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Professionals' Confidence, Training, and Victim Blaming: Views on Physical and Technology-Assisted Child Sexual Abuse

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Abstract

Background Despite the rise in technology-assisted child sexual abuse (TA-CSA), limited research has considered professionals' understanding of TA-CSA compared to physical child sexual abuse (CSA). Understanding professionals' confidence, knowledge and individual factors affecting responses to TA-CSA could offer insights for training and preventative initiatives.

Objective This study explored professionals' training and confidence in responding to CSA compared to TA-CSA.

Methods The study analyzed responses of 177 professionals working with children (PWC) in an online survey consisting of vignettes describing a physical and a TA-CSA incident. Participants provided their perspectives on victim blame, perceived incident harmfulness, and completed questionnaires on individual factors such as empathy and belief in a just world.

Results PWC indicated more experience of CSA incidents through their workplaces, more training and more confidence compared to TA-CSA. Mental health and health care professionals reported more training and confidence compared to educators. Professionals tended to attribute more blame to the victims in TA-CSA scenarios and more blame to the perpetrators in physical CSA. No significant differences were observed between the two vignettes on perceived harmfulness. Among individual factors, only empathy influenced professionals' perceived harmfulness in TA-CSA scenarios.

Conclusions This study provides insight into PWC's understanding of TA-CSA and highlights the importance of developing evidence-based preventative and educational interventions, especially for educators.

Keywords Child sexual abuse · Technology-assisted child sexual abuse · Empathy · Just-world beliefs · Victim blame · Perpetrator blame · Harmfulness

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Introduction

Child sexual abuse (CSA) is a global phenomenon with a significant negative impact on society. Globally one in five girls and one in seven boys alive today have been subjected to sexual violence in childhood including contact and non-contact types (UNICEF, 2024). Considerable mental health and physiological consequences are related to CSA. Victims have three times the odds of developing an anxiety disorder, a borderline personality disorder or suicidal behaviour and more than twice the odds of developing depression or post-traumatic stress disorder (Chen et al., 2010; Hailes et al., 2019) or substance use disorder later in life (Norman et al., 2012). Physical health consequences have also been observed such as immune system and neurological disfunctions on minors (Lo Iacono et al., 2021). Moreover, the impact of child sexual abuse extends beyond the individual victim to society, where billions are spent on related services (Vera-Gray, 2023).

CSA is defined as any sexual activity performed on a minor, which they cannot understand and before the age of consent (World Health Organization [WHO], 2017). An important factor in this definition is the absence of the ability of consent (Mathews & Collin-Vézina, 2019).

Resulting from the rise of technology and minors' increasing internet exposure, a new phenomenon of CSA has emerged; the Technology Assisted-Child Sexual Abuse (TA-CSA), which occurs when someone uses internet technology to facilitate or engage in sexual activity with minors (Hamilton-Giachritsis et al., 2017). The seriousness of this phenomenon is highlighted by data indicating that lifetime exposure to online child sexual abuse was as high as 15.6% in a US sample and included phenomena such as online grooming by adults (7.2%), nonconsensual sexting (7.2%) and even self-produced child sexual abuse images (11%) (Finkelhor et al., 2022). Indeed, the development of technology has made it easier and more common for minors to interact with strangers online (Smahel et al., 2020). Adolescents' natural developmental need for affiliation with peers, along with their increasing desire for privacy (Keijsers & Poulin, 2013; Ragelienė, 2016), may contribute to the risk of online sexual exploitation (Dimitropoulos et al., 2022). Additional vulnerabilities include minors' growing online autonomy, their tendency for exploration of roles and identities online (Valkenburg & Peter, 2011) and adolescents' natural curiosity about sexuality, which are typical parts of maturation (Wurtele & Kenny, 2016).

Increased risks are also noted from the offender's side, as technology provides both direct and anonymous access to minors, abilities for undetectable production and distribution of minor exploitation material through peer-to-peer platforms (Cale et al., 2021), the use of anonymous browsers (e.g., Insoll et al., 2022; The Tor Project, 2025), and access to unsecured personal information posted online by minors to be used for extortion, coercion or image manipulation (Ali et al., 2023; Joleby et al., 2021).

The evolution of technology has therefore enhanced the possibility of online communication in multifaceted ways, opening the path to the distribution of sexualized images and other child sexual abuse material, grooming and luring and, in some cases, leading to in-person abuse (Cale et al., 2021; Joleby et al., 2020).

Research indicates that minors remain at a disadvantaged position in terms of the prevention of these phenomena. A systematic review assessing education and awareness interventions for preventing online child sexual abuse indicated that despite increases in knowledge, programs do not result in significant reductions in engagement in risky online behavior (Pat-

terson et al., 2022). Moreover, the perceived outdated and partial delivery of information in existing sex education programs (Astle et al., 2019), lack of parental skills for discussing the topic and concerns about addressing issues such as gender, age and context (Norman et al., 2012) and, at times, societal resistance to implementing sexual education programs (Santelli et al., 2021) may have contributed to limited efforts to prepare and protect minors against the risks emerging from the evolution of technology (Lameiras-Fernández et al., 2021).

TA-CSA has physical, social, psychological, and sexual impact on the victims. TA-CSA negatively affects minors' healthy development and later adult life (Joleby et al., 2020). Minors who experience TA-CSA may encounter complex and harmful impacts on their physical and mental health (Joleby et al., 2020). A scoping review focusing on TA-CSA (Chauviré-Geib & Fegert, 2023) indicated emotional, social and medical consequences, emphasizing reactions like self-blame, embarrassment, and shame (Gewirtz-Meydan et al., 2018) as well as disgust, shock and fear, among others (Hamilton-Giachritsis et al., 2017; Joleby et al., 2020). Social fears included concerns about being blamed by others for their role in the incident (e.g., Canadian Centre for Child Protection, 2017), losing relationships with family and friends and suffering academic deterioration (Wolak et al., 2011). The main physical impact systematically recorded across studies was sleep disturbance.

Given these substantial costs, efforts towards prevention and effective detection need to be continually researched and reinforced (Melkman, 2024). In this vein, studies indicate that developing the knowledge and confidence of frontline professionals who work with minors regularly and in a direct capacity, such as educators, child counselors, psychologists, pediatricians and community social workers—can be a significant factor in addressing this issue by increasing their capacity in both prevention and detection (Baker et al., 2021; Sigad et al., 2024). This is especially the case concerning new and technologically based forms of CSA, which have emerged more recently and may be more difficult to recognize and/or detect (Dimitropoulos et al., 2022). Indeed, their obscurity may lie in factors such as minors' reluctance to openly discuss or seek help due to high levels of embarrassment (Gewirtz-Meydan et al., 2018), professionals' lack of awareness of these types of risks or their underestimation of their seriousness (Hamilton-Giachritsis et al., 2021), and even the challenge of navigating or understanding technological aspects—such as the use of the dark web and anonymous profiles—which may disorient experts from recognizing these incidents, particularly given a lack of clear and effective safeguarding procedures related to such events (Lee et al., 2020; Ngo et al., 2023).

Nonetheless, the importance of PWC readiness and training is illustrated by epidemiological data by the U.S. Department of Health & Human Services Administration for Children and Families (2023) indicating that 70% of child abuse and neglect reports come from working professionals (20.7% of them being educators) and only 15% from friends and family members (Baginsky et al., 2022). Reports from professionals (particularly educators) appear to be more frequent and more likely to be substantiated than reports from non-professionals (Trocmé et al., 2005). Therefore, due to their close relationship and interaction with minors, PWC have a key role in targeting this issue and identifying CSA incidents. Countries such as the USA, UK, and Israel formally recognize this responsibility by designating professionals as mandatory reporters (Baker et al., 2021; Dimitropoulos et al., 2022; Sigad et al., 2024). Professionals are therefore a powerful source of reporting to protection authorities (Küçükaydın et al., 2023; Trocmé et al., 2005). This role is especially important if one considers the complex issues surrounding an abuse incident which may affect

whether a minor's disclosure happens within the family environment or not. Such factors may include whether the minor themselves labels their experience as sexual abuse, the relationships among the family unit, and fear of familial disruption (Alaggia et al., 2017), as well as the context in which the abuse took place, the perpetrator's age, and other factors (Lahtinen et al., 2018). However, studies show that with targeted training interventions, professionals can reduce the negative impact of CSA and TA-CSA, highlighting the need for further education on the topic (Alvarez et al., 2010; Golomb et al., 2016).

Knowledge on how to prevent, detect and eventually manage the harmful effects of TA-CSA has been eclipsed by the continually increasing risk of online abuse, however (Wurtele & Kenny, 2016). PWC must have the relevant skills and knowledge to protect minors and to be familiar with the two-stage process of reporting a concern, which involves sufficient knowledge to guide the first step of identification and then the second stage of reporting (Walsh et al., 2008). A previous study using questionnaires with closed and open questions with professionals exploring their understanding of TA-CSA has highlighted that PWC have significant difficulty at the first step due to difficulties in understanding the terminology of 'online child sexual abuse' and what this might include, leading to professionals not asking minors about the topic (Hamilton-Giachritsis et al., 2021). Similarly, a Delphi study with professionals specifically considering TA-CSA (Schmidt et al., 2024) indicated that participants agreed that practitioners require more training on definitions and assessment methodology specifically for TA-CSA (contrasted to CSA) and that there is a lack of training on this topic. In support, professional participants of a survey study by Dimitropoulos et al. (2022) also reported a low percentage of training (16%) in understanding how the internet or social media could be used for luring or the production of child sexual abuse imagery. Knowledge of how to identify a valid suspicion was found to facilitate the process of making a report in general CSA events (Melkman, 2024) while better-trained professionals were found to be more effective reporters (Gushwa et al., 2019; Mathews et al., 2017; Walsh et al., 2013). Similarly, Küçükaydın et al. (2023) indicated that education regarding CSA, awareness of sexual abuse and self-efficacy are predictors for intervention steps on behalf of PWC. Moreover, Sigad et al. (2024) found that prevention strategies not only increased educators' knowledge about CSA and understanding of their role in this phenomenon but also increased their sense of responsibility. However, despite the development and effectiveness of training programs to increase knowledge and confidence on CSA (Gushwa et al., 2019; Letourneau et al., 2015; Mathews et al., 2015), to our knowledge there are no studies examining the impact of TA-CSA training programs on professionals' identification or reporting skills. Notably, professionals still report needing additional training on identification, with the lack of knowledge being more highlighted for TA-CSA (Gushwa et al., 2019; Schmidt et al., 2024). Professionals also indicated that they did not have the necessary knowledge to support victims, while most of their training remains limited to physical CSA (Dimitropoulos et al., 2022) and not TA-CSA (Martin, 2016). However, the issue has significant consequences since a false negative judgment from a professional can severely impact minors by delaying the reporting process and allowing perpetrators to continue the abusive behavior (Lyon, 2007). To summarize, barriers may affect whether professionals report both CSA and TA-CSA incidents. Lack of awareness and lack of confidence can minimize the identification procedure and reporting rates (Greco et al., 2020; Gushwa et al., 2019). This issue is especially important on the newer phenomenon of TA-CSA.

Different professional groups have all reported low levels of expertise on the topic, irrespective of the frequency of their contact with minors. For example, previous studies indicated that, school staff, mental health professionals (Lindenbach et al., 2021) and social workers (Martin, 2016) reported low knowledge and confidence on the topic, specifically regarding TA-CSA. In the same study, teachers described themselves as less prepared than counsellors and psychologists to recognize and report CSA (Lindenbach et al., 2021), while kindergarten teachers indicated lack of knowledge about CSA, while they also believed that this was not part of their role (Oktavianingsih & Ayriza, 2018). Similarly, Pelisoli et al. (2015) reported that psychologists were the professional group with the most knowledge on CSA, although no studies have looked at this issue comparatively among professionals for TA-CSA.

Perceptions of Professionals Working with Children

Further, when it comes to knowledge, PWC's perception of the harmfulness of abuse incidents can affect how they respond to these events. For example, due to the anonymity and absence of physical contact, a previous study found that PWC rated TA-CSA incidents as less harmful to the victims than CSA incidents, viewing them as less important for intervening (Hamilton-Giachritsis et al., 2021). Similarly, sentencing standards in several countries are lower in cases involving technology than for comparable physical offenses; this may contribute to the development of a perception that TA-CSA is less serious and/or less destructive than CSA possibly reinforcing reporting avoidance (Kloess et al., 2019), although this dimension has received little attention in research. For example, in the case of Cyprus, the two types of CSA have a different legal status in terms of sentencing, TA-CSA incidents, result in lighter sentences compared to physical CSA offences, which have a maximum sentence of 15–25 years depending on the case, whereas TA-CSA could result in a maximum sentence of 10 years (Republic of Cyprus, 2014).

Another factor that may influence the perceived harmfulness of an abuse incident is the professional's level of empathy. Empathy as a skill can increase our understanding of other peoples' experience, increase our emotional connection to others and motivate appropriate supportive responses which may have a prosocial and altruistic form (Baron-Cohen, 2011). According to theoretical proposals considering the prevention of CSA, Mathews and Collin-Vézina (2019) and Man-Ging et al. (2015) claimed that heightened empathy can help a professional to not suppress their suspicions and concerns and investigate a child's experience leading to more willingness to report. The connection between empathy and supportive behavior was previously researched in the context of cyberbullying research, where, for example, lower empathy was found to be associated with higher blaming of the victim and less likelihood to intervene (Schacter et al., 2016). In sexual abuse situations, higher levels of empathy for the victim (Rimer, 2019) were associated with reduced blame (Maes et al., 2023; Miller et al., 2011). Sciacca et al. (2021) suggested that higher empathy influences the helpful response of a teacher to TA-CSA, whereas, in their study, teachers with lower empathy even tended to blame the victim. Although not directly investigated, it could be hypothesized that by placing blame on the victim, an incident will likely be disregarded, and the PWC will not initiate reporting procedures. On the other hand, empathy for the victim could be related to less blame, most likely because the spectator can sufficiently emotionally relate and connect to the possibility of somehow being involved in a similar incident

(Shaver, 1970). From a reversed perspective, based on the defensive attribution hypothesis (DAH), observers may blame victims to reduce their own perceived susceptibility to experience a similar difficulty in proximity (Shaver, 1970). Studies attempting to understand the mechanics of attributions of blame, support that by assigning blame, the observer can successfully distance themselves from the victim and feel protected from going through a similar difficulty because they are reassured that they can avoid a similar attack by simply being different from the victim (Burger, 1981). Given that TA-CSA involves no direct physical contact and may be influenced by minors' online behavior, it was hypothesized that TA-CSA would be associated with lower levels of empathy toward victims compared to physical CSA, which in turn may be linked with greater victim-blaming and reduced professional willingness to report. In other words, extra distance from the victim may be related to reduced level of perceived harm, allowing lower empathy for the victim. Despite this, to our knowledge, no studies have compared how trait empathy affects PWC victim blaming attribution on CSA and TA-CSA.

Additionally, studies have investigated the role of the just-world beliefs (JWB) on attribution of blame on physical sexual abuse in adults. According to the Just-World Hypothesis (Lerner, 1980), people believe that others get what they deserve. Studies on these beliefs have found that those who believe in immanent justice (injustice delivers punishment immediately) hold victims more accountable and blame them, whereas people who believe in ultimate justice (justice will be resolved in the long-term) or in an unjust world hold victims less accountable and blame them less for their actions (Maes, 1998). To clarify, people with high JWB are likely to place responsibility on the victims (Landström et al., 2015; Pedersen & Strömwall, 2013; Pinciotti and Orcutt, 2018), with previous studies showing such a defensive reaction against rape victims in people with high JWB (Sakalli-Ugurlu et al., 2007; Strömwall et al., 2013). It follows that this concept can also be used to comprehend how people respond to CSA. Although it may be hard to assume that PWC place blame on minors, the circumstances of TA-CSA may be obscure and the boundaries of risky behaviours on behalf of the minors vague. Comparatively, a study indicated that JWB predicted more blame to sexual abuse victims in online contexts compared to victims in offline contexts (Landström et al., 2015). Despite extensive research on the JWB and its function in victim blaming, its predictive influence on views on CSA and TA-CSA remains unexplored (Hetzel-Riggin et al., 2024).

Current Study

The current study addresses PWC knowledge gaps by investigating their knowledge on physical CSA compared to TA-CSA, along with their confidence in addressing physical CSA compared to TA-CSA and the role of trait empathy and Just World Beliefs on victim blame and perceived harmfulness. Despite the existence of some studies tracking PWC knowledge in European and non-European countries (e.g., Dimitropoulos et al., 2022; Hamilton-Giachritsis et al., 2021; Lindenbach et al., 2021), such a comparison between CSA and TA-CSA has only been reported in the UK (Hamilton-Giachritsis et al., 2021; Lindenbach et al., 2021) and Canada (Dimitropoulos et al., 2022). However, PWC knowledge can also be affected by local educational curricula and local continuous professional development policies. Therefore, knowledge of professionals in Europe remains underexplored. This study investigates this matter in the context of the South of Europe, and specifically in

Cyprus. The first aim of the current study was to investigate and compare the knowledge and confidence of PWC on CSA and TA-CSA, aiming to highlight whether more specialized training is needed in this area. The second aim was to investigate differences among PWC on knowledge and confidence regarding CSA and TA-CSA. The third aim was to evaluate professionals' perceptions of responsibility and to evaluate their perceptions of harmfulness to the victims of physical CSA and TA-CSA. Lastly, the fourth aim was to evaluate the role of individual factors affecting PWC perceptions of responsibility, and harmfulness, like trait empathy and JWB. The first hypothesis suggested that professionals would report less training and confidence in TA-CSA than in physical CSA, as found in previous studies (Martin, 2016). The second hypothesis suggested that different professions would have different levels of training and confidence, with mental health professionals having more training and confidence than other professions, as found in previous studies (Lindenbach et al., 2021). The third hypothesis stated that professionals would perceive physical CSA incidents as more harmful than TA-CSA, replicating the findings of Hamilton-Giachritsis et al. (2021) from a UK context. Our fourth and fifth hypotheses are concerned with individual factors and focus on the role of trait empathy and JWB. We expected that professionals with higher trait empathy would express lower victim blame and higher perceived harmfulness of both CSA and TA-CSA incidents, as supported by evidence in a previous study on CSA (Sciaccia et al., 2021). The fifth hypothesis proposed that higher Just World Beliefs (JWB) among professionals would be positively associated with greater responsibility attributed to victims, consistent with previous findings that individuals with stronger JWB tend to show higher levels of victim-blaming (Landström et al., 2015; Pinciotti and Orcutt, 2018).

Methods

Participants

The analyses were based on 177 professional participants after the removal of 93 individuals who did not complete at least 70% of the study's measures. Participants were recruited through convenience sampling. The mean age of the participants was 38.59 years ($SD=8.47$) with a range of 18–64. The majority of the participants were female (67.8%), and male participants made up 30% of the sample. All the participants indicated their nationality as Cypriot. Most participants had completed a master's degree (57.8%), and 25.6% had a bachelor's degree, 12.2% had a PhD, 1.3% had a high school diploma. The majority of the sample were educators (including secondary and primary school teachers, kindergarten teachers, principals), 66 of the participants were healthcare and mental health professionals, and seven of the participants were police officers. Due to the limited number of police officers, this professional group was excluded from the comparative analyses.

Materials and Measurements

Physical CSA and TA-CSA Vignettes

Vignettes are short descriptions of scenarios (Alexander & Becker, 1978; Steiner et al., 2017; Wilks, 2004). Vignette methodology requires clear explanations of the vignettes to

produce a more realistic setting and natural answers (Alexander & Becker, 1978) and to avoid leading language (Cromer & Goldsmith, 2010; Davies & Rogers, 2006). For this study, two different versions of the same vignette story were used, one indicating physical CSA and one indicating TA-CSA. Each participant read both vignettes in a counterbalanced order. The CSA vignette consisted of 208 words, while the TA-CSA was 228 words. The vignettes and the questions that were used were based on a similar survey focusing on educators, which was published by Lindenbach et al. (2021). Following each vignette, individuals were asked to respond to similar questions, adapted according to CSA type. The vignette questions can be found in Table 2.

Toronto Empathy Questionnaire (TEQ; Spreng et al., 2009)

The Toronto Empathy Questionnaire (TEQ; Spreng et al., 2009) is a self-report tool designed to assess empathy effectively and reliably as an emotional process. The 16 items that compose the TEQ are evaluated on a Likert scale from 0 to 4, with higher scores indicating higher levels of empathy. The scale encompasses a wide variety of traits that are frequently connected to the emotional component of empathy. These include conspecific generosity, empathy, sympathetic physiological arousal, and emotional contagion. Internal consistency reliability for the TEQ in the Greek population was acceptable with Cronbach's alpha equal to .72 (Kourmousi et al., 2017). For this study, the Greek translation of the TEQ was therefore used (Voultsos et al., 2022). The Cronbach's alpha for the scale in this study was .85.

Just-World Beliefs Questionnaire (JWB; Dalbert, 1999)

The JWB is composed of 13 items. Both the General Belief in a Just World Scale, which has six items, and the Personal Belief Scale of the Just World Beliefs Questionnaire, which has seven items, were employed in this study (Dalbert, 1999). The scale uses a 6-point Likert-style scale with 1 indicating total disagreement to 6 representing total agreement. According to Dalbert (1999), the General Belief subscale and the Personal Belief subscale had both shown acceptable internal reliability at the level of .68 and .82, respectively, in previous studies (Dalbert, 1999). For this study, a Greek translation of the JWB questionnaire was used (Tatsi & Panagiotopoulou, 2021). In our sample, the instrument had good internal reliability using Cronbach's alpha of .95.

Demographics Questionnaire

The participants were asked to state their age, gender, profession, and country of residence.

Design and Procedure

The survey took place online, using Qualtrics survey software in the Greek language. The study received bioethical permission from the Cyprus National Bioethics Committee (CNBC 2023.01.08). The authors declare no financial or non-financial interests directly or indirectly related to this work.

Recruitment was conducted through advertisements posted in local professional groups on social media platforms such as Facebook and Twitter (now X), targeting educators, psy-

chologists, doctors, and social workers. We aimed to reach all relevant online groups that could be identified and were willing to repost the study advertisement. Where possible, the posts were also shared via institutional platforms. Additionally, the study link was sent directly to professional organizations (e.g., schools, clinics) with a request to disseminate the information to their staff. No incentive was offered for participation. Each participant provided their online consent at the beginning of the survey, explaining the purpose and procedures of the study as well as their right to withdraw. Then they were assigned to read two vignettes in counterbalanced order on two different types of child sexual abuse (one physical CSA and one online TA-CSA). The vignettes are indicated in Table 1. Participants then responded to questions about their experience, training, and level of confidence to intervene for each type of CSA, attitudes on responsibility attribution for types of abuse and perceived harmfulness of abuse types (Table 2). Finally, they completed questionnaires on individual factors (trait empathy and JWB) and a demographics survey. By the end of the survey, they were debriefed and thanked for their participation.

Data Analyses

The data were analyzed in an aggregate form using IBM SPSS Statistics Version 29. To examine the hypothesized associations among the variables, Pearson correlations were used, while to evaluate differences in experience, victim blame, and perpetrator blame between CSA and TA-CSA we used paired samples *t*-tests. To address Hypothesis 1, that professionals would report less training and confidence in TA-CSA than in physical CSA, we used paired samples *t*-tests. To examine whether different professions would report different levels of training and confidence, and specifically to test the hypothesis that mental health professionals would have more training and confidence than other professions, we used ANOVA tests. To address our third hypothesis, that professionals would perceive physical CSA incidents as more harmful than TA-CSA, we used paired samples *t*-tests. For the remaining hypotheses regarding the impact of empathy and JWB, we used linear regression analyses. Cohen's *d* effect sizes were calculated for all group comparisons to indicate the magnitude of observed differences (Cohen, 1988).

Results

Correlations

The correlations were examined using Pearson Correlations. Table 3 shows the correlations among factors. All the correlations were in the expected directions.

Responses to Vignettes

Participants indicated that they experienced more incidences of physical CSA ($M=2.77$, $SD=1.43$) compared to TA-CSA ($M=2.06$, $SD=1.09$; $t(165)=6.48$, $p<.001$, $d=0.56$) being reported in their workplace. Professionals attributed more blame to TA-CSA victims ($M=1.71$, $SD=1.99$) compared to physical CSA victims ($M=1.12$, $SD=1.50$; $t(164)=-4.73$, $p<.001$, $d=0.34$). Perpetrators were blamed more in cases of physical CSA

Table 1 Vignettes used in the experimental design

Type of CSA	Vignettes
Physical CSA	Physical CSA: In the context of your work, you are asked to work with Joanna who is a 13-year-old girl. Recently you have noticed that Joanna has changes in her physical appearance at school and a change in her behaviour towards her classmates. Joanna expresses that she does not feel good about her appearance and that she feels lonely. Joanna has also mentioned to you the fact that she has been spending a lot of time with her dad's best friend (35 years old) lately. Joanna shares with you that a special relationship has developed between her and this person. She mentioned he understands her more than anyone else, including her parents. Deepening the conversation, Joanna (age 13) begins to refer to her dad's best friend (age 35) as her "boyfriend". She says she is very excited because he is her first boyfriend, but she is afraid her parents will be angry if they ever find out about their relationship. She asks you not to mention anything to her parents. Joanna shares with you that they have become closer, and she believes that soon she will feel ready to "complete this journey". She feels good when he touches her but sometimes feels embarrassed and ashamed of the things he encourages her to do
TA—CSA	TA-CSA: In the context of your work, you are asked to work with Joanna who is a 13-year-old girl. Recently you have noticed that Joanna has changes in her physical appearance at school and a change in her behaviour towards her classmates. Joanna expresses that she does not feel good about her appearance and that she feels lonely. Joanna has also mentioned to you the fact that she has been spending a lot of time with her dad's best friend (35 years old) lately. Joanna shares with you that a special relationship has developed between her and this person. She mentioned he understands her more than anyone else, including her parents. Deepening the conversation, Joanna (age 13) begins to refer to her dad's best friend (age 35) as her "boyfriend". She says she is very excited because he is her first boyfriend, but she is afraid her parents will be angry if they ever find out about their relationship. She asks you not to mention anything to her parents. They communicate frequently over the internet and text each other during the night. Joanna said he asked her to send him some pictures of her pajamas. She states that one time when he was taking pictures of her, he expressed to her that she could be a lingerie model. He told Joanna that he sent the pictures to some of his friends in the modeling industry

CSA=Child sexual abuse;
 TA-CSA= Technology-assisted child sexual abuse.
 The vignettes were used as experimental stimuli to assess professionals' perceptions across the two abuse contexts

($M=9.49$, $SD=.63$) rather than in TA-CSA ($M=9.07$, $SD=.82$; $t(165)=6.42$, $p<.001$, $d=0.57$). Results can be found in Table 4.

First Hypothesis

Based on the first hypothesis, we expected that professionals would report more training and confidence for managing physical CSA compared to TA-CSA. As predicted, paired

Table 2 Questions used to assess participants' responses to the vignettes

To what extent do you think the victim is responsible for the event?	Likert scale, 0=No responsibility to 10=Responsible
To what extent do you think the perpetrator is responsible for the event?	Likert scale, 0=No responsibility to 10=Responsible
To what extent do you think the events described were traumatic for the victim?	Likert scale, 0=No responsibility to 10=Responsible
Questions for Experience (e.g., Indicate how frequently you experienced CSA/TA-CSA at work?)	Likert scale, 0=Strongly disagree to 5=Strongly agree
Questions for Training (e.g., Indicate whether you received training to recognize changes in the child's behaviour that indicate an incident of CSA/TA-CSA)	Likert scale, 0=Strongly disagree to 5=Strongly agree
Questions for Confidence (e.g., Determine the level of the confidence you have to talk to other professionals about your concerns about CSA/TA – CSA incident)	Likert scale, 0=Strongly disagree to 5=Strongly agree

All items were rated on Likert-type scales as indicated

samples t-test indicated that professionals received more training regarding physical CSA ($M=23.62$, $SD=6.29$) compared to TA-CSA events ($M=17.78$, $SD=7.35$; $t(165)=10.90$, $p<.001$, $d=0.85$). Professionals indicated that they felt more confident to respond to physical CSA ($M=26.74$, $SD=7.77$) rather than in TA-CSA ($M=19.59$, $SD=8.79$; $t(118)=9.08$, $p<.001$, $d=0.86$). Results can be found in Table 5.

Second Hypothesis

ANOVA tests indicated that mental health and health care professionals ($M=44.58$, $SD=11.89$) reported more training compared to educators ($M=39.29$, $SD=11.01$; $F(164)=8.32$, $p=.004$). Similarly, mental health and health care professionals indicated more confidence to intervene in both CSA and TA-CSA ($M=51.57$, $SD=11.92$) incidents compared to educators ($M=40.43$, $SD=14.31$; $F(164)=21.45$, $p<.001$). Results can be found in Table 6.

Third Hypothesis

According to the third hypothesis, participants were expected to perceive physical CSA as more harmful than TA-CSA. Contrary to expectations, paired samples t-test did not result in significant differences between the two types of CSA on perceived harmfulness ($M_{physicalCSA}=8.61$, $SD_{physicalCSA}=1.74$; $MTACSA=8.44$, $SDTACSA=1.64$; $t(165)=1.29$, $p=.10$, $d=0.10$).

Fourth Hypothesis

A linear regression analysis was used to test whether individuals with higher levels of empathy attributed less blame to the victims in both CSA and TA-CSA scenarios. The result indicated that empathy did not influence victim blame attribution in the physical CSA sce-

Table 3 Pearson correlations between response to vignette, empathy, JWB, training and confidence

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Physical CSA Victim Blame	—														
2. Physical CSA Perpetrator Blame	-.26**	—													
3. Physical CSA Perceived Harmfulness	-.18*	.18*	—												
4. Physical CSA Experience	-.15†	-.07†	.20**	—											
5. TA-CSA Victim Blame	.60***	-.22**	-.16*	-.05†	—										
6. TA-CSA Perpetrator Blame	.00†	-.34***	-.18*	-.34***	-.14†	—									
7. TA-CSA Perceived Harmfulness	-.12†	.09†	.50***	-.06†	-.29***	-.33***	—								
8. TA-CSA Experience	.10†	.06†	.06†	.40***	-.11†	.21*	.21*	—							
9. Empathy	-.03†	.18*	-.05†	-.25***	-.12†	.31***	.26***	-.01†	—						
10. JWBgeneral	.02†	-.22*	.16*	.15†	.03†	-.33***	.02†	-.00†	-.11†	—					
11. JWBpersonal	.06†	-.27***	.14†	.29***	.08†	-.45***	-.05†	.02†	-.23**	.77***	—				
12. Physical CSA Education	-.12†	.07†	.20**	.49***	-.08†	-.04†	.25***	.40***	-.02†	-.09†	-.03†	—			
13. Physical CSA Confidence	-.10†	.02†	.23*	.60***	-.10†	-.02†	.20*	.38***	-.01†	.02†	.11†	.81***	—		
14. TA—CSA Training	-.02†	.11†	.16†	.00†	-.13†	.47***	.35***	.53**	.23**	-.17*	-.21**	.50***	.39***	—	
15. TA—CSA Confidence	-.07†	.11†	-.01†	.15†	-.15†	.42***	.31***	.61***	.20*	-.09†	-.13†	.48***	.47***	.88***	—

* $p < .05$, ** $p < .01$, *** $p < .001$, † $p < .10$

nario ($F(1, 163) = .102, p = .75$) nor in the TA-CSA scenario ($F(1, 164) = 2.223, p = .14$). A linear regression analysis was also implemented to evaluate whether empathy influences incidents' perceived harmfulness on physical CSA victims resulting in a non-significant influence, $F(1, 164) = .48, p = .49$. However, when considering only the TA-CSA scenario, individuals with higher empathy perceived TA-CSA as more harmful, $F(1, 164) = 11.90, p < .001, R^2 = .07$. Empathy therefore emerged as a significant predictor of perceived harmfulness in TA-CSA, $B = .05, SE = 0.015, \beta = .26, t = 3.45, p < .001$.

Fifth Hypothesis

A linear regression was implemented to evaluate whether high JWB would indicate higher victim blame. The results indicated JWB had no significant effect on neither CSA nor TA-CSA scenarios for the victim blame variable, $F_{Physical-CSA}(1, 163) = .38, p = .54$; $F_{TA-CSA}(1, 164) = .56, p = .46$.

Discussion

This study proposes a shift in focus from research that has traditionally examined professionals' knowledge and understanding of physical CSA, by including and comparing it to TA-CSA. It explored professionals' experiences, training, and confidence when working with minors, as well as their perceptions of victim blame, perpetrator blame, and the perceived harmfulness of both physical CSA and TA-CSA incidents, within the national context of Cyprus. This study replicated an important and alarming previous finding, reported in different national contexts (Killeen et al., 2022; Landström et al., 2015), indicating that professionals in Cyprus attribute more blame to victims of TA-CSA compared to victims of physical CSA. Although the effect size associated with this finding was small to moderate ($d = 0.34$), it nonetheless indicates a pattern consistent with prior evidence that professionals may hold more negative attitudes towards victims of TA-CSA. Killeen et al. (2022) explained that individuals are more prone to blame the victims, indicating that they are perceived as responsible because they decided to expose themselves to risk by using technology, while failing to consider that technology is nowadays a natural part of minors' lives (Ramiro et al., 2019). Future studies may explore possible reasons for victim blaming in TA-CSA and how to minimize this phenomenon. In this study, we attempted to consider the role of individual factors and how they might be associated with victim blaming by exploring the impact of empathy and JWB. We based these hypotheses on previous studies; however, these studies were conducted in different contexts (Landström et al., 2015; Sciacca et al., 2021; Strömwall et al., 2013). Importantly, in our study, empathy and JWB did not appear to be factors affecting victim blaming. On the other hand, empathy influenced professionals' perceptions of harmfulness only in the TA-CSA scenario, suggesting that this variable plays a role. The results also indicated that professionals attributed more blame to the perpetrator in physical CSA incidents than in TA-CSA incidents ($d = 0.57$), reflecting a moderate to large effect size and highlighting a substantial difference in how professionals evaluate perpetrator responsibility across the two contexts. As discussed by Hamilton-Giachritsis et al. (2021), it is possible that professionals are more aware of physical CSA and therefore fail to fully consider the harmfulness of TA-CSA, thus undermining its impact. It is suggested

Table 4 T-test results on response to the vignettes

Response to vignette	Physical CSA	TA-CSA	<i>t</i> (165)
Experience	<i>M</i> =2.77, <i>SD</i> =1.43	<i>M</i> =2.06, <i>SD</i> =1.09	6.48***
Victim blame	<i>M</i> =1.12, <i>SD</i> =1.50	<i>M</i> =1.71, <i>SD</i> =1.99	-4.73***
Perpetrator blame	<i>M</i> =9.49, <i>SD</i> =.63	<i>M</i> =9.07, <i>SD</i> =.82	6.42***

p*<.05, *p*<.01, ****p*<.001,
†*p*<.10

Table 5 T-test results for training and confidence

	Physical CSA	TA-CSA	<i>t</i> (164)
Training	<i>M</i> =23.62, <i>SD</i> =6.29	<i>M</i> =17.78, <i>SD</i> =7.35	10.90***
Confidence	<i>M</i> =26.74, <i>SD</i> =7.77	<i>M</i> =19.59, <i>SD</i> =8.79	9.08***

p*<.05, *p*<.01, ****p*<.001, †*p*<.10

Table 6 Professionals' differences in training and confidence

Variable	Mental health and health care professionals	Educators	<i>F</i>
Training	<i>M</i> =44.58, <i>SD</i> =11.89	<i>M</i> =39.29, <i>SD</i> =11.01	8.32**
Confidence	<i>M</i> =51.57, <i>SD</i> =11.92	<i>M</i> =40.43, <i>SD</i> =14.31	21.45***

p*<.05, *p*<.01, ****p*<.001,
†*p*<.10

that future studies further explore factors affecting victim blaming and develop training protocols to challenge professionals on this factor, reduce victim blaming and enrich their understanding of both types of CSA, specifically about TA-CSA.

Hypotheses 1 and 2

Professionals indicated more training and greater confidence in responding to physical CSA than in TA-CSA, with large effect sizes ($d=0.85-0.86$) suggesting a substantial difference in preparedness between the two contexts. Our study added to previous findings highlighting a similar gap in a European context. Previous research also suggested that professionals receive more training on physical CSA, resulting in gaps in their ability to identify and respond to TA-CSA cases while indicating a significant need to focus on more training on TA-CSA (Dimitropoulos et al., 2022; Hamilton-Giachritsis et al., 2021; Lindenbach et al., 2021; Martin, 2016). Technological developments and their impact on minors highlight the importance of professionals being able to address all forms of CSA (Hamilton-Giachritsis et al., 2021; Lindenbach et al., 2021). Mental health and health care professionals indicated more training and more confidence than educators in both types of CSA. In alignment with Lindenbach et al. (2021), educators reported being less prepared to intervene to both types of CSA incidences, specifically to TA-CSA, compared to counsellors and psychologists. Consideration is needed in terms of interpreting our study's findings. Increased confidence does not always suggest increased skills or completion of specialized training. Alternatively, mental health professionals may feel more confident due to experience or exposure to cer-

tain cases, rather than specialized training. Unfortunately, this question was not clarified and could be further explored in future studies.

As previous studies have suggested an association between confidence and decision-making, such as deciding whether to report or intervene, future research could further explore this relationship in the context of these incidents (Schooler et al., 2024). Nonetheless, this study is one of the first efforts to explore differences in training and confidence of different professions, considering TA-CSA as a separate form of CSA. Moreover, considering that education professionals are a primary source of disclosure (Baginsky et al., 2022) and considering their frequent interaction with minors, it is crucial to raise their knowledge on both types of CSA. Understanding the differences between the professions would also allow to build focused evidence-based interventions to address professionals' readiness and knowledge on managing these phenomena.

Hypothesis 3

Previous studies found that professionals perceived TA-CSA as less serious than physical CSA, suggesting that the lack of physical contact made TA-CSA incidents seem less harmful (Hamilton-Giachritsis et al., 2021). However, in the present study, no statistically significant difference was found in perceived harmfulness between TA-CSA and physical CSA ($d=0.10$, indicating a very small effect). Given the small effect size, this result should be interpreted with caution and does not provide evidence for a meaningful difference between the two types of CSA. The discrepancy with previous findings, which were limited to the UK context, may reflect regional or cultural differences such as variations in training or knowledge (e.g., lower levels of technology acceptance in certain regions). For example, in a recent Eurobarometer report (2025), citizens of Cyprus indicated a 12% rate of negative or very negative views on the impact of technology on society, placing the country in the mid-range in terms of attitudes towards technology among EU countries. Moreover, legislative measures, such as those separating TA-CSA from offline CSA through milder sentences (Kloess et al., 2019), may falsely give the impression that TA-CSA is less serious in some contexts (Hamilton-Giachritsis et al., 2021). Although these factors may help contextualize the result, it is equally possible that the lack of a significant difference reflects sample or response characteristics. For example, self-selection bias among professionals who may already have been attuned to the harmful nature of both CSA and TA-CSA, or social desirability bias leading participants to avoid indicating different levels of perceived seriousness in any situation related to child abuse. Nonetheless, the overall acknowledgment of the harmfulness of both forms of CSA among professionals may indicate awareness and motivation to engage in relevant training and intervention programs.

Hypothesis 4

Empathy in this study did not explain how professionals perceived victim blame, although it did influence the extent to which they perceived harmfulness in TA-CSA. Although Sciacca et al. (2021) suggested that empathy influences teachers' helpful responses to TA-CSA, where lower empathy was associated with greater victim blaming, our data did not replicate this finding. Considering that professionals with higher empathy toward victims are expected to respond more supportively than those with lower empathy, it is important to

further investigate and clarify the role of empathy to victim blaming. Few studies have explored how empathy affects professionals' perceptions of blame in physical CSA compared to TA-CSA incidents. Perceived similarity with the victim (e.g., "this could happen to children I care about") and higher empathy are associated with reduced victim blame, as individuals seek to protect themselves or those, they care about from the possibility of being blamed in similar situations (Shaver, 1970). Conversely, the defensive attribution hypothesis (DAH) suggests that individuals may blame victims as a psychological defense mechanism to distance themselves from the victim and reduce their perceived vulnerability (Burger, 1981; Roos & Jones, 2020; Shaver, 1970). However, the present findings did not support the DAH, as higher empathy was not associated with lower victim blame. A final consideration on our findings on empathy, however, is that they may be limited by the artificial context of responding to vignettes rather than to real cases. Future studies could further examine whether DAH processes emerge in more emotionally engaging or naturalistic settings such as using virtual reality vignettes or other realistic experimental paradigms.

Hypothesis 5

Finally, it was predicted that participants with higher JWB would attribute more blame to the victim. However, the results did not support this hypothesis. Previous findings indicated that, in instances of unjust events, a stronger JWB is associated with greater hostility toward the victim, attributing the cause to the victim's traits and decisions (Landström et al., 2015; Maes, 1998). Being aware of a sexual assault threatens individuals' JWB, and thus, blame is often placed on the victim to restore a sense of justice, arguing that the victim deserves punishment (Loseman & van den Bos, 2012; Strömwall et al., 2013). In contrast, Toews et al. (2016) found that victim blame was not directly correlated with JWB, although certain personal traits of the victim were found to either enhance or reduce blame. It is important to note that in the present study, neither victim nor professionals' characteristics which might interact with JWB were assessed. As with perceptions of harmfulness, it is likely that participants who agreed to take part in the survey may prioritize supporting the victim. Additionally, Toews et al. (2016) highlighted that indirect measures of JWB may reduce the social desirability bias often present in direct assessments. Indirect inquiry, as opposed to direct questioning, can lessen social desirability influences on socially sensitive variables, potentially revealing a stronger inclination to support JWB (Fisher, 1993). Following the suggestions of Toews et al. (2016), future research could explore the relationship between participant characteristics, JWB, and the method of assessment (direct vs. indirect) in the context of physical CSA and TA-CSA.

Limitations

The current study has some limitations. Considering that this study primarily focused on two professional groups, the questions were not specific to the professional field of each participant. Second, the sample size was limited, which somewhat reduces the generalizability of the findings. The sample was drawn from professionals working within the national context of Cyprus, and police officers were excluded from the analyses due to their small sample size. These factors further limit the generalizability of the results to other professional groups and national contexts, highlighting the need for future research to include police

officers and cross-cultural samples. However, the sample included a wide age range, encompassing professionals at both early and later stages of their careers, and recruitment took place in a country with a relatively small population. Third, questions about victim blame, perpetrator blame, and harmfulness were assessed using a single-item measure, which could reduce the reliability and validity of the findings. Single-item measures are associated with statistical limitations, including reduced reliability, lower validity of findings, and weakened statistical inferences (Allen et al., 2022). However, they also offer advantages such as greater accessibility and direct assessment of target constructs in easily understood contexts, while minimizing nonresponse bias and reducing the cognitive demands placed on participants compared with multi-item measures (Allen et al., 2022). Future studies may strengthen the results with multi-item scales to increase reliability or include individual or focus group interviews of professionals to reveal more in-depth understanding of issues. Future studies may also explicitly explore and identify types of TA-CSA which can facilitate physical sexual abuse as opposed to offences which are committed entirely online. Fourth, the vignette method employed cannot adequately illustrate how one will react in a real-life circumstance and, as a method, lacks ecological validity. The participants' comprehension of the vignette or how they would respond if the CSA was revealed to them in real life was impossible to evaluate. Although previous studies have supported the use of vignettes, research has shown that hypothetical scenarios may elicit emotional responses that differ in intensity from those experienced in real-life situations (Gonzalez-Gadea et al., 2018) or video-based vignettes (Dawtry et al., 2020; Gehenne et al., 2021). However, considering these limitations, the vignette methodology remains a well-established research approach that allows for the analysis of controlled scenarios eliciting relatively natural responses (Font, 2013). Future studies may use both vignette methodology and observational, archival study methodologies to enhance ecological validity.

Study Implications

The current study represents a significant advancement in understanding the training and confidence of professionals in Cyprus to respond to CSA and TA-CSA incidents and how they perceive physical CSA and TA-CSA incidents. This study underlines that professionals in this national context are more prone to placing accountability on victims in TA-CSA incidents than on physical CSA incidents, suggesting that limited training on TA-CSA may be associated with professionals' understanding and beliefs about perpetrator and victim blame. The results highlighted the importance of training programs to deconstruct possible victim-blaming cognitive distortions and reinforce the acknowledgement of perpetrator accountability in both types of CSA. The participants in this study covered the entire age range of 18–65 years, representing a spectrum from young adults at the start of their careers to individuals approaching retirement, making the sample indicative of the broader working population. While earlier studies concentrated on physical CSA, the current study advances the understanding of responding to two types of CSA, while improved identification and prevention are essential due to the consequences on victims (Joleby et al., 2020; Hamilton-Giachritsis et al., 2017). Both prevention and intervention of physical and TA-CSA depend significantly on professionals who interact with children and adolescents (Hamilton-Giachritsis et al., 2017; Lindenbach et al., 2021). This study highlights the importance of developing evidence-based strategies focusing on professionals' skills to identify, intervene,

and even prevent future CSA and TA-CSA incidents. Professionals may be more inclined to contact child welfare authorities if they are informed about both types of CSA. In practice, more training for TA-CSA is needed, focusing on techniques to prevent and recognize an incident, address possible misconceptions about physical and TA-CSA, how to communicate incidents with the relevant personnel or organisations and the necessary steps to provide support and therapy to the victims.

Conclusions

The results of this study showed that professionals, in Cyprus, had lower training and confidence in responding to TA-CSA compared to physical CSA. Mental health and health care professionals reported more training and confidence in addressing CSA compared to educators. Further individual and contextual factors that influence the perceptions of professionals about CSA incidences need to be explored to guide prevention efforts. These findings highlight the importance of further research and the development of evidence-based programs aiming to improve the knowledge of professionals on CSA and, more specifically, on TA-CSA.

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Access to Data The researchers take responsibility of the data and the accuracy of the data analysis.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

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Ethics Approval The study received bioethical permission from the Cyprus National Bioethics Committee (ID: CNBC 2023.01.08).

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