a discussion with the parents of the other child involved	39%
Other punishment or consequence for your child	32%
Your child experienced mental health issues, such as depression, anxiety, thoughts of self-harm, or something else	32%
You or your child's other guardian informed your child's school	28%
Loss of mobile or other internet-connected devices for your child	25%
You or your child's other guardian reported it to the platform/app	25%
You or your child's other guardian informed law enforcement	21%
Loss of online privileges for your child	20%
None of the above	6%
Other	3%

Note: Columns will total more than 100 because question was multiple select.

THORN

Collectively, 29% of all caregivers qualified as part of this sub-sample (Fig 48). Notably, caregivers in the sub-sample were more likely to indicate they completely trust their child (+22) (Fig 49).

Caregivers within this sub-sample were more likely to indicate they had had a conversation with their child about SG-CSAM (34%) compared to other caregivers (26%), although only one-third had. Among caregivers in the sub-sample who had not had a conversation with their child about SG-CSAM, they, like all other caregivers, were most likely to indicate they had not because their child was too young (Fig 50). However, caregivers in the sub-sample who had not talked with their child about sharing SG-CSAM were more likely than their counterparts to indicate they had not because they

29%

Of caregivers have at least one child who has shared their own SG-CSAM, re-shared the imagery of another child, or had their imagery non-consensually re-shared

believed their child can learn about it online (+20) and/or they didn't think a conversation with their child would make a difference (+17).

Caregivers within the sub-sample were the least likely to identify both behaviors (e.g. sharing an initial photo/video and re-sharing the SG-CSAM of others) as equally concerning (47%) compared to caregivers with children who did not have a child with a personal experience (80%) (Fig 51). Specifically, caregivers in the sub-sample were more likely to identify that their child sharing their own nudes was more concerning than their child non-consensually re-sharing another child's nudes.

Caregivers within this sub-sample were the least likely to believe their child would tell them what happened (43%) when compared to all other caregivers (Fig 53). It remains unclear why this sub-sample of caregivers felt this way, i.e. if they believed their child would not come

---

Fig 48 | **Percentage of caregivers who qualify as part of the sub-sample**

Survey B: QR1. Thinking about any of your children (not only the one you are thinking about as you answer most questions), have they ever done any of the following and you found out?

	Caregivers in the sub-sample	Had a SG-CSAM conversation	
		Yes	No
Total	29%	34%	26%
Shared nude imagery of themselves with someone younger than 18	15%	18%	13%
Had nude imagery of themselves shared with someone else without your child's consent	13%	17%	11%
Re-shared nude imagery of another child (younger than 18) without the consent of the child in the imagery	12%	11%	12%
Shared imagery of themselves with someone 18 or older	10%	17%	6%

Note: Columns will total more than 100 because question was multiple select.

Fig 49 | **Comparative degree of caregiver trust in their child**

Survey A: QTrust. In general, if you had to say, would you say that you trust...

	Caregivers in the sub-sample	All other caregivers
Total trust	98%	92%
Trust your child completely	80%	58%
Trust your child somewhat	18%	34%
Total do not trust	2%	8%
Only trust your child a little bit	1%	6%
Do not trust your child at all	1%	2%

THORN

Fig 50 | **Comparative reasoning for not discussing an SG-CSAM topic with their child**

Among caregivers who have not discussed each topic with their child

Survey B: QB1. Earlier you indicated you have not yet discussed the following topics with your child. Which of the following describe why you have not yet discussed each with your child?

		Caregivers in the sub-sample	All other caregivers
Sharing nude imagery of themselves	They are too young to discuss this	25%	29%
	Their other parent does not want us to discuss this with our child *(among co-parents)*	22%	10%
	They can learn about this online	22%	2%
	It won't make a difference to discuss this	20%	3%
	They learned about this from school	19%	14%
	I feel like a hypocrite discussing this with my child	18%	2%
	This topic is not relevant for my child	14%	23%
	I don't want my child to ask me questions about my own experiences on this topic	13%	4%
	It is embarrassing for me to discuss this	11%	10%
	Discussing this will permanently change my relationship with my children	10%	7%
	I don't know enough about this topic to discuss it	10%	2%
	None of these	3%	28%
Re-sharing nude imagery of other children	They are too young to discuss this	25%	24%
	Their other parent does not want us to discuss this with our child *(among co-parents)*	23%	5%
	This topic is not relevant for my child	21%	18%
	Discussing this will permanently change my relationship with my children	16%	13%
	They learned about this from school	16%	11%
	I don't know enough about this topic to discuss it	14%	2%
	It won't make a difference to discuss this	12%	2%
	I don't want my child to ask me questions about my own experiences on this topic	11%	4%
	It is embarrassing for me to discuss this	11%	14%
	They can learn about this online	9%	3%
	I feel like a hypocrite discussing this with my child	5%	3%
	None of these	7%	30%

Fig 51 | **Comparative level of concern by SG-CSAM behavior**

Survey B: QE4. If you had to say, which of the following would cause you the most concern if your own child did it?

	Caregivers in the sub-sample	All other caregivers
Shared their own nude imagery	35%	11%
Re-shared another child's nude imagery	18%	9%
Both are equally concerning	47%	80%

THORN

to them because their child had not come to them when faced with an actual incident, if they thought their child would be hesitant based on the aftermath (e.g. consequences and/or subsequent discussion) of the incident, or if this was unrelated to the SG-CSAM experience. When responses from this sub-sample were compared with those of other caregivers, those in the sub-sample were more likely to believe their child would tell their sibling (+22), re-share the imagery with someone else at school (+20), and report the incident to the platform (15%). They were less

likely to believe their child would tell them what happened (–16) or tell a school official (–15).

Caregivers in this sub-sample were also less likely (40%) than other caregivers (59%) to identify that they would want their child to tell them what happened. Again, the reasoning behind this finding is unclear and warrants further investigation.

Fig 52 | **Non-consensual re-sharing: how caregivers anticipate their child would respond v. how they would want their child to respond**

Survey B: QD2. Thinking from your child's perspective, if they were sent a nude photo or video of another child at their school without that child's permission, which of the following do you think your child would do in response? // QD3. Regardless of what you think your child would do if they were sent a nude photo or video of another child at their school without that child's permission, which of the following would you want them to do?

Note: Columns will total more than 100 because question was multiple select.

	Think their child would do...			Would want their child to do...		
	Caregivers in the sub-sample	All other caregivers	+/-	Caregivers in the sub-sample	All other caregivers	+/-
Tell you	43%	59%	–16	40%	59%	–19
Block the person	36%	38%	–2	25%	49%	–24
Report to the platform	35%	20%	+15	28%	29%	–1
Tell a teacher, school official or guidance counselor	35%	50%	–15	31%	53%	–22
Tell their sibling	35%	13%	+22	23%	6%	+17
Tell a friend	34%	28%	+6	20%	12%	+8
Tell the person in the photo or video	32%	41%	–9	30%	36%	–6
Tell law enforcement	29%	18%	+11	42%	27%	+15
Re-share the nude photo or video	25%	5%	+20	37%	6%	+31
Tell your child's other parent	23%	20%	+3	32%	24%	+8
Tell another adult other than you	3%	5%	–2	0%	3%	–3
Do nothing/ignore the photo or video	0%	6%	–6	1%	6%	–5
Other	–	–	–	0%	1%	–1

THORN

When presented with a hypothetical situation in which their child was caught at school re-sharing a nude photo of another student, caregivers within the sub-sample were more likely to believe that their child should gain popularity at school (+28), lose opportunities to attend college (+21), and face no consequences from their school (+20). In contrast, they were less likely to want their child to be suspended from school (-20), lose the trust of their parents (-20), and/or lose the trust of their friends (-20).

When presented with another, more discrete hypothetical situation involving their child sharing or re-sharing different types of sexual content (e.g. generally pornographic or SG-CSAM) with others, caregivers within the sub-sample identified they would be most likely to have a discussion with their child based on the following order of content (Fig 54): shared pornographic content with another child (41%), shared SG-CSAM of themselves with another child online (35%), re-shared nude imagery of another child (31%), and shared SG-CSAM of themselves with an adult they met online (24%). While recognizing the sub-sample for analysis is limited, it remains concerning that only 1 in 4 (24%) caregivers in the sub-sample would plan to have a discussion with their child if they found out their child shared nude imagery of themselves with an adult they met online, regardless of the other response options they may have selected.

Fig 53 | **Comparative agreement with hypothetical consequences if their child re-shared nude imagery of another student**

Survey B: QD5. Again, whether or not you think this is something that could possibly happen, imagine your child was caught by their school re-sharing a nude photo or video of another student. Of the potential consequences or outcomes your child might face in this hypothetical scenario, please indicate which consequences you believe they should face.

	Caregivers in the sub-sample	All other caregivers
Become more popular with peers who encourage this behavior	40%	12%
Suspension from school	37%	57%
Expulsion from school	36%	33%
Face no consequences from school	35%	12%
Loss of opportunity to attend college or university	35%	14%
Face no consequences from law enforcement	32%	18%
Loss of trust of their friends	31%	49%
Loss of your trust	30%	50%
Required to register as a sex offender	29%	14%
Loss of current or future employment opportunities	28%	15%
Convicted of a crime	21%	19%
Other	1%	6%

Note: Columns will total more than 100 because question was multiple select.

THORN

Fig 54 | Comparative anticipated responses to their child sharing sexual material online

Survey B: QD1A. Whether or not you think this is something that is likely to happen, if you discovered your child did the following, which actions would be a part of how you respond?

Note: Columns will total more than 100 because question was multiple select.

		Caregivers in the sub-sample	All other caregivers
Re-shared nude imagery of another child online	Discuss what happened with the parents of the other child involved	26%	49%
	Have a discussion with your child about this behavior	31%	61%
	Inform law enforcement	25%	15%
	Inform the school	25%	16%
	Loss of mobile or other internet-connected devices for your child	15%	47%
	Loss of online privileges for your child	25%	46%
	Report it to the platform	21%	13%
	Seek information about how to best handle this situation	22%	21%
	Other punishment or consequence for your child	35%	41%
	I wouldn't take any action	10%	9%
Shared adult pornographic content with another child they met online	Discuss what happened with the parents of the other child involved	36%	39%
	Have a discussion with your child about this behavior	41%	57%
	Inform law enforcement	32%	10%
	Inform the school	28%	7%
	Loss of mobile or other internet-connected devices for your child	21%	45%
	Loss of online privileges for your child	16%	45%
	Report it to the platform	12%	24%
	Seek information about how to best handle this situation	22%	27%
	Other punishment or consequence for your child	11%	42%
	I wouldn't take any action	6%	12%
Shared nude imagery of themselves with an adult age 18 or older that they met online	Discuss what happened with the parents of the other child involved	22%	32%
	Have a discussion with your child about this behavior	24%	55%
	Inform law enforcement	37%	46%
	Inform the school	31%	17%
	Loss of mobile or other internet-connected devices for your child	45%	41%
	Loss of online privileges for your child	30%	44%
	Report it to the platform	24%	26%
	Seek information about how to best handle this situation	22%	24%
	Other punishment or consequence for your child	44%	32%
	I wouldn't take any action	4%	10%
Shared nude imagery of themselves with another child they met online	Discuss what happened with the parents of the other child involved	29%	44%
	Have a discussion with your child about this behavior	35%	52%
	Inform law enforcement	32%	17%
	Inform the school	17%	15%
	Loss of mobile or other internet-connected devices for your child	29%	40%
	Loss of online privileges for your child	45%	49%
	Report it to the platform	28%	21%
	Seek information about how to best handle this situation	20%	35%
	Other punishment or consequence for your child	16%	39%
	I wouldn't take any action	6%	10%

THORN

Looking Ahead

This research sought to explore and understand some of the complex attitudes, perceptions, and behaviors that influence the diverse ways in which caregivers do — or do not — talk with their child about SG-CSAM and the online harms that can follow. This research reveals profound complexity in how caregivers approach many coming-of-age topics, let alone those that mutate alongside technology and digital advances, like sharing nudes and online grooming. In addition to highlighting areas for future exploration, the data underscored several key findings and corresponding opportunities for action.

1. Caregivers generalize talks about online safety with their kids. This often comes at the expense of explicit discussions that can help kids recognize and navigate the distinct risks and pathways of grooming and sharing nudes. While 2 in 3 caregivers have talked with their child about social media and digital safety, fewer than 1 in 3 caregivers have talked with their child about SG-CSAM.

For the vast majority of kids growing up today, online exploration is a pivotal part of adolsecence. It is promising to find that many caregivers are having conversations with their kids about social media and digital safety. However, general conversations alone fall short of the necessary education, empowerment, and support young people need to navigate the risks associated with online sexual exploration and exploitation.

Caregivers who generalize talks about online safety not only risk presenting a false dichotomy of online risk to their child (where experiences are either overtly bad or overtly good), but they also establish a false sense of confidence in their child's ability to navigate digital spaces safely — after all, they've "talked with them about it." Alternatively, specific conversations as part of an ongoing dialogue equip both caregiver and child with a vocabulary to discuss the topic and models how both adults and kids can navigate an uncomfortable topic together. Failing to talk with children specifically about self-generated content ignores a reality that kids have told us exists — they are being asked for nudes from both friends and strangers alike and often consider it OK to send these photos along — and fails to help them navigate these encounters.

THORN

2. Gender plays a pervasive role in how caregivers approach discussing SG-CSAM with their child. For example, caregivers think girls should receive the conversation at younger ages than boys. They also perceive higher levels of risk for girls experiencing online sexual activity than boys.

Throughout this research, the role of gender, both the child's and the caregiver's, was found to influence caregiver attitudes, beliefs, and behaviors related to how they approach talking with their child about SG-CSAM. Specifically, much of the gender-based findings revealed that caregivers see more risk and responsibility in SG-CSAM activities for girls than they do for boys. This is captured overtly and subtly throughout the data: Caregivers indicated they believe girls are older than boys when they first engage with SG-CSAM, and yet also believe they need to talk to girls about this issue sooner than they need to talk to boys. Caregivers who have talked with their child about SG-CSAM said they were more likely to exclusively blame a girl if her nudes were leaked than if it was a boy. Finally, caregivers perceived protected sex as equally risky to sharing nudes with someone online for girls while viewing sharing nudes with someone online as significantly less risky than protected sex for boys.

Left unrecognized, such biases underservice and create barriers for both girls and boys.

Girls are presented with unique barriers for seeking help. They are shamed for their victimization and taught to shoulder personal responsibility in circumstances of potential abuse and exploitation. Boys are presented with unique barriers for receiving protection. They are not appropriately factored into risk considerations or included in subsequent attempts at safeguarding.

Recognition of these gender-influenced gaps is a particularly acute need given recent research suggests boys, especially younger boys (aged 9-12), have similar (and at times increased) risk levels related to SG-CSAM compared to girls. Research in this space must continue in order to gain a deeper understanding of these biases, how they intensify within kids' experiences, how they perpetuate different forms of risk, and how they can be effectively mitigated.

3. Caregivers perceive that their children would never engage with SG-CSAM or are too young. This, combined with a lack of confidence in speaking with their child about this topic or the tech they use, inhibits critical conversations between caregivers and their kids. Despite a majority of caregivers thinking a conversation about SG-CSAM should happen before a child turns 13-years-old, only 1 in 5 caregivers who have a child aged 7-12 say they have done so.

Research shows that young people are encountering SG-CSAM experiences — such as grooming or sharing nudes — often and at far younger ages than some might think. Decoupling caregiver perceptions that only "certain types" of kids have exposure to or experiences with SG-CSAM, or that this is only a topic for teenagers, is essential for interventions that focus on activating more caregivers to have open and ongoing dialogues with their children about the topic and its inherent risks.

THORN

Luckily, many caregivers are open to learning about this issue and are interested in resources that facilitate conversations with their kids. A range of opportunities exist to equip caregivers who are open and engaged: Developing informational content to reset caregiver understanding of this issue and the ages at which kids are beginning to navigate it; elevating information about how to access safety settings in specific platforms and communicating many of the positive reasons kids may engage on platforms that feel foreign to caregivers can help them meet their kids where they are with concrete steps to ensure they're safe in their preferred online environments; and delivering accessible scripts

with age-appropriate content can help caregivers and kids alike break the ice on this sensitive topic.

Unfortunately, online threats exist for anyone who has access to the internet. In the absence of protective and proactive conversations with children about these threats, kids are left without the language to describe or an interpretive lens through which to understand scenarios of possible abuse. In that vacuum, shame expands and harm compounds.

4. Not all kids have equal access to engaged or informed caregivers who can help safeguard them from the risks associated with SG-CSAM — and sadly, some caregivers hold extreme perspectives that could worsen outcomes for a child confronting a risky online experience. For instance, 1 in 5 caregivers are comfortable with their child being convicted of a crime or having to register as a sex offender if involved in an SG-CSAM incident.

Safeguarding kids online is not a simple binary focused on whether or not an adult in their life has spoken to them about a given topic or online threat. Rather, it is the substance and quality of those conversations that makes safeguarding possible and is what reinforces their child's

confidence in turning to a trusted adult when they experience online harms. Failure to talk to kids about these topics or conversations that inappropriately blame a child for the actions of others leave them isolated and vulnerable.

Currently, too many children feel they do not have a caregiver to turn to — because the conversation isn't happening, is toxic or threatening, or for many, because they simply do not have a steady caregiver physically present in their lives. This underscores the critical truth that safeguarding kids online requires strong networks of support, inclusive of caregivers, but not exclusive to them. Extended families, educators, medical professionals, law enforcement, policy makers, and tech companies all have a role in protecting young people online and supporting them if they encounter abuse.

Final Thoughts

Caregivers play foundational and vital roles in preparing their children to navigate digital worlds safely and to use technology responsibly. Access to the internet and the ability to explore one's developing identity online, behind the perceived safety of a screen, offers new coming-of-age experiences that previous generations did not experience themselves. In the absence of shared experiences, the gulf between caregiver expectations and a child's reality becomes exacerbated by ambiguity and generalizations.

Now more than ever, it's essential for caregivers to have direct and frequent conversations with their kids about their safety online, including conversations about SG-CSAM. This is particularly so given the unique risks that are present when sexual exploration and internet access mix.

It's essential to acknowledge that this research is best understood as a starting point. While all caregivers serve as a de facto first-line-of-defense for their children in safeguarding their development and fostering their resiliency, they are not a collective monolith; they do not all share the same understanding of the issue, of the technology involved, or the backing rationale behind the importance of having the conversation with their child. In fact, some caregivers' rationales may create and reinforce barriers that inhibit their ability to do so.

As a result, there is an acute and resounding need for caregiver support and resources that are capable of meeting them where they are and helping them get to where they need to be — to having open conversations with their child about the risks of SG-CSAM based on harm reduction messaging.

At the same time, it's also vital to acknowledge that not all kids have access to caregivers who create and nurture safe environments for their child's development. While engaged and informed caregivers can make all the difference, the reality is that not all kids have access to them. In their absence, kids need access to other support resources, both online and offline, including the activation of other trusted adults within their ecosystems as well as robust prevention and reporting mechanisms within platforms.

> "I [would] be really hurt and sad for my child…I [would] talk to the school first then talk to my child to know [to] whom the picture was sen[t] to and try to reduce the spread of th[e] picture. I [would] try and be strong [and] tell my child that it was a mistake and that it happens that there are a lot of nude pictures on the cyber network, it could happen to anyone and that it is okay [in] the end…
>
> The most important thing for me is to keep my child strong and not feeling bad and [to] support him or her."
>
> **CIS MALE, 35, WHITE, NORTHEAST**

THORN

Understanding the complex intersection of technology and child sexual abuse empowers us to safeguard kids from the ever-evolving threats they face online. Without direct insights from caregivers who are the first line of support for kids as they navigate their online experiences, we risk missing the mark in the development of valuable resources that can effectively protect them and foster their resilience.

THANK YOU

We are grateful to the parents and caregivers who took the time to participate in our research. Without their gracious participation, we would not be able to share these key insights about the role of caregivers in safeguarding kids online.

THORN