



ATSA

Pornography and Contact Offending

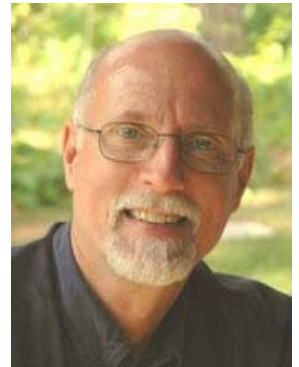
Authors' Note: Robin Wilson and David Prescott are part of the editorial for *the Forum*. In order to ensure transparency and the general acceptability of this article for publication, we enlisted the services of ATSA member Dr. Jeffrey Singer. Our many thanks to Dr. Singer for his helpful comments and suggestions.

Many people express concerns about the potential for a relationship between pornography and inappropriate sexual behavior. Any influences might aggravate, or mitigate sexual offending are important considerations for all concerned. As a result, it is not uncommon for persons who have sexually abused to be restricted from certain activities would have remained available to them had they not sexually offended. However, questions remain as to whether we are wisely using our professional energy and resources trying to prevent persons convicted of sexual crimes from being sexually active. This point extends to whether persons who have sexually abused should have access to sexually explicit materials.

There are many reasons not to like pornography. Women are, perhaps more often than men, objectified by pornography. However, both women men have raised questions about how pornography cheapens and depersonalizes sex. As men dedicated to sexual violence prevention, we concerned about both the demeaning representation of women and the unflattering portrayal of men (e.g., as piggish, self-absorbed, or uncaring) much commercial pornography. There are also concerns about the effects the depiction of unhealthy, violent, or potentially harmful sexual behaviors. There is an open question about the long-term effects of exposure to sexually explicit media. These are important considerations, as offensive as pornography is to many people, extant research does not support a causal relationship between pornography and sexual offending.

Defining pornography remains a challenge. In our field, this is not simply academic discussion. Sexual offenders are typically restricted from possessing any type of pornography, but there are no clear demarcations between artistic expressions of the human form, sexually suggestive images, erotica, or hard core pornography. When the legal consequences possession of any sexual media are so severe, defining pornography has never been more important.

In the USA, numerous court decisions, presidential task forces, and various think tanks have been unable to produce an agreed or useful definition of pornography. With the need for greater precision within our profession perhaps elsewhere in public discourse, our field would benefit from fine-tuning and distinguishing between various types of sexual media. Using "pornography" to describe all forms of sexual media is both imprecise and emotionally loaded. It can obscure treatment needs and interventions. Missed opportunities of therapeutically beneficial sexual imagery could



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inadvertently lead to more harm.

The historical perspective that sexually explicit images are offensive and therefore must be harmful is such a powerful narrative that it is difficult to close the gap between what we know about private sexual behavior and widespread public perceptions. We wonder whether some restrictions imposed on our clients are the considered application of good science or a default result of moral panic. If the latter is true, are therapists complicit in the unwarranted enforcement of social controls more than the healing arts of rehabilitation?

Gone are the days when pornography originated in adult bookstores or arrived discreetly in the mail. Most sexual media today is user-produced and shared through cell phones and the Internet. The use of sexual media, especially by male teens and adults today is not just normative, it is pervasive. Science has yet to show any key difference between those who "sex" and those who do not, except for the behavior itself. Consumption of sexually explicit imagery has been explosive in the last decade. Sexual content in cyberspace may account for more than 30% of data transfer of the entire Internet. Starting as teenagers, consumers are overwhelmingly male, but also include a significant percentage of women.

While some have suggested the US is becoming more "pornified," perhaps it would be more accurate to acknowledge that, globally, most societies are becoming more sexualized. The term "pornography" is no longer sufficient to suitably describe the expansive range of sexual media.

Though controversial and perhaps even counterintuitive, evidence of the adverse effects of sexual media has not been established. Other than child pornography, broad sexual media restrictions for most persons who have sexually abused does not appear to be supported by research. Frequently, restrictions on "pornography" for such clients include prohibition of every type of sexual media. Without knowing whether *some* level of exposure to *some* sexual media might have *some* adverse effects on human behavior, we use a "shotgun" approach to such restrictions. These squishy definitions and operations also compromise research.

We each entered the field of treating sexual aggression at a time when many professionals assumed that all persons who had sexually abused were at high risk to persist. Not only has this turned out to be untrue, but the rates of sexual aggression and re-offense have declined at the very same time as access to sexually explicit imagery has never been easier. An interactive relationship between these co-occurring trends has not been clearly established but they should cause us to reconsider our attitudes and beliefs about what is important in the treatment and supervision of persons who have sexually abused.

There has been limited research involving pornography's influence on sexual aggression. The strongest concern studies published in refereed journals include a potentially aggravating influence of routine pornography use by already at high risk for re-offending (and/or higher in entrenched antisociality, sometimes referred to as psychopathy). Certain types of pornography with high-risk offenders may also increase risk. Researchers such as Drew Kingston and Neil Malamuth appear to support the cautious position that without more conclusive research should evaluate higher risk situations on a case by case basis. To our knowledge, no studies have as yet produced a credible indictment of pornography usage among persons who have sexually abused. Arguably, the same information superhighway that provides access to pornography has also brought attention to the numerous media outlets that remind us that the impact of sexual violence is intolerable.

Two additional facts are worthy of consideration. First, both biased and impartial groups have been funding research for more than 50 years to find a connection between pornography and sexual offending, and none have been able to find any definitive link. Second, despite the explosion of sexual media since the advent of the Internet and rapid transfer of visual imagery, there has been no increase in rates of sexual offending—everywhere it has been studied around the world. In fact, in the same period, there has been a global decrease in sexual offending.

Several researchers have suggested that the correlation between pornography and sexual offending is either absent or inverse. A noteworthy advocate for this theory is sexologist Milton Diamond of the University of Hawaii. His published research on pornography and sexual offending in the US, Japan, and Europe persuasively argues that the relationship between pornography and sexual offending is negatively correlated. Diamond's research appears to hold true for the relationship between child pornography and engagement in contact offenses. If validated, the implications of such findings in mitigating contact offenses against children, as offensive as it may seem.

What might account for a negative correlation between pornography and contact offenses? Diamond and others theorized that sexual media may provide a vicarious satisfaction of sexual curiosity and/or a cathartic venting of libido. If this theory turns out to be correct, restricting most sexual offenders from having sexual media might not just be overly cautious, it might, in many circumstances, be counterproductive.

Kingston and Malamuth have challenged some of Diamond's research, but only to the extent that Diamond's aggregate data, while compelling, might not apply to certain individuals. Michael Seto has raised similar concerns with respect to certain risk factors and child pornography. These are important points for consideration. However, a ban on all sexual media for all persons who have sexually abused appears neither science-based nor justified.

At what point does research become conclusive? It may be that pornography currently remains too controversial and emotionally charged for effective public policy to emanate from good science. It may be that most pornography simply offends our professional sensibilities more than aggravating risk in people who have sexually abused. Nonetheless, our concern is that broad bans on sexual media may be squandering resources, at the expense of science-based treatment and supervision elsewhere.

These are not simply academic points. Revoking a person's parole or violating their probation because of behavior that is socially undesirable, rather than an established characteristic of risk or harm, can be costly to society as well as the individual. All too often, we implement public policies and impose restrictions on offenders because we want to believe we are doing something to help stop victimization. However, we should also consider that when we overreach with risk management, the result is not just poor public policy, limited resources are stretched thin.

Prohibition did not resolve the scourge of alcohol abuse in the USA; unwarranted bans on sexual media would not likely fare any better. Some have suggested that sexual media should be banned for sexual offenders, in the same way that drug addicts should be restricted from using drugs or alcohol. The analogy falls apart on four points: First, there is substantial evidence that abuse of alcohol is often a contributing factor to sexual misconduct (indeed, 70% of all rapes are drug/alcohol infused); while no empirical evidence indicates pornography is a contributing factor to sexual assault. Second, people can lead fulfilling lives while abstaining from the use of recreational drugs; while attempts to extinguish one's sexuality are likely to be unhealthy (celibacy or abstinence are not the same as being asexual). Third, while cultural acceptance is still evolving, the use of sexual media has become broadly normalized. And finally, it appears that most forms of sexual media may be more offensive to some than actually harmful.

Fundamentally, human sexuality in all its various dimensions needs to be responsibly managed. With that premise in mind, we are not suggesting that the use of sexual media by clients should be ignored. Following the model of Needs-Responsivity, the risk and need principles may guide the formation of effective therapeutic and correctional interventions. To that end, clinicians would be wise to thoroughly assess the effects of sexual media on individual clients (see appendix). Professionals should avoid restricting clients' access to sexual media based only on personal values, unsupported professional beliefs, or undocumented theories. Therapeutic efforts should be focused on managing abuse-related sexual interests and avoid over-controlling all sexual interests. Therapists can provide clients with education about healthy sexuality, with the end goal of a safe, fulfilling, and non-exploitive sex life.

There is now substantial evidence revealing the normative nature of sexual media; widely disseminated via the Internet and pervasively shared through social networking. While this trend is being fueled by young adults and teenagers, the potential deleterious effects of sexual media on children may be an unintended consequence. The potential psychological and social effects of depictions of sexual violence, from any medium, are open questions and we should remain vigilant about any possible adverse consequences.

Adults and teenagers (as a developmental task of adolescence) need to learn how to navigate the minefields of interpersonal sexual behavior, including sexual media. Sexual self-regulation is a social responsibility for everyone, not just an imperative for those who have sexually offended.

Given that science continues to better inform us about the psychological and social dynamics of sexual behavior, we should periodically review the *status quo*. When scientific trending suggests current policies or practices might be unfounded, outdated or, perhaps, even counterproductive, we should gather the professional courage to explore better pathways that might more effectively prevent or mitigate sexual offending.

Appendix

In assessing the effects of sexual media on individual clients, we suggest that clinicians might want to explore:

1. The client's history, current use, and experience with different types of sexual media.
2. The client's use of sexual media - compared to normative data.
3. Possible connections between certain sexual media and problematic sexual behaviors.
4. Escalating or compulsive patterns of the use of sexual media.
5. The possible relationships of sexual media to the index offense(s).
6. The use of sexual media as socially or psychologically avoidant/protective.
7. How sexual media could be interfering with relationships.
8. The use of sexual media to explore or satisfy sexuality curiosity.
9. How sexual media may be an element of libido management.
10. Whether clients might benefit from a modified use of sexual media.
11. The possible therapeutic or conditioning benefits of proscriptive sexual media.
12. Sexual media that might be contraindicated therapeutically or socially.
13. The legal hazards or consequences for accessing certain types of sexual media.
14. Limitations on certain sexual media for specific higher-risk offenders.
15. The various risk factors involved in client's access to sexual media via the Internet, cell phones, digital cameras, wi-fi communication devices, and social networking websites.
16. The degree to which clients can exercise internal controls in managing sexual media or to what level external controls might be beneficial to aid in risk management.
17. How clients can move from external controls to internal controls prior to discharge from treatment or supervision in anticipation of independent management (self-regulation).

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