

Treatment and Management of Child Pornography Use

Michael C. Seto, PhD^{*},

A.G. Ahmed, MBBS, LL.M, MSc, MPsyMed, MRCPsych, FRCPC

KEYWORDS

- Child pornography • Pornography • Paraphilias • Treatment • Management
- Sexual self-regulation

KEY POINTS

- Changes in technology, public policy, and law have resulted in a dramatic increase in the number of child pornography offenders presenting for assessment or treatment.
- Not all child pornography use is motivated by pedophilic sexual interests.
- The sex, age, and explicitness of depictions of children are relevant to considering the diagnosis as is the pattern and frequency of child pornography use.
- Child pornography use is sometimes a manifestation of hypersexual or compulsive sexual behavior.
- Comprehensive assessment is essential to effective treatment and risk management of child pornography offenders.
- Treatment and management strategies must take the motivations for child pornography use into account.

INTRODUCTION

Nature of the Problem

With the emergence of Internet technologies and the resulting dramatic increase in availability, affordability, and access to pornography online, there is increasing concern about child pornography use. This concern is predicated on the belief that easy access to child pornography will have undesirable effects, such as the desensitization and normalization of child sexual abuse¹ and future sexual offending against children (for reviews see^{2,3}). This concern, in turn, has led to significant public policy changes and new anti-child pornography laws in many jurisdictions. These policy

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Royal Ottawa Health Care Group, uOttawa Institute of Mental Health Research, 1145 Carling Avenue, Ottawa, Ontario K1Z 7K4, Canada

* Corresponding author.

E-mail address: michael.seto@theroyal.ca

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changes and the concomitant investment of law enforcement resources have resulted in a dramatic increase in the number of child pornography users who are entering clinical and forensic settings.⁴

Motivations to Offend and Types of Child Pornography Users

The preferred treatment and management strategy depends on a careful assessment of each user because intervention will depend, in part, on the motivations for child pornography offending and the type of child pornography offender being considered. It will also depend on the risk of reoffending posed by child pornography offenders.⁵ Child pornography offender risk assessment is discussed in more detail by Seto.⁶

The first motivation to consider is pedophilia, which is clinically defined as a persistent sexual attraction to prepubescent children.⁷ It is intuitive that child pornography use is associated with pedophilia on the assumption that individuals will seek out the kind of pornography they are most interested in. For example, most heterosexual men do not seek out male-male pornography or if they do it is infrequent. Research supports this notion. For example, Seto and colleagues^{8,9} found that most (61%) of the 100 child pornography offenders showed greater sexual arousal to depictions of children than adults when assessed in the phallometric laboratory; this was, in fact, a greater proportion than found among sex offenders with child victims, leading to calls for child pornography to be considered a diagnostic indicator of pedophilia.^{6,10} Another study in Germany found that most self-identified pedophiles and hebephiles responding to an offer of confidential clinical service admitted to child pornography use.¹¹ This finding does not mean, however, that child pornography use is synonymous with pedophilia; some child pornography users would not meet the diagnostic criteria for pedophilia, and some pedophiles may not use child pornography.

In some cases, child pornography use might be motivated by hypersexual or compulsive sexual behavior.^{12,13} Hypersexual disorder was considered for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) but was not accepted.¹⁴ In other cases, child pornography use may be a result of reckless or impulsive behavior or accidental access or curiosity. This finding suggests there are different types of child pornography offenders: a paraphilic group comprised of individuals who would meet the diagnosis of pedophilia; a sexually compulsive or hypersexual group who would need assessment and treatment regarding their sexual self-regulation; a group of impulsive, risk-taking individuals who require more general intervention regarding their self-regulation; and a relatively low-need group of accidental or curious users (see⁶).

Assessment and Diagnosis

The assessment and diagnosis of pedophilia (and other paraphilias) is discussed in detail elsewhere in this issue by Seto and colleagues (see also¹⁵). Self-report is essential to determine the role that hypersexuality or other motivations might play. Because of the stigma associated with the pedophilia label, some child pornography users will claim hypersexuality or nonsexual motivations instead. Differential diagnosis requires careful evaluation of the user's credibility, the legal and other stakes, and relevant behavior. For example, someone who claims hypersexual or compulsive sexual behavior would be expected to show other problematic sexual behavior, such as the use of other forms of illegal or extreme pornography, use of commercial sex services, and online sexual chat. Someone who claimed impulsive or reckless use of child pornography would be unlikely to have organized collections of child pornography (eg, by ethnicity, sex, age, or series of images).

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