Viewers of Child Pornography: A Psychiatric Perspective

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Child Pornography

Production

Access

Possess

“ Distribution”

For Profit

To Share (file Sharing)

Focus: access/possess/some who share

Accuracy of Language

- “ Distribution” (like drug distribution vs. sharing)
- “fuel the profit market”
- “Re-victimize” (eg; high school yearbook)
- “predator”
- “Violent Crime” (view cp)

Internet and C.P.

- Affordable
- Accessible
- Illusion of Anonymity (Disinhibiting)
- Can feel like a game (fantasy)

Fantasy Vs. Real-Life Interest

- Rape Fantasies :
- Men
- Women

Child Pornography-Real-Life Intent

Psychiatric Perspective RE: accessing C.P.

1. Motivation (Mental State)

2. Behavior

3. Consequences (presumed/ documented)

   legal sanctions (minimum sentences, guidelines)

   based on 2 & 3

Who is involved with Child Pornography

The age of Consent Issue

Differences between State and Federal Definitions:

Maryland- age of consent (16)

Federal- age of child (less than 18)

Examples

- 16 year old female sends Sexually explicit Photos of self to 17 year old boyfriend

- Maryland- Not a C.P. issue

Federal:

- 16 year old female
  produce/ Distribute C.P.
- 17 year old male
  receive/ possess C.P.
- How guidelines address

C.P.: Disproportionality Of Sentencing

- State(and many other countries)_____ generally less severe
- Federal_____ Minimum mandatory sentences
  “harsh” guidelines
- Club over head--- Threaten to “Go Federal”

Case Examples (Doctor X)

- 30 year old male (M.D.)
  Foster care- due to parental neglect
  Sexually abused
  numerous schools
  Exposed to porn as a child
- Several Months before arrest_ “discovered” C.P.
  @ 1 month prior to arrest- Disgusted with self-stopped.

Dr. *X*

- Obtained via file share

never produced

never “fueled” profit market

never used to “groom” (seduce)

never entered children’s sites on Internet

never “chat” with children

Publicity- no children ever alledge

No prior criminal record

- Polygraph

Dr. X

- Mental State:

  Felt guilty, embarrassed, ashamed

  Rationalized- privately view C.P. already there not cause others harm

- Generally- of " good character"

Federal Prison/ medical license revoked / etc.

Additional Cases

1. 78 year old man, ill, collect erotica, repaired computer
2. 18 year old gay man
3. TBI- Small number of image of children
4. College student, prestigious School- urges to voyeuristically view C.P. images
5. Autistic Spectrum- no sexual experiences
6. M.R.
7. Elderly- early dementia

   all – decent people (no prior criminal)

How to address fairly (minimum mandatary Sentences/ guidelines)

Purposes of Sentencing

1. Incapacitation
2. * Retribution (punishment)
3. Deterrence (general/ specific)
4. Restitution
5. Rehabilitation (if needed)

C.P. Sentencing- how address Rx?

General Deterrence (Prevention)

Requires Education re Consequences

Consequences in C.P. Cases

- Convicted felon
  Incarceration

Confiscation/fines/ Restitution
Registry

Difficulty with school/ job/ housing
Right to vote
Public Scorn

Family/ children- also stigmatized

Voyeuristically Driven (end in itself)

Does Deterrence work?

Need criminal justice component

Need public health component

ETOH as an example

- Cannot only:

  Punish/ register

- Need

  Research into causes, RX facilities, etc.

How can sentencing address this re C.P.

What being sentenced for?

1. ? What done
2. ? Fear- what may do
   (Preventative Detention)

Retrospective Data (not recidivism)

1. Butner (Hernandez et al)

2. Canadian Meta- Analysis (Seto et al)

N= 4464

- Known prior contact offense-- 12%

Six studies (N=523) included self reports.

- Self-reported prior contact-- @ 50%
- Content of self reports------ unclear

Prospective Studies

(Recidivism)

- Canada (seto)- N= 2630

1.5 to 6 year followup

New C.P. offense---------- 3.4%

Contact sex offense---------- 2%

No Known subsequent Contact offense-------- 98%

Conclusion (seto)

- Even if some undetected “ Subgroup of online- only offenders who pose a relatively low risk of committing

  a hands-on sex offense in the future”

Endrass Study (Switzerland)

- N=231 (6 year Followup)

  Prior “hand-on” sex offense ------- 2/231 (1%)

  Recidivism= new allegation, ongoing investigation, new conviction

  subsequent “Hands-off” Sex offense- 9/231 (3.9%)
  subsequent “Hands-on” Sex offense- 2/231 (0.8%)

  (one by prior “ hands-on” offender)

Sentencing Commission Study

- N= 610 federal (non- production) cases
  Sentenced 1999/2000

Followup--- average 8.5 years

- General Recidivism--- arrests
  convictions
  Registration violations
  "Technical" supervision violations

Results (N=610)

- General Recidivism ---------- 183/610 (30%)
- Sexual Recidivism ---------- 45/610 (7.4%)
- Sexual " contact" Recidivism ---- 22/610 (3.6%)
- No Known Contact offense post C.P. Conviction----- 96.4%

Sentencing in C.P. Cases

- ? Similar to history of sentencing during " war on Drugs"
  - ounce of M.J.
  - (proportionality)
- "War on Sexual Predators"

Treatment

1. Assess first (eg; chat with children)
2. Diagnose
    a. Pedophilia
    b. Other Specified paraphilic Disorder
        Elements
        1. Pedophilia
        2. Voyeurism
            *limited to Voyeristic
            Viewing of C.P.
    c. ? Any other
3. Treat/ manage

Treatment Outcome
(What treating)

- Principle---- Like ask outcome for drunk drivers
- Data---- Various meta-analysis demonstrate
  Rx effect(including antiandrogens)

Prevention

- Post public Service Announcements
  (including on cites used)

- When last hear such an announcement ?
  - Germany
  - California (Therapists report C.P.- counter productive)

Problem of Dehumanization

(demonizing pejorative)

- Deserving of treatment (diagnosis)
- Deserving of severe punishment

  (viewers of C.P)
- Betty Ford clinic (drunk drivers can kill)
- Lack of balanced advocacy (checks/ balances)

“Outsiders” view of Sentencing Guidelines

- Understandable concept---- Strange new math
- Human Element----- not apparent

Conclusions

- Must be safe (protect children)
- Context of being safe (just/fair)

- Must also protect:
  - Vulnerable populations (eg; autistic/paraphilic)
  - Fundamentally decent people(eg; naively curious)