An exploration of pornography use with offenders; attitudes and effects

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Abstract

Background: The concept of allowing offenders, residing in a secure environment, access to pornography can be a contentious issue. Pornography on its own comes with a large taboo surrounding it, but adding into the equation the idea of allowing people who may have committed devastating crimes access to pornography, can trigger anger and apprehension. The research regarding pornography use with sexual offenders is contradictory at times which increases the difficulty when attempting to understand its effects. Pornography is used by a large number of individuals currently residing in secure services; however, there is very little research exploring this. Thus, it can be difficult at times, as professionals working with offenders, to make decisions regarding their access to pornography. As such this thesis targets these gaps within the literature.

Aims and objectives: The overall aim of the thesis was to explore offenders' use of pornography. The thesis then focuses primarily on how staff working within a therapeutic context, which houses such offenders, feel towards them having access to pornography. The following four research questions were used:

1. What does the existing literature base say about the use of pornography, and the relationship between pornography exposure and sexual offending in males, in general?

2. Do decisions regarding access to pornography differ based on the gender and offence of a patient in a secure hospital? Do personal attitudes towards pornography impact decisions regarding a patient's access to pornography?
3. What are the psychological underpinnings of how decisions regarding access to pornography are made in secure hospitals? How is access to pornography managed?
4. Is the Attitudes toward Pornography Scale (ATPS; Evans-DeCicco & Cowan, 2001) a robust psychological tool that can be widely applied within research?

Methodology: To answer the above research questions, a number of methods were used. Firstly, a systematic literature review was conducted to search the current literature base to determine the use of pornography at different periods to determine whether sexual offenders had a higher frequency of pornography use than controls. Its aim was also to provide an understanding of the effects of pornography on sexual offenders to determine if there is any causal link. Secondly, I conducted an empirical research project using a mixed methods design, which comprised of two studies, one quantitative and one qualitative. The quantitative study explored the impact of gender and offence on both staff members and non-staff members decisions regarding a patient's access to pornography. The research also determined whether there were differences in attitudes toward pornography for staff and non-staff. An online questionnaire was

used to gather quantitative data and statistical analysis of the data was conducted. Following on from this a second study was conducted using a qualitative methodology. The participants for this study were six volunteers from the staff sample within the first (quantitative) study. These were staff members who all worked in a private sector secure hospital. This research looked at providing a more in-depth understanding of staff members' attitudes towards pornography, and their decision-making regarding pornography access within a secure hospital. Finally, research question four was answered through a critique of the ATPS (Evans-DeCicco & Cowan, 2001) with reference to its utility within research and psychometric properties.

Overall Findings: The findings from the four chapters were as follows:

1. The systematic review identified that there was not a consistent relationship between early exposure to pornography and offending. However, there did appear to be a link with pornography and its use either just before or during the offending. There are often inconsistencies in findings from research. These inconsistencies primarily related to differences in methodologies, sampling and a lack of agreed definitions.
2. The empirical research suggested that personal attitudes toward pornography impacted on decisions regarding a patient's access to pornography. The gender of the patient did not appear to affect the results; however, the offence the patient had committed did. Both

the staff and the non-staff sample were least likely to respond that a sexual offender should be given access to pornography than a violent offender or non-offender. There was no significant difference between staff and non-staff attitudes towards pornography.

3. The secondary research identified a number of themes related to pornography use in secure hospitals. Staff members often voiced concerns about the possible negative impact that access to pornography could have on the patient. Suggestions of the therapeutic use of pornography and the need to normalise sex were highlighted. Decisions regarding access to pornography were often made as a team however, at times decisions appear to be based on their own attitudes.
4. The psychometric critique suggested that the ATPS (Evans-DeCicco & Cowan, 2001) has a number of issues related to its reliability and validity, which need to be addressed within future research. Thus, the psychometric tool may not be a robust assessment of attitudes towards pornography. However, to date, it is the only tool that directly measures attitudes toward pornography.

Statement of authorship

Chapter one has been published in Aggression and Violent Behavior.

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Thesis Introduction

It is rare nowadays to be able to turn on the television or walk down the street without seeing an advertisement containing some form of nudity or possible sexually arousing image. Alongside this, advances in technology means that through the use of the internet, pornography is accessible to anyone, from anywhere. The internet allows a person to access pornographic material at any time, be anonymous in doing so and such material is often free of charge (Cooper, 1998). As such, the pornography industry is ever growing.

This research thesis aims to explore the current literature base of pornography use and sexual offending, as well as attitudes towards pornography use with offenders. The inspiration for this thesis was the author's own observations regarding clinical discussions about access to pornography with offenders, in forums such as ward rounds and Care Planning Approach (CPAs) meetings, whilst working in a secure hospital. As a clinician, I felt that during such discussions individuals within the multi-disciplinary team (MDT) were basing their judgement, regarding a patients' access to pornography, on their own attitudes toward pornography. At times I felt that decisions made were subjective and not based on the patient's risk or offence formulation. I also noted a significant reluctance to allowing sexual offenders access to pornography without there being a clear rationale. As such, I felt that it was important

to assess the attitudes of staff working in secure hospitals. The existing research suggests a number of effects of pornography on offenders, which at times can be contradictory and confusing, and as such this thesis aims to amalgamate the findings, as well as exploring the possible implications of these.

Ethical and legal considerations

The impact and use of pornography cannot be understood without first thinking about the ethical and legal issues that come with it. The feminists who strive towards a regulation or ban of pornography are aimed at protecting women from harmful men, but ultimately protection from the view of women that the pornography culture has created. In regards to pornography, the underpinning begins with a moral code, or conduct. A person's inner feeling and response to the idea and practice of pornography, and some arguments are based on the harmful outcomes that pornography may produce. However, free will and equal rights are in fact part of legislation. Furthermore, the term pornography can engross both legal and illegal content. Therefore, it is important to finally understanding what impact pornography actually has.

Defining Pornography

One particular issue within pornography research is the difficulty defining pornography; there is no unitary definition of pornography and what constitutes pornography has changed considerably over the years. The

definition provided by the Oxford Dictionary (2018) is *"printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate sexual excitement."* However, definitions appear to vary between cultures; at present, there is no universal definition of pornography. The Attorney General's Commission into pornography in 1986 defined pornography as *"material predominantly sexually explicit and intended for purposes of sexual arousal"* (p. 228-229). A couple of years later, Mosher (1988) defined pornography as *"commercial products designed to enhance sexual arousal"* (p.68). However, changes in technology and the internet means that pornography is now freely available online and as such Mosher's (1988) definition appears outdated. Since, Segan (2005) has provided the definition as *"sexually explicit texts, pictures or other material whose purpose is to cause sexual arousal"* (p.101). This therefore highlighted some of the contextual changes within modern day society. Hald, Malamuth and Yuen (2010) used the definition *'sexually explicit material intended to create sexual arousal in the consumer'* (p. 15). This definition will be used throughout this thesis as it captures the sexual arousal element of the material whilst not limiting it to any particular form of broadcasting.

The evolution of pornography

The idea of pornography is not a contemporary phenomenon that has only existed within the last few decades. In fact, archaeologists discovered erotic art in ancient Rome (Ferguson & Hartley, 2009). However,

pornography usage has been considered by society as undesirable (Attwood, 2005) and concerns have been raised within research regarding the possible negative consequences of pornography use. These include negative attitudes towards women (Hald, Malamuth, & Yuen, 2010) and the negative impact on behaviour, such an increased sexual violence (Attwood, 2005). Nevertheless, the music industry has seen one of the biggest changes with highly sexualised content being displayed on a regular basis (Ey, 2016). Although, this does not constitute pornography, it demonstrates the regular use of sexualised content within the media.

Sexualised content in the media

As aforementioned, the modern day world has seen a significant rise in the use of sexualised content within the media. This brings about questions regarding how such sexualised images and messages are affecting us and influencing cultural norms. A likely explanation for this is the increase in the use of the internet. Until the last decade, there was a way to attempt to ensure that sexualised images and pornographic images were targeted to the right audience (Papadopoulos, 2010). Cooper (1998) provided the theoretical explanation for this and noted that a key element of the online environment, which may have contributed to this increase, is the anonymity of using the internet. It is no longer the case that people walk into a newsagent and need to verify their age when attempting to buy a pornography magazine or DVD. Thus, accessing pornography via the internet reduces this possibility and allows the

consumer to access pornography from anywhere is the world, through just one click of a button. A review by the Scottish Government, in 2010, noted that over sexualised content can have a significant impact on people's body image, gender inequality, as well as the mainstreaming of the sex industry and increase in sexualisation and violence (Papadopoulos, 2010). With the rise of the internet, it is not now a case of if a young person will be exposed to pornography but when. Early sexualisation can lead to the normalisation of sexualised content, and shape a young person's attitudes, beliefs and sexual knowledge in a way that is unrealistic and possibly dangerous. Above all, comes the increase in pornography containing themes associated with aggression, violence, power and control (Bridges, Wosnitzer, Scharrer, Sun, & Liberman, 2010). As such it was recommended that pornography and its effects should be included in schools as part of the sex education programme (Papadopoulos, 2010). However, a big question is whether this is possible given the contradictions within the literature about the effects that pornography has.

Pornography and offending

The notion of pornography comes hand in hand with concerns around the effect this material has on society. This has triggered significant financial investments into the possible effects of pornography beginning in the 1980's (Attorney General's Commission on Pornography, 1986). The aim of this commission was to attempt to form conclusive answers regarding

whether a relationship existed between pornography and offending. It concluded that there was a causal link between the use of pornography and violence towards women. Although, the report did suggest that such effects were more common for pornography containing violence, it felt that this effect was generalised to include all pornography (Ferguson & Hartley, 2009).

The recorded prevalence of sexual offending in England and Wales in 2016 increased by 20% compared with the previous year (Office for National Statistics, 2017). Thus, a key question may be whether this is linked to the increased availability and accessibility of pornography. Not only this, but also more importantly, the effect pornography may have on those with already deviant sexual interests, such as sexual offenders. Some researchers suggest that pornography is harmful for individuals with particular personality characteristics, such as hostile attitudes (Malamuth, Addison, & Koss, 2000).

The research with non-offending populations is often contradictory and results vary depending on the methodology used. For example, the literature suggests that the effects of pornography vary in experimental and non-experimental studies. Hald and Malamuth (2015) conducted an experiment on a Danish population, to investigate the effects of a personality trait (agreeableness), past pornography use, and experimental exposure to non-violent pornography, on attitudes

supporting violence against women. They found that high levels of past pornography use significantly predicted attitudes supporting violence against women. However, experimental exposure to a hard-core pornographic videos only increased attitudes supporting violence to women in men who were low on agreeableness. Hald, Malamuth and Yuen (2010) conducted a meta-analysis and found that, in non-experimental studies, there was a relationship between pornography use and attitudes supporting violence against women.

Despite the high volume of research, the causal link between pornography and offending is still confusing. Carter and Prentky (1986) found that, as adults, their sample of 26 child sexual offenders used more pornography than their sample of 38 adult rapists, and were more likely to incorporate pornography in their sexual offending, for example, viewing pornographic photographs before having contact with the victims (Carter et al., 1986). Whereas, Cook and Fosen (1971) found that convicted sex offenders reported less frequent exposure to pornography and exposure to less sexually explicit content than a comparison group of non-sexual offenders. Recently, Saramago et al. (2019) reported that while for some individual's pornography did not appear to play a role in their offences, there were others whose prolonged use led to more sex fantasies and urges to enact the visualised contents. Thus, pornography does not have the same effects on all people. As such, it is still very difficult to draw firm

conclusions regarding whether this is a causal link or not (see chapter one).

Pornography use in secure services

Given the above concerns regarding the effects of pornography and the increase in sexual offending rates (Office of National Statistics, 2017), debate has turned to the access of pornography by sexual offenders currently residing in secure services. The Fallon enquiry (Fallon, Bluglass, Edwards, & Daniels, 1999) noted the extent of pornography use within one high secure environment, leading to possible breaches within security. Therefore, there is still a need to consider the security related factors with regards to pornography access in secure hospitals, and whether it is even possible to safely manage access to such materials. This is particularly relevant in services such a high secure and medium secure environment whereby there is a need for restriction to protect the public and to promote a safe rehabilitating environment. It was often the case, in my clinical experience, that patients (including sexual offenders) would request access to sexually explicit material. However, this leaves the question of whether individuals who are sectioned under the Mental Health Act (2003) should be given access to such material and whether such services are equipped to deal with these requests, whilst keeping in mind the need to maintain security. Furthermore, it is important to understand whether secure hospitals have policies in place regarding pornography to support this process and safeguard professionals in their

decision making. As such, it is essential to explore how any access to pornography would be safely maintained and what environmental and security factors need to be considered when making this decision.
On the other hand, given the recent movement within clinical practice to reducing restrictive measures and avoiding the use of blanket bans (Department of Health, 2014), the ability to restrict pornography access within secure services may be questioned by commissioners and indeed the patients themselves. As such, research is needed to explore the attitudes of staff working within secure hospitals, to the concept of pornography use with offenders. This will enable us to understand what impact attitudes have in regards to how access to pornography is assessed, how attitudes develop and how pornography is managed in secure hospitals.

Measuring Attitudes

It is important to consider attitudes to pornography, particularly in regards to pornography use in secure hospitals, where individuals may have committed sexual offences. Beckler (1984) developed the Tripartite model of attitudes which suggests that attitudes are split up into three separate components (ABC):

1. Affect relates to the emotional reaction a person has towards something.
2. Behaviour relates to the way a person behaves as a result of the attitudes they hold.

3. Cognition relates to the thoughts a person has, for example, attributions or stereotypes (Harper, Hogue, & Bartels, 2017).

Therefore, if a member of staff has a strong negative belief about pornography (cognition), this is likely to result in negative emotions towards pornography use (affect) that may influence their decision making regarding a patient's access to pornography (behaviour).

Implications

It is important as a researcher to examine attitudes. By doing so we are able to partly understand why people support the policies that they do, as well as how attitudes may be made more or less positive. As highlighted above, attitudes influence behaviour, therefore by understanding attitudes we are able to maybe understand the behaviour that follows. Negative staff attitudes regarding pornography with offenders may in turn lead to restrictive practices. As researchers if we are aware of the attitudes individuals hold, we can try understand its impact on clinical decision making. It is important to strike a balance within this.

Thesis aims

The aim of the thesis was to explore pornography use with offenders whilst considering the clinical implications of this. To do this, it was important to understand the current literature base, to identify the use of pornography by male sexual offenders, and whether a relationship exists

between pornography and sexual offending (chapter one). From this it was then felt that it would be useful to explore how staff working in a secure hospital respond to a patient requesting access to pornography. Attitudes toward pornography, particularly the attitudes of staff working in secure hospitals, has received limited research historically (Mercer, 2013). As such, it is important to understand how attitudes affect decision making as well as other factors such as the patient's gender or offence (chapter two). However, this was only explored quantitatively and so it was essential to also gather some qualitative research. Consequently, this was explored even further in the second research project to understand what factors are considered when giving a patient access to pornography and how access is then managed (chapter three). The ability to assess attitudes towards pornography was explored with a psychometric critique of the Attitudes toward Pornography Scale (Evans-DeCicco & Cowan, 2001). This is the only psychometric tool that measures attitudes towards pornography (chapter four). Finally, the conclusion brings together the findings of each chapter and considers the clinical implications of these.

Chapter One

The Use of Pornography and the Relationship between Pornography Exposure and Sexual Offending in Males: A Systematic Review

Abstract

Background: Exposure to pornography is common, although research examining the use of pornography by sexual offenders, and the relationship between exposure to pornography and offending, is contradictory. The purpose of this systematic review was to determine whether there was an association between pornography exposure and sexual offending in males.

Method: A comprehensive search of eight electronic databases was undertaken to systematically identify literature relating to pornography and offending. Reference lists of key journals were hand searched and contact was made with experts in the field to identify any unpublished work. A total of twenty-one studies were included in the review and all were assessed using a quality criteria tool adapted from the Critical Appraisal Skills Programme (CASP, 2018).

Results: From the twenty-one studies included in the review, studies explored both early (often adolescent) and current pornography use. Studies exploring the effects of pornography assessed whether pornography incited sexual offending, recidivism, severity of the sexual offence and deviant sexual fantasies. The data synthesis indicated there was not a consistent relationship between early exposure to pornography

and offending however, there was a link with pornography use being an instigator for offending.

Conclusion: The review yielded mixed findings largely due to variations in samples and a lack of agreed definitions for pornography. Recommendations are provided regarding the need for more recent longitudinal studies able to capture any possible changes within the pornography literature and its effect on sexual offenders.

Introduction

There is a growing belief globally that pornography has a range of negative effects (Zillman & Bryant, 1982; Flood, 2009; Malamuth, Hald & Koss, 2012). One of the most prominent concerns is the effect of pornography on attitudes and behaviour. Bridges, Wosnitzer, Scharrer, Sun, and Liberman (2010) conducted a content analysis of the best-selling and most rented pornography videos and identified that 88.2% encompassed physical aggression, and 48.7% contained verbal aggression. Moreover, the perpetrators of the aggression were mainly males with a female victim. A critical question surrounding pornography is the relationship between exposure to pornography and offending. Thus, does early exposure to pornography increase the likelihood of a person becoming an offender and does pornography incite a person to offend? The typical hypothesis is that individuals who engage in sexual criminality use pornography more frequently, or that pornography has a stronger effect on sexual offenders when compared to the general population (Paolucci, Genius, & Violato, 1997). However, Ferguson and Hartley (2009) conducted a literature review to compare the effects of violent and non-violent pornography exposure and noted that pornography must be violent to affect aggression, and violent pornography is extremely rare (Ferguson & Hartley, 2009). However, as highlighted by Bridges, et al., (2010) a large amount of pornography does indeed contain violence. Consequently, the relationship between pornography and offending needs to be explored further, to support our understanding of the relationship,

and what implications the relationship may have with regards to the risk management of sexual offenders, specifically relating to their use of pornography.

Social Learning Theory

One theory that has previously been used to explain the relationship between pornography and sexual offending is Bandura's Social Learning Theory (Bandura, 1973). By applying this theory to pornography, viewing pornography may affect the consumer's behaviour. Thus, when the consumer views pornography it creates either a physiological or psychological response. The consumer then views this response as desirable which implies to the consumer that, if the behaviour depicted within the pornography is performed in 'real' life, the same desirable response should occur. Consequently, the pornography *'serves as a basis for future behaviour'* (Allen, D'Alessio, & Emmers-Sommers, 1999, p. 140). Seto, Maric, and Barabaree (2001) highlighted that when an individual masturbates to pornography, the arousal may positively reinforce the behaviour that the individual may then interpret as rewarding. It is possible that masturbating to pornography could increase the likelihood of the individual engaging in sexual behaviour similar to that being observed in the pornography (Seto, Maric, & Barabaree, 2001). It could cause particular issues in terms of harmful pornography, such as that involving the use of violence, whereby violence may be inadvertently associated with sexual pleasure.

Excitation Transfer Theory

A further theory that can be used to explore the association between pornography and offending is Excitation Transfer Theory developed by Zillman (1974). This theory emphasises that exposure to arousing stimuli, such as pornography, causes an enduring arousal that may last for some time. This arousal therefore intensifies the reaction to subsequent sexual stimuli.

Effects of pornography

A number of researchers have explored the link between pornography and sexual aggression within non-offending populations. For example, Vega and Malamuth (2007) explored the role of pornography in the context of risk factors associated with sexual aggression within a group of male university students. They found that excessive pornography consumption added significantly to the prediction of sexual aggression. Furthermore, for those men who were considered high risk of committing a sexual offence, pornography consumption increased their risk of sexual aggression. Therefore, for men who scored higher on both general and specific risk characteristics, such as impulsivity and hostility, frequent use of pornography increased their risk of sexual aggression. Allen, D'Alessio, and Emmers-Sommer (1995) conducted a meta-analysis, and found that there was a small correlation between pornography exposure and acceptance of rape myths. Rape myths are false beliefs used mainly to

shift the blame of rape from perpetrators to victims (Suarez & Gadalla, 2010). Thus, it is possible that pornography, which depicts coercive sex and often violence, causes individuals to develop negative attitudes towards women and therefore makes them more likely to be accepting of rape myths (Allen et al., 1995). However, this meta-analysis was criticised by Hald, Malamuth and Yuen (2010) due to its methodological and analytical flaws. Hald, Malamuth, and Yuen (2010) believed that several studies should not have been included in Allen, D'Alessio, and Emmers-Sommer's (1995) meta-analysis because of the definitions, sampling and assessment they used. Paolucci, Genius and Violato (2000) suggest that pornography consumption, especially violent pornography, is supportive of violence towards women.

Determining a causal effect

In order to explore the effects of pornography, some researchers have adopted experimental methods. These have generally involved exposing the participant to a range of pornography and assessing their attitudes (Allen, D'Alessio, & Emmers-Sommer, 1995) and sexual behaviour, for example sexual aggression (Vega & Malamuth, 2007). However, the data from these studies are self-reported and therefore there is potential for the results to be biased due to the potential for impression management by participants. Other studies have utilised physiological responses to pornography, such as a penile plethysmograph (Looman & Marshall, 2005). However, the ecological validity of such findings is limited as

participants were exposed to pornography in a laboratory setting. Therefore, the exposure to pornography was not one of a natural occurrence. More recently, Kingston, Malamuth, Federoff, and Marshall (2009) suggested that *"pornography consumption, through a variety of mechanisms may facilitate the likelihood of future sexual aggression, particularly among individuals with a predisposition for sexual offending"* (Kingston et al., 2009, p. 227). They suggested that rather than viewing pornography and offending as a causal link, individual and cultural differences should also be considered. That is, personality, home environment and peer environment could all be moderating variables in the effect of pornography (Kingston et al., 2009).

Understanding the effect of pornography is complex (Ferguson & Hartley, 2009). One explanation for the differences in findings within the literature is the inconsistency in defining the term pornography (Seto et al., 2001). Allen, D'Alessio and Emmer's Sommers (1999) defined it *as 'material that is used to create sexual arousal in the consumer'* (p. 140). Furthermore, as well as providing sexual material, Bridges et al. (2010) also noted that violence often exists within pornographic material. This raises further issues around the conceptualisation of violence. Typically, definitions of violence incorporate behaviours directed from one person to another that are intended to cause harm (Donnerstein & Linz, 1986). However, research does not always define violence within the use of pornography. Thus, research does not always distinguish whether the impact of

pornography on criminal behaviour is a direct result of the sexual elements of pornography, or a result of the violence within the pornography, or both. Given the findings of Bridges et al. (2010), that pornography often contains violence, it may be important to rethink the definition of pornography, particularly with regards to the type and explicitness of the material.

As well as the differences in definitions, different terminology is also used within the research. The following terms: erotica (Langevin & Lang, 1988), degrading (Bridges et al, 2010) and violent or non-violent pornography (Malamuth & Centi, 1986) have been used interchangeably with the term pornography. Furthermore, different methodologies (experimental or non-experimental) appear to produce different outcomes. Allen et al. (1995)'s meta-analysis summarised that the effects of pornography was different in experimental studies than it was in non-experimental studies.

Previous literature reviews

During the literature search, a number of reviews in this area were identified. Paolucci et al. (1997) conducted a meta-analysis on the published effects of pornography. There were, though, a number of limitations with this paper. The authors did not state the methodological procedures, the exclusion and inclusion criteria, or whether they assessed the papers for quality. Therefore, the results should be approached with

caution. Allen et al. (1999) completed a systematic review on the reactions of sexual offenders to pornography. Allen and colleagues (1999) primarily used studies that exposed the participant to pornography through experimental procedures and thus exposure to pornography was not naturalistic. This review focused purely on the physiological effects of pornography on sexual offenders rather than exploring the relationship more generally between pornography and offending. Several reviews have simply summarised the previous literature on pornography use rather than using a systematic methodology (Bauserman, 1996; Paolucci et al., 1997; Kingston et al., 2009; Ferguson & Hartley, 2009).

The present review aims to bring together the current evidence on the use of pornography and its relationship with offending, using a clear systematic review methodology, which previous reviews have failed to achieve. In addition, the review aims to highlight gaps in the research. Finally, this review provides a clear understanding about whether a relationship exists between pornography and sexual offending.

Rationale, aims and objectives

The aims of this systematic review are:

1. To explore the frequency of pornography use by male sexual offender.
2. To identify if there is a relationship between exposure to pornography and offending.

The overarching aim of this review is to provide an in-depth analysis of pornography use, and the relationship between pornography exposure and sexual offending, among individuals residing in forensic and psychiatric settings, and in the community. Previous studies include a variety of different outcomes regarding pornography use, including pornography use prior to offending (Cook, Fosen, & Pacht, 1971) and recidivism rates. This paper aims to integrate the findings from previous research.

Method

A systematic approach to this review was undertaken to identify literature related to the use of pornography, and the relationship between exposure to pornography and sexual offending. This involved following the guidance of PRISMA-P (Moher, Shamseer, Clarke, Ghersi, Liberati, Petticrew, Shekelle, & Stewart, 2015), which included the systematic identification and development of a search strategy. Papers were appraised using an adapted version of the Critical Appraisal Programme Checklist (CASP, 2018) for case control studies, as a quality assessment tool (see quality assessment for adaptations made).

Search strategy

Initially, scoping searches were completed to ensure that the literature base was sufficient to conduct a comprehensive review. The search

strategy encompassed the following: searching of electronic databases, contacting relevant experts in the field and a review of bibliographies of retrieved papers. The following electronic databases were searched in December 2017: PsychARTICLES, Medline, Cochrane, Scopus, Embase and PsychINFO. Hand searching was completed on Google Scholar, DART-Europe and Nottingham etheses. Seven experts within the literature field were contacted to ensure that the author was aware of any unpublished research that may have been relevant for the review. Experts were identified based on those who had published key pieces of work in the field, and included both academics and those within clinical practices.

Terms used within the search strategy were:

1. [exp Psychosexual behaviour/ or exp Pornography/ exp Internet
2. ((sex* or explicit material* or explicit media or porn* or online porn* cyberporn* or r-rated or x-rated or child*) AND (sortcore or hardcore or legal* or Illegal* or child* or adult* or violen* or aggressi*))
3. 1 or 2
4. [exp Criminals/ or exp Sex Offen$es/ or exp Criminal Behaviour
5. ((sex* or child* or indecent*) adj (abus* or assault*or molest*))
6. Pe$dophil* or rap*or exhibition*)
7. 5 or 6
8. 4 or 7
9. 3 and 8

10. [exp Risk Factors/ or exp Recidivism]
11. [Exp Attitudes/ or exp Sexual Attitudes/ or Effect]
12. 10 or 11
13. (behavio$r* or belie* or perception* or offen* or Convict*)
14. 12 or 13
15. 9 and 14

Both contact and non-contact offenders were included as Jung, Ennis, Stein, Choy and Hook, (2012) found that when comparing contact and non-contact sexual offenders that they were more similar than different. As such, it was felt that both should be included in this review.

Inclusion criteria

Studies were included if they measured exposure to pornography however, the sample and measures of this could vary, as long as the sample were individuals who has been convicted of a sexual offence.

The inclusion/ exclusion criteria for the review were (Appendix A):

- Males aged 18 years or older with a conviction of sexual offending. Studies were excluded if they contained anyone under the age of 18. Although some studies refer to people's historical exposure to pornography as an adolescent, they were an adult when they participated in the study.
- Any type of sex crime including contact and non-contact sexual offending.

- Studies assessing the effects of pornography exposure were included. Studies whereby the participants were incarcerated or residing in the community were also included along with retrospective studies and self-reported exposure to pornography.
- Only studies written in English.
- Studies that provided statistical analysis, any non-statistical data such as qualitative analysis was excluded.
- Primary research only.
- Studies that measure the effects of pornography, not simply sexual arousal.

Outcome

Primary outcomes to be considered in the review were:

- Risk
- Offending
- Behaviour
- Conviction
- Recidivism

Study types

Only quantitative studies were included in the present review in order to provide a direct statistical comparison of the results. These works consisted of case control studies, quasi-experimental, cohort and cross-sectional studies. No date restrictions were applied in order to include all available literature. However, only papers written in English were included

due to lack of access to translation services. Articles were excluded if the sample included anyone under the age of 18 years old as the review aimed to focus solely on adult offenders. Additionally, experimental studies were included if the study explored other effects of pornography such as its effect on offending behaviour or recidivism, not simply measuring sexual arousal through exposing the participant to pornography.

Study selection was completed by one reviewer. Initially, titles and abstracts were reviewed for inclusion. If a paper was deemed to be relevant, full paper copies were retrieved to further identify whether they were to be included. If the paper was not deemed to be relevant, then it was excluded.

Quality assessment

An adapted version of the Critical Appraisal Skills Programme (CASP, 2018) was used as a method for the quality assessment, which was conducted by the author and a second reviewer. The CASP was adapted to add questions relating to attrition bias which is the loss of participants from a sample over time (Miller & Wright, 1995). Therefore, questions were added to the CASP to explore whether attrition rates had been recorded, and whether those who stayed and those who left were similar. No other adaptations were made to the CASP (Appendix B). Domains were scored *'yes' (2), 'partial' (1), 'no' (0) or unclear (0)'.* The quality

assessment tool addressed issues of measurement bias, sampling bias, confounding variables and reporting bias. A second reviewer who, as well as the author, had received training in systematic reviews, then appraised 30% of the papers (7 papers) randomly selected to control for any bias. Inter-rater reliability was calculated at .82 (Cohen's Kappa). Discrepancies in ratings were discussed between the two raters and decisions were made according to these.

Data Extraction

A data extraction form was used (Appendix C) to extract the relevant data from each of the research papers:

- Population: characteristics of the population, participants inclusion/exclusion criteria
- Exposure: type of pornography, frequency or duration, measurement of exposure
- Outcome: outcome measures, method of measurement and validity of measurement tool, response rate
- Analysis: statistical test utilised and conclusions

The outcomes were formulated and discussed within a descriptive synthesis. Due to variations in the data, a meta-analysis was not thought to be appropriate and therefore was not completed. As such, this data synthesis will focus on the outcomes reported in the studies.

Results

Overall, 189 full manuscripts were retrieved and considered for inclusion. From these, 32 were excluded on the basis that they were duplicates and 21 studies remained in the final review (see figure 1 for reasons for exclusion). Table 1 provides a brief description of included study characteristics.

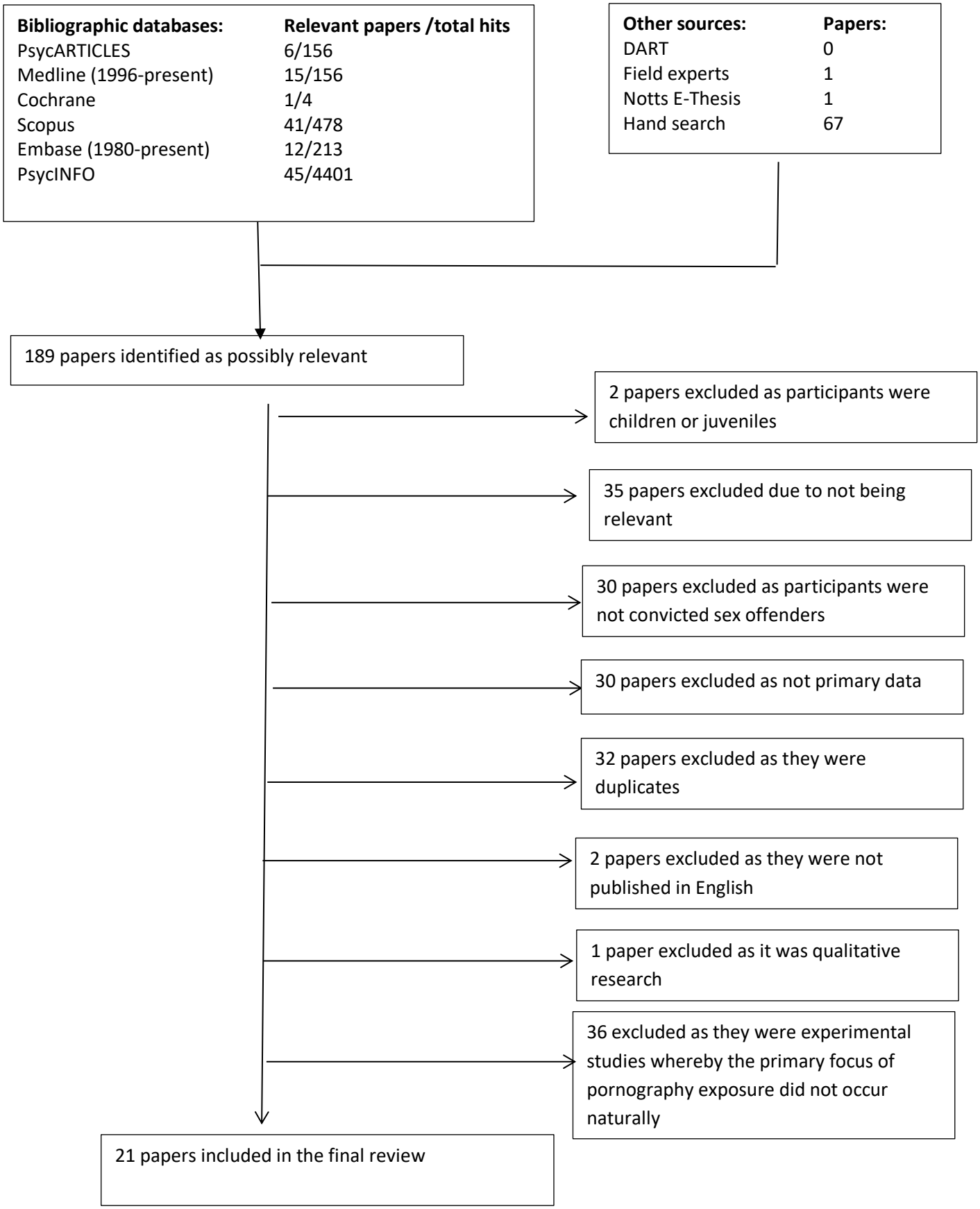


Figure 1: PRISMA flow diagram (Based on Moher et al., 2009)

Characteristics of included studies

A total sample of 4,968 participants contributed to the data. Data included eight samples from prison, three community settings and seven psychiatric settings. One study was conducted in both a community and psychiatric setting. Two studies did not provide enough information to determine from which setting participants were recruited. Nine studies were completed in the United States, seven in Canada, two in the United Kingdom, one in France, one in the Netherlands and one in Singapore. Participants had perpetrated a range of sexual offences including rape, offences against children and exhibitionism.

Table 1: Study characteristics and results table

Study/setting	Participants/control group	Method	Type of pornography	Results/Conclusion	Relationship	Quality assessment
Cook & Fosen (1971) **Prison**	63 sexual offenders & 66 violent offenders. No control group	Questionnaire	Pictures including hard core pornography	Violent offenders were more likely to have observed hardcore pornography and occasional pornographic magazines than sexual offenders during their adolescent years. No difference in arousal to the sexual stimuli. No difference in pornography use in the year prior to offending.	No relationship	High
Goldstein et al. (1971) **Psychiatric setting**	60 sexual offenders, 37 non-offending homosexuals, 13 transsexuals, 52 users of pornography	Psychometric data through 1:1 interview	Photos, movies and books	Sexual offenders reported less exposure than controls in their adolescent years. This was also the case in the year prior to the study. Less than a quarter of all	Minor positive relationship	Low

	Control- 53 non-offenders			participants initiated sexual contact after pornography.		
Goldstein (1973) **Psychiatric setting**	60 sexual offenders, 37 non-offending homosexuals, 13 transsexuals, 52 users of pornography Control- 53 non-offenders	Questionnaire	Films, books and photos	Sexual offenders reported less adolescent exposure than controls and less exposure prior to interview/incarceration.	Negative relationship	Low
Carter et al. (1986) **Psychiatric setting**	38 adult sexual offenders and 38 child sexual offenders No control group	Questionnaire	Historical-type not specified	No difference between the two in exposure as teenager. Child sexual offenders were more likely to be exposed to pornography as a child. Child sexual offenders were more likely to use pornography during the offence and right before offence.	Positive relationship	Low

Condron & Nutter (1988) **Community**	62 sexual offenders Control- 33 non offenders attending lecture	Questionnaire	Magazines	Sexual offenders were more likely to have read pornographic magazines. They were less likely to have been exposed to pornography in their earlier years than non-offenders. 27% of sexual offenders said that pornography led them to engage in the offence.	Minor positive relationship	Low
Langevin & Lang (1988) **Psychiatric and community**	131 sexual offenders and 147 community controls	Psychometric	Magazines, videos and movies	The controls used more pornography (all types) than the sexual offenders. They reported it was not related to their sexual offending.	No relationship	Moderate
Marshall (1988) **Community**	106 sexual offenders Control- 24 non-offenders	Questionnaire	Hardcore pornography	The sexual offenders had earlier and more current exposure to pornography than non-offenders. Over 50% said that pornography incited them to offend.	Positive relationship	Moderate

Nutter & Kearns (1993) **Community**	51 non-incarcerated sexual offenders. Control- 51 Non-offenders matched by age- attended lecture	Questionnaire	Films, books, photos, videos and magazines	No difference between frequency of magazine use between sexual offenders and controls. No difference in age of first exposure to pornography. 15% of the sexual offenders said it led them to commit their offence.	Minor positive relationship	Moderate
Proulx, Perrault & Ouimet (1999) **Prison**	44 child sexual offenders No control group	Psychometric data through 1:1 interview	Historical- type not specified	Pornography was used more by non-coercive sexual offenders. 50% of the non-coercive offenders used pornography.	Positive relationship	Moderate
Gwee, Lim & Woo (2002) **Prison**	80 sexual offenders Control- 80 violent offenders	Questionnaire	Historical- type not specified	Sexual offenders (30%) were more likely to have been exposed to pornography in the six months before offending than violent offenders (16%). No difference in frequency of pornography use.	Minor positive relationship	Low

Simons, Wurtele & Heil (2002) **Prison**	188 sexual offenders No control group	Psychometric	Historical-type not specified	Early exposure to pornography was not associated with number of victims however having a combination of exposure to pornography and low empathy did.	No relationship	High
Langevin and Curnoe (2004) **Psychiatric setting**	561 sexual offenders No control group	Psychometric	Books, magazines, videos and movies	17% of the sexual offenders used porn in the commission of their offence. Of this 17%, 12% used it for self-stimulation and 55% for grooming the victim.	Minor positive relationship	Moderate
Beauregard, Lussier & Proulx (2005) **Prison**	118 sexual offenders No control groups	Questionnaire	5 audio tape recordings	Use of pornography prior to the sexual assault was linked to decreased use of force and lower level of injury.	Negative relationship	High
Proulx, Blais & Beauregard (2007)	43 sadistic sexual offenders and 98 non-	Psychometric	Videotapes	Only 2% of both sadists and non-sadists used porn in the 48 hours prior to the offence.	No relationship	Low

Unclear	sadistic sexual offenders No control groups					
Kingston et al. (2008) **Psychiatric setting**	341 sexual offenders No control group	Psychometric	'Deviant' (children or violence) and non-deviant pornography	Pornography did have a relationship with re-offending but only for very high-risk individuals. Those with a predisposition for aggression are more likely to seek out pornography.	Positive relationship	High
Sheldon & Howitt (2008) **Prison**	16 internet only, 25 contact only and 10 both No control group	Questionnaire	Historical-type not specified	Confrontation fantasy was more common for contact offenders that internet. Contact offenders reported less sexual fantasy pertinent to their offending than internet offenders. Fantasy deficit may be involved in contact offending against children	Positive relationship	Moderate

Buschman et al. (2010) **Psychiatric setting**	38 internet offenders No control groups	Psychometric and questionnaire	Historical-type not specified	Pornography was a strong motivator for sexual offending.	Positive relationship	Moderate
Mancini et al. (2012) **Prison**	616 sexual offenders No control group	Questionnaire	Movies	13% viewed pornography before offending. Early exposure to pornography had a relationship with physical injury but exposure just prior to offending resulted in decreased physical injury.	Positive relationship	Moderate
Mieckowski & Beauregard (2012) **Prison**	624 sexual offenders No control group	Psychometric data through 1:1 interview	Historical-type not specified	A majority of cases used pornography right before offence. Pornography may act as an arouser and increase the potential for committing intrusive sexual acts.	Positive relationships	Moderate
Aslan & Edelmann (2014)	230 sexual offenders (74 internet, 118 contact, 38 both)	File review	Historical-type not specified	Early exposure to pornography was linked to	Positive relationship	Moderate

Unclear	No control groups			both non-contact and contact sexual offending.		
Mancini et al. (2014) **Prison**	616 sexual offenders No control group	Questionnaire	movies and magazines	19% were exposed to pornographic magazines in their adolescent years and 16% exposed to pornographic movies. 55% had exposure to pornography as an adult.	Positive relationship	High

Quality of Included Studies

Sampling bias

A number of the studies were biased in their sampling. Goldstein (1973) paid participants to engage and several studies had unequal numbers of participants in the offending group and control group (Goldstein, 1973; Carter & Prentky, 1986; Langevin & Curnoe, 2004). Another study used participants who were clients of the author (Nutters & Kearns, 1993), suggesting that there may have been selection bias within the sample.

Studies often recruited from one prison (Cook & Fosen, 1971; Proulx, Perrault & Ouimet, 1999; Gwee, Lim, & Woo, 2002; Simons, Wurtele, & Heil, 2002; Beauregard, Lussier, & Proulx, 2005; Sheldon & Howitt, 2008), one psychiatric setting (Goldstein et al., 1971; Goldstein, 1973; Carter et al., 1986; Kingston et al., 2008; Mancini et al., 2012) or one community setting (Marshall, 1988; Nutters & Kearns, 1993). Sexual offenders within a psychiatric or prison setting would likely be different to sexual offenders in the community population, therefore impacting the generalisability of the results to other settings.

Measurement bias for exposure

Twenty studies relied on self-report measures and therefore may have been influenced by participants answering in a socially desirable way. This may have been due to fear of reprimand, leading to participants

presenting themselves in a more favourable light. However, the use of self-reporting in most of the research papers is likely due to the lack of alternative methods to acquire information related to pornography use. Only one study (Aslan & Edelmann, 2014) used criminal records and official police reports. However, this study might also have been influenced by self-reporting from the offender, for example, when asked about their pornography use within psychological assessments for court proceedings.

Seven studies had some form of control group. One study used controls that were not representative of a normative comparison sample (Goldstein et al., 1971). Another study used a control group of men who had attended a lecture on human sexuality (Condron & Nutter, 1988), who are unlikely to have been a representative control group. There is a lack of studies comparing male sexual offenders to community control samples that are representative.

Five studies used standardised measures such as the Static 99 (Kingston et al., 2008) and the Bradford Sex Inventory (Langevin & Lang, 1988; Langevin & Curnoe, 2004; Proulx, 2007; Kingston et al., 2008) whereas three studies used experimental testing with phallometric tests or plethysmography (Simons, Wurtele, & Heil, 2002; Beauregard, Lussier, & Proulx, 2005; Buschman et al., 2010).

Some studies accounted for confounding variables, such as the type of pornography (e.g photos, films, books; Goldstein, 1973), pornography content (e.g intercourse, masturbation; Cook & Fosen, 1971; Kingston et al., 2008) and age (Marshall, 1988). Whereas other studies did not account for any confounding variables. Thus, it is important to treat the results from the latter studies with caution due to their failure to account for confounding variables.

Attrition bias

Five of the included studies reported the attrition rate and removed participants who dropped out from the final analysis (Cook & Fosen, 1971; Marshall, 1988; Proulx et al., 1994; Gwee, Lim, & Woo, 2002; Beauregard, Lussier, & Proulx, 2005). Studies may have failed to report attrition rates (due to the data being historical and attrition not being relevant), or they did not report on attrition clearly in the paper.

Statistical bias

All but one study (Kingston et al., 2008) failed to report whether the assumptions of the statistical test had been met, and the effect size. However, a number of the studies did use large samples and therefore it is possible that in these studies power may have been sufficient (Langevin & Curnoe, 2004; Mancini et al., 2012; Mieckowski & Beauregard, 2012; Mancini et al., 2014).

Data synthesis

The synthesis is divided into two main sections based on the aims of the review; frequency of exposure and the effects of pornography exposure.

Frequency of exposure

Twelve studies explored the frequency of pornography use by sexual offenders at different stages throughout their life (Cook & Fosen, 1971; Goldstein et al., 1971; Goldstein, 1973; Carter et al., 1986; Condron and Nutter, 1988; Langevin and Lang, 1988; Marshall, 1988; Nutter & Kearns, 1993; Gwee, Lim, and Woo, 2002; Aslan & Edelmann, 2014; Mancini et al., 2014)

Early exposure to pornography

Ten studies, in total, explored whether there was a difference in early exposure (during the adolescent years) to pornography between sexual offenders and controls.

Two studies found that sexual offenders were more likely to have been exposed to pornography in their adolescent years than controls (Marshall, 1988; Aslan & Edelmann, 2014). Marshall (1988) found that sexual offenders had earlier exposure to pornography than non-offending controls. Aslan & Edelmann (2014) found that early exposure to pornography was linked with sexual offending.

Three studies reported that there was no difference between a sexual offender's early exposure to pornography when compared to controls (Carter et al., 1986; Nutter & Kearns, 1993; Mancini et al., 2014). Carter at al. (1986) identified that there was no difference between child and adult sexual offenders in terms of their exposure to pornography as an adolescent. However, child sexual offenders were more likely to have been exposed to pornography as a child than adult sexual offenders. Furthermore, Nutter and Kearns (1993) found that there was no difference in the age of first exposure to pornography for sexual offenders and non-offenders. Mancini et al. (2014) reported that as an adolescent only 19% of sexual offenders has used pornographic magazines and 16% had used pornographic movies.

Five studies found that sexual offenders were less likely to report early exposure to pornography than controls (Cook & Fosen, 1971; Goldstein et al., 1971; Goldstein, 1973; Condron & Nutter, 1988; Langevin & Lang, 1988). Cook and Fosen (1971) noted that violent offenders were more likely to have been exposed to hard-core pornography and occasional pornographic magazines than sexual offenders. Goldstein et al. (1971) and Goldstein (1973) found that sexual offenders reported less exposure to pornography than controls in their adolescent years. Moreover, Condron and Nutter (1988) found that sexual offenders were less likely to have been exposed to pornography in their early years when compared to

non-offenders. Finally, Langevin and Lang (1988) reported that controls used more pornography (all types) than sexual offenders.

From the above there is no consistent relationship between early exposure to pornography and sexual offending. However, this does not mean that pornography is not a risk factor for offending, it does however, mean that the studies included in this review report different findings and inconsistencies are clear throughout.

Prior to offending

Three studies explored the use of pornography by sexual offenders prior to offending (Cook & Fosen, 1971; Carter et al., 1986; Gwee, Lim, & Woo, 2002). Cook and Fosen (1971) found that there was no difference between sexual offenders and violent offenders in terms of their exposure to pornography in the year prior to their offending. Carter et al. (1986) reported that child sexual offenders were more likely to have used pornography prior to committing their offence than adult sexual offenders. Gwee, Lim, and Woo (2002) found that sexual offenders (30%) were more likely to have been exposed to pornography in the six months prior to offending than violent offenders (16%).

The findings from these studies suggest that those who commit a sexual offence, particularly a sexual offence against a child, are more likely to have used pornography in the lead up to their offence.

Current pornography exposure

Six studies explored sexual offenders' current frequency of exposure to pornography (Goldstein et al., 1971; Goldstein, 1973; Marshall, 1988; Nutter & Kearns, 1993; Proulx, Perrault, & Ouimet, 1999; Gwee, Lim, & Woo, 2002). Two studies reported that the sexual offenders' current use of pornography was less than controls. Goldstein et al. (1971) found that sexual offenders reported less exposure to pornography than controls in the year prior to the study being conducted. Goldstein (1973) noted that sexual offenders reported less exposure to pornography in the year prior to incarceration than controls.

Proulx, Perrault, and Ouimet (1999) found that pornography was used more by non-coercive sexual offenders and in fact 50% of non-coercive sexual offender's used pornography.

Two studies found that there was no difference between sexual offenders and controls. Nutter and Kearns (1993) found there were no difference between current frequency of pornographic magazine use between sexual offenders and non-offending controls. Gwee, Lim and Woo (2002) reported that there was no difference in current frequency of pornography use between sexual offenders and violent offenders.

One study found that sexual offenders used more pornography. Marshall (1988) found that sexual offenders had more current exposure to pornography than non-offenders.

The above suggests that there is no consistent evidence to suggest that sexual offenders currently use more pornography than controls.

Effects of exposure

Sixteen studies in total explored the effects of pornography exposure on sexual offenders (Goldstein et al., 1971; Carter et al., 1986; Langevin & Lang, 1988; Nutter & Condron, 1988; Marshall, 1988; Nutter & Kearns, 1993; Simons, Wurtele, & Heil, 2002; Langevin & Curnoe, 2004; Beauregard, Lussier, & Proulx, 2005; Proulx, Blais, & Beauregard, 2007; Kingston et al., 2008; Sheldon & Howitt, 2008; Buschman et al., 2010; Mancini et al., 2012; Mieckowski & Beauregard, 2012; Aslan & Edelmann, 2014)

<u>Inciting offending</u>

Eleven studies explored whether pornography incited the individual to offend (Goldstein et al., 1971; Carter et al., 1986; Langevin & Lang, 1988; Nutter & Condron, 1988; Marshall, 1988; Nutter & Kearns, 1993; Langevin & Curnoe, 2004; Proulx, Blais, & Bearegard, 2007; Buschman et al., 2010; Mancini et al., 2012; Mieckowski & Beauregard, 2012). Goldstein et al. (1971) found that less than a quarter of all participants

initiated their sexual offending after being exposed to pornography. Carter et al. (1986) reported that child sexual offenders were more like to have used pornography during their offending that adult sexual offenders. In Nutter and Condron's (1988) study they found that 27% of sexual offenders said that pornography led them to engage in the offence. Furthermore, Marshall (1988) reported that 50% of the sexual offenders said that pornography incited them to offend. Nutter and Kearns (1993) found that 15% of sexual offenders said that pornography led them to commit their offence. Moreover, Langevin and Curnoe (2004) found that 17% of the sexual offender sample used pornography in the commission of their sexual offence. Of this 17%, it was noted that 12% used the pornography for self-stimulation and 55% used pornography with the aim of grooming the victim. Buschman et al. (2010) concluded that pornography was a strong motivator for sexual offending. Mancini et al. (2012) reported that 13% of the sexual offenders viewed pornography immediately prior to offending. Mieckowski and Beauregard (2012) demonstrated that a majority of the sexual offenders involved in the study used pornography right before their offence.

However, two studies suggest that there is no link between pornography and offending after exposure. Langevin and Lang (1988) found that all of the sexual offenders in the study felt that the pornography was not related to their offending. Proulx, Blais and Bearegard (2007) reported

that only 2% of sexual offenders used pornography just prior to committing their offence.

In general, it does appear that pornography use could incite individuals to engage in sexual offending behaviour. As such, it can be concluded that pornography use may act as an arouser and increase the potential of committing a sexual offence.

Severity of offence

Three studies explored the effect of pornography on the severity of the sexual offence (Simons, Wurtele, & Heil, 2002; Beauregard, Lussier, & Proulx, 2005; Mancini et al., 2012). Simons, Wurtele, and Heil (2002) found that early exposure to pornography was not associated with number of victims. However, having a combination of exposure to pornography and the offender having low empathy did have a relationship with number of victims. Beauregard, Lussier, and Proulx (2005) evidenced that the use of pornography prior to the sexual assault was linked with decreased use of force and lower levels of injury. Mancini et al. (2012) reported that early exposure to pornography has a relationship with the level of physical injury caused to the victim, however, exposure to pornography just prior to committing the offence resulted in a decreased level of injury to the victim.

In general, it seems that the consensus from the above studies is that pornography use just prior to offending is negatively linked to the seriousness of the offence. However, this is a contentious issue as it is possible that the use of pornography in the first place resulted in the increased likelihood of the offence occurring.

Recidivism

Kingston et al. (2008) found that pornography did have a relationship with re-offending however, this was only present for sexual offenders that were categorised as 'very high' risk on the Static 99 (Hanson & Thornton, 1999) risk assessment tool. For those who viewed deviant pornography, the likelihood of sexual recidivism increased by 233% for high risk offenders. They also reported that those with a pre-disposition for sexual offending were more likely to seek out pornographic material.

Deviant sexual fantasy

Two studies assessed the relationship between pornography use, and deviant sexual fantasies and behaviour. Sheldon and Howitt (2008) found that confrontation fantasy was more common for contact offenders than for those that accessed illegal images of children. Furthermore, contact offenders reported less sexual fantasy pertinent to their offending than non-contact offenders. They concluded that fantasy deficits may be involved in contact sexual offending against children. Aslan and Edelmann

(2014) found that offenders who has accessed illegal images of children reported fewer deviant fantasies than contact offender.

The above findings suggest that pornography does have a relationship with deviant sexual fantasy for some offenders.

Other considerations

Definitions

Of the twenty-one included studies not one study provided an actual definition for what they constituted pornography to be. Only two studies (Cook & Fosen, 1971; Marshall, 1988) actually differentiated whether they explored soft or hard-core pornography. Kingston et al (2008) distinguished between deviant (illegal decent images or violence) pornography and non-deviant pornography. However, the rest of the studies simply explored pornography use without providing any definition or understanding as to what this was.

Type of pornography

Thirteen studies in total explored particular types of pornography such as movies, magazines, videotapes, books and pictures (Cook & Fosen, 1971; Goldstein et al., 1971; Goldstein, 1973; Condron & Nutter, 1988; Langevin & Lang, 1988, Marshall, 1988; Nutter & Kearns, 1993; Langevin & Curnoe, 2004; Beauregard, Lussier, & Proulx, 2005; Proulx, Blais, & Beauregard, 2007; Kingston et al., 2008; Mancini, 2012; Mancini et al.,

2014). The rest of the studies did not specify the type of pornography that they were exploring.

Discussion

The aim of this systematic review was to evaluate and synthesis the evidence on the frequency of pornography use and the effects of pornography exposure with male sexual offenders. The empirical studies included in this review build on a body of evidence that considers whether pornography is a contributing factor to sexual offending. The review highlights that the relationships between pornography and offending is not always clear which is consistent with previous reviews suggesting that a causal relationship is not always evident (Ferguson & Hartley, 2009). However, the results of this review indicate that the topic areas is complex and that studies at times can be of poor quality as well as inconsistent in their reporting of pornography and their lack of definitions of pornography.

It is a common assumption that those who have committed sexual offences are exposed to pornographic material earlier in their life and use pornography more frequently (Paolucci et al., 1997). However, this review was unable to draw firm conclusions in regards to this hypothesis, due to the conflicting findings within the literature. Nevertheless, it must be highlighted that this does not mean that pornography is not a risk factor for offending, it does however mean that the studies included in this

review, report different findings. Furthermore, when looking at the effects of pornography, this review demonstrated that there did appear to be a link between the use of pornography and this being an instigator to offending. Therefore, hypotheses reported in previous literature suggesting the behaviours being observed in the pornography incite the individual to offend (Excitation Transfer Theory; Zillman, 1974) or that the behaviour is learnt from observing pornography (Social Learning Theory; Bandura, 1977) may be valid.

Strength and limitations

This comprehensive systematic review is the first to date that directly explores pornography use with adult male convicted sexual offenders. However, there are some limitations to the review.

One of the most obvious limitations when conducting the review was the lack of definitions provided within the research papers. Studies often did not differentiate violent pornography from non-violent pornography, nor did they distinguish between the explicitness and different types of pornography such as soft-core or hard-core. Future research should strive to provide agreed definitions and integrate these into the methodologies. The use of clear, consistent, agreed definitions could help to differentiate whether any association between pornography and offending is a result of the sexual behaviour being observed, the violence, or both. Accordingly, future definitions should strive to include both the content and the

intention for the consumer. For example, a suggestion for a possible improved definition could be "sexually explicit material accessed through a range of content including films, books, internet, magazines etc, that may be violent or non-violent (hard-core and soft-core) intended to stimulate sexual arousal in the consumer". Research exploring pornography should then distinguish whether the pornography they are referring to is soft core (not showing any penetration, genitals or actual sexual activity) or hard-core (sexual activity including penetration, oral sex, genitals, bondage and sadomasochism). Furthermore, future research should incorporate more refined measures of exposure and explore the effects of a wide range of pornography including internet pornography as well as the intensity of exposure during different life stages.

The quality of studies included in this review was varied. Thus, future studies should provide high quality research within the area of pornography and offending. Only one of the studies reported the effect sizes or any indication that a power analysis had been undertaken. Future research should evidence a power analysis to ensure clear justification of effect sizes and participant sample size requirements.

The majority of studies reported in the review used self-report information, which is likely to result in bias from individuals responding in a socially desirable manner. Furthermore, many of the studies were

conducted in either prisons or psychiatric settings meaning individuals are likely to be reluctant to disclosing their current pornography use and whether pornography was indeed an instigator to their offending. Any future research within this area should endeavour to utilise measures of social desirability in order to control for this possible confounding variable. Another consideration is that the sample included incarcerated offenders. As there is significant heterogeneity in offending patterns across sexual offenders, researchers should explore the differential effects of pornography on other types of offenders' for example, offenders on parole.

From the review there was evidence to suggest that individual differences were a factor in the relationship between pornography and offending, such as IQ (Langevin & Lang, 1988). Thus, there may be certain people who are more vulnerable to the effects of pornography. However, a number of studies failed to control for such confounding variables.

There is a lack of contemporary studies that observed the effects of pornography over a long period of time. It is possible that in more recent years, given advances in modern technology, that frequency of exposure to pornography has increased (Cooper, 1998). Thus, the effect of pornography exposure may have changed.

Implications

The findings of this review are particularly relevant to policy. A clear implication of this synthesis involves efforts to design and implement procedures and practices to limit pornographic exposure during adolescent years. Although findings were not always consistent, some studies (Mancini et al. 2012) found that exposure to pornography in adolescent years was directly linked with victim harm. Nevertheless, it is noted that this would be challenging due to the enormity of the internet. Furthermore, as pornography was shown to have been an instigator for sexual offenders, policies should be designed to limit or reduce offenders' access to pornography.

Conclusion

In contemporary society, pornography use is becoming more and more common due to advances in technology (Cooper, 1998). Furthermore, it is a lucrative industry that appeals to wide audiences of consumers. The current review suggests that exposure to pornography is potentially problematic for some groups of people. As such, it supports movements to limits exposure among adolescents and convicted sexual offenders. Nonetheless, more research is required on those who sexually offend and the impact of pornography in the long-term, to consider the long-term effects of such exposure. Pornography use has likely changed in recent years due to the growing use of the internet and resultantly easier accessibility to pornography (Cooper, 1998). Future research should

attempt to capture any possible changes within the pornography literature and its effect on sexual offenders.

Chapter Two

A quantitative analysis of staff and non-staff attitudes toward pornography use in secure hospitals.

Abstract

Aims: To investigate the attitudes of staff members in secure hospitals, and the non-staff members' attitudes toward pornography and their decision making regarding a patient's access to pornography.

Method: A mixed participants design was used whereby 323 participants, including 161 staff and 162 non-staff members answered an online questionnaire. Vignettes were presented of six hypothetical patients in a secure hospital, based on gender (male/female) and offence type (sexual/violent/non-offender). Participants were required to decide whether the individual depicted in the vignette should have access to pornography. Finally, participants were given a psychometric assessment of their own attitudes toward pornography.

Results: Participants were less likely to decide that the sexual offender should have access to pornography than the violent or non-offender, thus offence type of the patient was a significant predictor. There was a significant relationship between attitudes to pornography and whether the individual in the vignette should be given access to pornography. There was no significant difference of attitudes towards pornography between staff and non-staff participants, and neither for male and female

participants. Gender of the patient described in the vignette was not a significant predictor.

Conclusion: The research highlights the importance of our own attitudes towards pornography, our possible beliefs about sexual offenders, and the effects these may have on decision making.

Introduction

Pornography has been an area that has received frequent research interest over the last couple of decades (Ferguson & Hartley, 2009; Kingston et al., 2009). This is likely a result of the increase in access to pornography using the internet, thus making pornographic material more accessible, affordable and anonymous for the user (Cooper, 1998). Pornographic websites are some of the most regularly visited sites with individuals often being exposed to pornography without actively searching for it, such as pop-ups on websites (Cooper, 1998; Tyden & Rogala, 2004). In 2017, the Pornhub website had 28.5 billion visitors, which is an average of 81 million people per day, equating to 24.7 billion searches performed on the website in that year alone (Pornhub, 2018). The content and nature of pornography changes continuously, and its influence is a frequent topic of discussion within the literature (Wallmyr & Welin, 2006). However, researchers have revealed contradictory findings on the impact of pornography (Short, Black, Smith, Wetterneck, & Wells, 2012).

Pornography

Defining pornography has been a complex task within the literature due to its subjective nature. Agreement has been difficult; some have referred to it as *'the description of, picture of, naked or nearly naked bodies in genital contact'* (Traeen, Nilsen, & Stignum, 2006, p. 245). More recently the term pornography has been referred to as *'sexually explicit materials intended to create sexual arousal in the consumer'* (Hald, Malamuth, &

Yuen, 2010, p. 15). This definition will be used throughout this research paper. This definition is believed to be the most suitable for scientific purposes as it incorporates some measure of sexual arousal or sexual interest in the material.

However, when defining pornography, other complexities arise such as differentiating between the type of pornography and explicitness, for example soft-core and hard-core, which this definition does not distinguish between. As such, better agreed definitions are required (see chapter one; systematic review). However, it is likely that researchers are not always going to agree on what defines pornography.

The impact of pornography

The impact of pornography remains controversial. Some researchers believe that exposure to pornography increases negative attitudes towards women and in turn increases violence towards women. Allen et al. (1995) found that sexual offenders were more likely to use pornography prior to engaging in sexual behaviour than non-offending controls. Hald, Malamuth and Yuen (2010) highlighted a significant relationship between the use of pornography and attitudes supporting violence against women in non-experimental studies. Effects were found to be higher in violent pornography than non-violent pornography. Other researchers have shown that increased pornography exposure is associated with an earlier and/or quicker onset of sexual activity, more

permissive attitudes toward casual sex, and a higher likelihood of engaging in risky sexual behaviours, such as anal sex, sex with multiple partners and using drugs or alcohol during sex (Braun-Courville & Rojas, 2009). However, there is significant incongruity between the results emerging from experimental and non-experimental studies, with non-experimental studies often showing a negative impact of pornography exposure whereas experimental studies suggest there is no negative impact; thus, doubts have been raised about the ability of generalising the conclusions originating from experimental studies to "real world" settings (Seto, Maric, & Barbaree, 2001).

Pornography use with sexual and violent offender populations

It is a common assumption that individuals who have committed sexual offences use pornography more frequently or respond to the material differently to non-offending populations. More specifically, it has been consistently found that an association between pornography consumption and aggression is particularly likely for men who score high on other risk factors for sexual aggression (Hald, Malamuth, & Yuen, 2010). Thus, an improved understanding of any possible relationship could serve in supporting the testing of current explanations for this difference in the use and effects of pornography on offenders compared to non-offending populations. Explanations include Social Learning Theory (Bandura, 1977) and Excitation Transfer Theory (Zillman & Sapolsky, 1977). The Excitation Transfer Theory suggests that viewing pornographic material creates a

psychological or physiological response in the consumer that is considered desirable. As such, it *'creates a belief in the consumer that the behaviour depicted would create a similar effect in real life'* (Allen, D'Alessio, & Emmers-Sommer, 1999, p.140). From this, there may be confusion between fantasy and reality as the pornography serves as a basis for future behaviour.

Malamuth and Billings (1986) identified that rapists may be exposed to sexually explicit material less than other populations; however, the effect of the exposure they experience may be stronger. Thus, it may be important to consider the response, function and content of the material, the medium in which it is presented alongside the cultural environment, peers and general anti-social characteristics rather than simply assessing frequency of exposure. This therefore emphasises individual and cultural differences as moderators (Kingston, Malamuth, Federoff, & Marshall, 2009) when considering the effects of pornography with different offenders. However, this effect only seems to be the case for male sexual offenders. Although across many cultures it has been highlighted that both males and females are the consumers of pornography, it has been demonstrated that in general, men are more likely to use pornographic material than women (Malamuth, 1996). Thus, much of the research looking at the effects of pornography has focused on male participants. Subsequently, it may be that the effects observed with sexual offenders are a result of the participants being men rather than the result of them

being a sexual offender. Mellor and Duff (2019) conducted a systematic review of 21 studies to explore the effects of pornography with male sexual offenders and noted that it is difficult to draw firm conclusion from the research, due to lack of recent longitudinal studies and limited research whereby a clear definition of pornography is provided. They did however note that pornography use could be an instigator to offending.

As well as research exploring the impact of pornography on sexual offenders, others have focused on violent offenders. A study by Sommers and Check (1987) investigated exposure to pornography and both sexual and nonsexual violence towards women. They found that the partners of women victimised through domestic violence utilised pornography significantly more than the control group of women from a university population. Thus, it is imperative to consider violent offenders when discussing pornography use, not just sexual offenders. Moreover, it may be that some individuals are more vulnerable to the effects of pornography in ways that can be individually and societally harmful.

Attitudes to pornography

In addition to exploring the impact of pornography with different sexual and violent offenders, it is important to consider attitudes toward pornography. Attitudes toward pornography are likely to be positively associated with pornography use. One of the most evidenced outcomes of pornography research to date is the noticeable gender gap that exists

between men and women when it comes to their personal use and acceptance of pornography (Carroll, Busby, Willoughby, & Brown, 2017). Pornography is often produced for and consumed by men; consequently, heterosexual pornography generally represents women's sexual ecstasy and men's dominance (Kanuga & Rosenfeld, 2004). In one study by Wallmyr and Welin (2006), they identified that 61% of females portrayed their attitudes to pornography in a negative manner, compared to 29% of the male sample. Moreover, the females were more likely to describe pornography as 'degrading' than males (Wallmyr & Welin, 2006). However, Træen, Spitznogle and Beverfjord (2004) noted that although males generally had more positive attitudes towards pornography the majority of participants did report that pornography leads to greater openness in sexuality and makes sex lives better. Qualitative research revealed that women experience contradictory feelings towards pornography, and sometimes believe that sexuality is detached from intimacy (Häggström-Nordin, Sandberg, Hanson, & Tydén, 2006). Research regarding attitudes towards pornography use, and the extent of pornography use, must be used with caution due to the possibility of reluctance in reporting because of perceived social stigmatisation. Thus, it may be that females underreport pornography use as they are more likely to deem it to be degrading.

Pornography and secure services

As highlighted earlier, the use of pornography and its impact has been controversial. Therefore, the belief that pornography use may occur in secure hospitals, housing individuals that have committed serious sexual and violent offences, has been highly publicised over recent years. A report in 1999 from the Fallon Inquiry identified that within one high secure hospital there were *"41 hard-core porn videos on sale in the ward shop. More than 800 other videos were found on the ward, 700 of which had been recently wiped or carried traces of pornographic recording. Some of the videos depicted bestiality, sado-masochism and child abuse; within one of the patient's room there were 225 videos"* (Fallon et al., 1999, p.39). Such stories have led individuals to feel outraged. One qualitative research study by Yool, Langden and Gerner (2003), whereby staff in a medium secure service were interviewed, reported *"allowing somebody who has abused children access to pornography would be encouraging them and not treating them."* However, Johnson (2015) noted that some probation officers had incorporated pornography within treatment. They felt that soft-core pornography could support sexual offenders to redefine and recondition their sexual arousal and interests to more appropriate content.

Mercer (2016) wrote about policing pornography in high-secure care and the complexity of such decision making. He identified that nursing staff play a crucial role in monitoring sexual media in secure hospitals and

assessing whether such material is deemed 'appropriate'. Therefore, it is important to consider such decisions made by professionals and the possible impact of their own attitudes to pornography when making decisions. It is important to consider whether attitudes are too negative, and thus overly restrictive practices may be utilised, or too positive, whereby there may be breaches in security and poor risk assessments (Harper & Hogue, 2016).

Clinical implications

As highlighted above, it becomes clear that pornography use with forensic populations can cause a great deal of controversy. However, there is very little research exploring pornography use in secure settings. A prison in Scotland allowed sexual offenders to have access to pornography. However, there were negative repercussions for this whereby the media reported that *"sexual offenders need access to programmes which reinforce the importance of consent. Therefore, giving sexual offenders access to pornography totally undermines this"* (Payton, 2016). This raised questions of whether such individuals should have access to pornography. The aims of programmes such the Sexual Offender Treatment Programme (SOTP), were to understand sexual violence as an abusive behaviour rather than a sickness, and seek to change how offenders see their victims (Beech & Hamilton-Giachritis, 2005). If this is the case, consideration should be given to decision making regarding pornography use and whether there may be a therapeutic use of

pornography (Ratcliffe, 2011). Alternatively, by not allowing them access to such material, it may increase their risk once discharged from a secure hospital, whereby they will be able to freely access pornography. Consequently, by allowing the patient access to pornography in a secure hospital, whereby it can be strictly risk assessed, managed and monitored for its effect, may be a positive compromise. A more appropriate solution may be to allow similar opportunities in secure hospitals to those that may occur in the community and to *"embed educational information and relevant therapeutic interventions pertaining to pornography's effects in a treatment programme"* (Kingston et al., 2009, p.228). A review by Watson and Smith (2012) demonstrated that pornography use can be educational within clinical settings.

The current research

Given the possible service implications that staff attitudes toward pornography have and the lack of literature investigating the attitudes of staff who work in secure settings, the current quantitative study was undertaken. The research aims to provide an overview of the attitudes toward pornography use in secure hospitals. The attitudes of staff working in secure hospitals will be assessed alongside a non-staff sample, as a comparison group, to determine whether there are any significant differences. Moreover, the research aims to determine whether the offence or gender of the patient are important in decisions regarding access to pornography, and whether a person's own attitudes towards

pornography influences whether they believe someone in a secure hospital should have access to pornography.

Ethics

This research project has been approved by the University of Nottingham, Faculty of Medicine and Health Sciences Research Ethics Committee and the Research Ethics Committee at the service in which the research was conducted. The service was a private sector hospital housing offenders and non-offenders in environments ranging from rehabilitation services up to medium security wards.

Aims

The aim of this research study was initially to identify whether there was a difference between staff and the non-staff decisions regarding access to pornography. The research will compare whether the offence of the patient or gender of the patient had an effect. Finally, the research considers the individual's own attitudes towards pornography and whether this impacted on their decision-making regarding access to pornography for the patient. Overall, the research aims to provide in-depth knowledge about people's attitudes towards pornography use in secure hospitals, which could impact on training and awareness opportunities in the future. Based on the above, the following six hypotheses were tested in the present study:

Hypothesis 1: The non-staff sample will be less likely to allow the patient described in the vignette to have access to pornography than the staff sample.

Hypothesis 2: All participants will be less likely to allow an offender (sexual/violent) to have access to pornography than a non-offender.

Hypothesis 3: Participants will be more likely to allow the female patient in the vignette access to pornography than the male patient in the vignette.

Hypothesis 4: Male participants will be more likely to allow the patient access to pornography than female participants.

Hypothesis 5: The participants' attitudes toward pornography will affect their decision-making regarding access to pornography.

Hypothesis 6: Male participants will have a more positive attitude towards pornography than female participants.

Method

Participants

Two groups of participants were recruited for this research; staff working in a secure hospital and a non-staff group, made up of members of the general public. The non-staff group were individuals recruited through social media websites which were 'Facebook', 'Twitter' and 'Linkedin' and one research recruitment site 'Call for Participants' as well as emails around the university. It is noted that this population is unlikely to be fully representative of the general public in regards to their attitudes to

pornography. The staff sample were staff working for a private sector secure hospital. Staff members were invited from all disciplines within the secure hospital; these could be individuals who worked directly with patients, such as psychologists and psychiatrists, or those without direct contact with patients, such as administrators. The questionnaire was sent out to 1452 staff members with a response from 162 indicating a response rate of 12.91%. A priori power analysis was carried out on G Power version 3 (Erdfelder, Faul, & Buchner, 1996) for each statistical test conducted to determine the minimum number of participants required to fulfil the needs of the statistical analysis. A two-way factorial ANOVA yielded the highest number of participants required; in order to detect a medium effect size of .5 (Cohen, 1962), a minimum of 265 participants were required in total based on G-power calculations for a two-way factorial ANOVA (two groups with two levels each) with 95% power for all statistical tests completed. A medium effect size was deemed appropriate for this study as Cowan and Evans-DeCicco (2001) in their study on attitudes towards pornography recommend using a medium effect size when using the Attitudes toward Pornography Scale. In total, 323 participants (161 staff and 162 non-staff) were recruited and took part in the current study. This consisted of 155 males (48.0%), 168 females (52.0%) aged 18-67 years (Mean=31.50; SD=9.87) (see Table 2). One participant selected their gender as 'other' and were removed from the analysis due to only one participant being in the level.

Table 2: Description of Participants

		Gender	
		Male	**Female**
Occupation	**Non-staff**	73	89
	Staff	82	79

Table 3 shows the different staff roles that participated in the study. 'Others' included physiotherapists, social workers, social work assistant, occupational therapy assistants, education staff and trainee psychologists.

Table 3: Description of Staff Roles

Staff roles	Frequency
Psychologists	16
Assistant Psychologists	33
Doctor	7
Staff Nurse	13
Healthcare Assistant	40
Ward Manager	2
Administrator	13
Occupational Therapist	10
Speech and language Therapist	3
Other	25

Materials

Several questions were asked to gather a range of demographic data related to the participant, including age, gender (male/female), whether

they had worked or currently work in a secure hospital, and if so, their role/discipline.

Vignettes were used which represented six different patient scenarios (see Appendix D). The vignette contained a hypothetical dialogue relating to either a male or a female patient currently residing in a secure hospital that had either previously committed a sexual offence, violent offence or no offence at all. The patient described in the vignette was requesting access to pornography. All vignettes were equal in length with the same linguistic style used in the construction of each. The only difference was the gender of the individual described, and the nature of the offence. Effects of other variables were avoided and controlled for by not including information regarding previous conviction history, ethnicity or cultural background. The participants were asked whether the patient in the vignette should have access to pornography. Responses were recorded using a two-point scale: 1=yes and 2=no.

The literature related to the use of vignettes has indicated that it allows research participants to respond in numerous ways to *'short stories about hypothetical characters in specified circumstances'* (Finch, 1987, p. 105). Moreover, vignettes can be used to manipulate contextual variables experimentally (Durrheim, Sleed, Kriel, Soloman, & Baxter, 2002). Such research may therefore not be confined by the assumption that people have a fixed set of underlying beliefs which apply equally in all contexts.

If the questions relate to characters within the vignette, then the respondent may feel less threatened than if the questions were related to their own opinions and core beliefs (Durrheim et al., 2002). This was particularly important when asking about attitudes to pornography due to the possibility of this being a sensitive topic for some. It is also possible that this will increase the validity of the answers given. Considering the above information, a vignette was the most appropriate methodology for this research study.

The Attitudes toward Pornography Scale was utilised throughout this study (Appendix E). The scale was a 13-item scale designed to measure attitudes to pornography (Evans-DeCicco & Cowan, 2001). Participants were asked to respond to both positive and negative statements about pornography. For example, *"it gives men false expectations about the opposite sex"*. Each statement was then rated on a seven-point Likert type scale ranging from strongly disagree (1) to strongly agree (7). Higher scores on the statements indicated a more positive attitude towards pornography. This scale had adequate reliability with an alpha co-efficient of .85 (Evans-DeCicco & Cowan, 2001).

Design

A mixed-participants design was used. The independent variables were the population group (staff/non-staff), participant gender (male/female), the gender of the individual in the vignette in addition to whether they

were a sexual offender, violent offender or non-offender and the participant's attitudes toward pornography. The dependent variable was the participants' response regarding whether the patient should be given access to pornography or not.

Procedure

To recruit the staff sample, an email was distributed through the organisation, whilst the non-staff sample was recruited through snowball sampling via social media, the University of Nottingham email and research recruitment sites (see Appendix H). Participants were then required to click on the link included, which re-directed them to the Bristol Online Surveys website with the information sheet for the research (Appendix I). This included information about the study, what they would be required to do, how the information would be stored and how to withdraw from the study. Participants were then directed to a consent form (Appendix J) where they were required to answer several questions to consent to participate. Next, demographic questions were asked regarding age, gender, population group (staff/non-staff), and their role/discipline (Appendix F).

Participants were then taken to a route decider question where they had to select a number 1-6. This decided which order the vignettes were presented. Although the routes contained the same vignettes, there were six different orders of the vignettes to control for possible presentation

effects. Once a route had been selected, the participants were then presented with Hald, Malamuth and Yuen's (2010) definition of pornography and the six vignettes. Subsequently, they were asked whether each patient in the vignette should be allowed access to pornography. All participants responded to all six vignettes. Next, the participants' attitudes to pornography were assessed using the Attitudes toward Pornography Scale (Evans-DiCicco & Cowan, 2001; Appendix E). Finally, participants were directed to a debrief sheet (Appendix K), which included details of withdrawing from the research and the researcher's contact details. The study took 10-20 minutes to complete.

Results

The data were screened and tested for normality of distribution (bell-shaped), outliers, homogeneity of variance, skewness and kurtosis (Appendix L). The residuals were normally distributed and for the multiple regression residuals were close to the line, as such, parametric testing was appropriate (see Appendix L). The Kolmogrov-Smirnov statistic of .046 showed that the residuals did not differ significantly from a normal distribution (p=>.05).

The effect of presentation bias was checked, and participants' scores were similar between each of the presentation orders. The router decider was added into the regression to determine the effect it had on responses to

the vignettes. The route decider was non-significant (p=.47), therefore the data were not affected by presentation bias.

The analysis was completed in four parts

1. An analysis between attitudes toward pornography of staff and non-staff and attitudes to pornography of male and female participants (between-subjects two-way factorial ANOVA).
2. A t-test to compare responses of the staff sample and non-staff sample to the vignettes.
3. A multiple regression to determine whether age, gender and occupation of the participants and attitudes towards pornography affected responses regarding access to pornography.
4. A generalised estimating equation to determine whether the offence and gender of the vignette affected responses regarding access to pornography.

A between-subjects two-way factorial analysis of variance did not yield a main effect for the participants' gender, $F(1,323)= 0.11$, $p>.05$. There was no significant difference between attitudes to pornography scores of male participants (M=53.41) and female participants (M=53.20). The main effect of occupation was non-significant, $F(1,323)= 1.80$, $p>.05$, therefore there was no significant difference between staff's attitudes to pornography (M=54.20) and the non-staff (M=52.41). Furthermore, the interaction effect between gender and occupation (staff/non-staff) of the

participants on their attitudes to pornography was non-significant, $F(1,322)= 5.55$, $p>.05$. For an effect size of .28, 95% power would be required with an $\alpha=.05$ and a sample of 363. For an effect size of .23, 80% power would be required with an $\alpha=.05$ and a sample of 363.

A total vignette response score was calculated by adding up each response regarding whether the patients should have access to pornography. As such, total vignette scores could range from 6-12, with low scores reflecting a more liberal view regarding access to pornography and high scores indicating a more restrictive view. Results from the independent samples t-test indicated that there was a significant difference between staff's (M=7.46, SD= 1.94) and the non-staff's (M=8.65, SD=2.23) responses to the vignettes (1=yes, 2=no). Staff were more likely to respond that they believed that the patient should have access to pornography ($t(323)=5.23$, $p<.001$). Therefore, the staff sample had a lower score than the non-staff indicating that they were more likely to believe that the patient should be given access to pornography than the non-staff sample.

A linear multiple regression analysis was conducted to test whether age, gender (0=female, 1=male), occupation (0=staff, 1=non-staff) and attitudes towards pornography predicted their response to the vignette questions about pornography access. The results of the analysis indicated that the predictors explained 28.0% of the variance ($R^2=.28$) and

indicated that the model was a significant fit, F(4,319)=31.0, p<.001, namely, that attitudes to pornography significantly predicted responses regarding access to pornography (β=-0.8, P<.001), as well as whether the participants worked in a secure hospital or not (β=-1.05, P<.001). However, participants' age and gender did not significantly predict their responses to the vignette about access to pornography (see Table 4).

Table 4: Multiple Regression Model

Variable	**Unstandardised b**	**SE b**	**Beta**	**Sig**	**Lower confidence intervals**	**Higher confidence intervals**
Constant	12.05	.64		.000	10.78	13.31
Attitudes toward pornography	-.08	.01	-.45	.000	-.10	-.07
Gender	-.03	.21	-.00	.91	-.43	.38
Age	-.08	.01	-.01	.84	-.02	.02
Occupation	-1.03	.21	-.24	.000	.62	1.45

A generalised estimating equation was conducted to predict decisions regarding access to pornography using the vignette gender and vignette offence type as predictors (see Table 5).

Table 5: Vignette Responses to Access to Pornography

	Frequency	
Responses	**No**	**Yes**
Male sexual offender	179	145
Female sexual offender	181	143
Male violent offender	103	219
Female violent offender	96	228
Male non-offender	53	271
Female non-offender	53	271

The generalised estimating equations model demonstrated that all three offence types made a significant contribution to prediction (sexual offender, p=<.001; violent offender, p<.001; non-offender, p<.001). Exp(β) values (odds ratios) indicate that participants were six times more likely to say 'no' to a sexual offender having access to pornography than a non-offender. Thus, the odds ratio were six times as large. They were also twice as likely to say 'no' to a violent offender having access to pornography than a non-offender, as the odds ratios were twice as large for violent offenders. Gender of the vignette was not a significant predictor (see Table 6).

Table 6: Generalised Estimating Equations

Variable	B	SE	Sig	Exp(B)	Lower confidence intervals (95%)	Higher confidence intervals (95%)
Male (1)	.04	.03	.25	1.04	.98	1.10
Female (0)	0			1		
Sexual offender	1.86	.14	.00	6.39	4.82	8.48
Violent (2) offender (1)	.83	.11	.00	2.30	1.85	2.85
Non-offender (0)	0			1		

Discussion

The study aimed to determine whether there was a difference between the responses of staff and non-staff regarding access to pornography and whether this was determined by the gender and offence of the patient described in the vignette. It also aimed to examine the relationship between a participant's own attitudes to pornography and whether that impacted on their decision regarding the patient's access to pornography. Finally, the difference between staff and non-staff as well as male and female participants' attitudes to pornography were assessed.

Staff and non-staff

The research identified that staff were more likely to say that the patient described in the vignette should have access to pornography than the

non-staff sample. Staff may have been more likely to grant the individual within the vignette access to pornography due to feeling that it is managed within a controlled setting rather than when the patient is in the community. The staff sample are also more likely to have an informed view than the non-staff. Moreover, it may be that the non-staff sample are influenced by stories about offenders within the media which affects their decision more than the staff's (Harper & Hogue, 2016).

Vignette offence

The results indicated that the offence detailed within the vignette was a significant predictor of the participant's response regarding access to pornography. Participants were least likely to respond that the sexual offender should have access to pornography. A possible hypothesis to explain this may be with regards to attitudes towards sexual offenders. It may be that people have a more negative view towards sexual offenders than violent offenders or non-offenders (Craig, 2005). Harris and Socia (2016) noted that participants responded more punitively when the vignette used the term 'sexual offender' rather than 'crime of a sexual nature'. Subsequently, the effect seen within this study may be a result of the stigma and emotional response that the label 'sexual offender' evokes. On the other hand, it was later noted that this trend can be reversed by re-humanising the offender. Harper, Bartels and Hogue (2016) tried to re-humanise the offender by making it a first-person narrative. By using this technique, it was observed that there was a

reduction in negative stigma and attitudes in all domains of the Attitudes towards Sexual Offenders (Hogue, 1993) scale; although, at present it is unclear whether this reduction in stigma would continue over time.

If indeed the differences in responses to the vignette in this study is a result of attitudes towards sexual offenders, it may be that regardless of training or experience of working with offenders, attitudes towards sexual offenders is the crucial factor. Such attitudes may impact on their decision regarding how they treat the offender (i.e. whether to give them pornography or not) and contribute to restrictive practices. Therefore, it is possible that decisions are based on one's own beliefs and attitudes. It is also possible that the results occurred because of the controversy related to pornography with sexual offenders, which is generally more widely documented (Kingston et al., 2008) and publicised within the literature and media than with violent offenders or non-offenders. Future research may wish to directly compare attitudes to pornography and attitudes to sexual offenders to understand further which of these appears to have the most influence, as attitudes to sexual offenders were not directly assessed within this research. Alternatively, the results within this paper regarding decisions about access to pornography with sexual offenders may be due to people's concerns that pornography may increase the risk for such individuals more than others (Kingston et al., 2009). Future research may wish to explore decision making regarding access to media,

such as violent films, as well as pornography, to explore any different bias.

Gender of vignette

The current study identified that the gender of the vignette did not predict the participant's decision regarding access to pornography. Therefore, the null hypothesis was accepted. The proportion of 'yes' or 'no' responses were the same when comparing the gender of the vignette. These findings were consistent with studies (e.g. Kjelsberg & Loos, 2008) whereby it has been reported that gender of the offender did not impact on the participant's attitudes.

Gender of participant

The results also suggested that gender of the participant was not a significant predictor of access to pornography. As such our hypothesis that females would be more likely to say 'no' to access to pornography than males was rejected. This is contrary to previous research, whereby females were generally more reluctant to the idea of patients having access to pornography (Mercer, 2013).

Attitudes to pornography

The current study identified that there was no significant difference between staff and non-staff attitudes toward pornography. The mean score for attitudes towards pornography for both groups were neither

positive nor negative. However, when looking at the individual scores, the findings from this study note that attitudes toward pornography were a significant predictor of decisions regarding the individual's access to pornography in the vignettes. Therefore, the null hypothesis was rejected. This suggests that an individual's own attitudes affect their beliefs about others' access to pornography. Again, this highlighted that a person's own attitudes could drive their decision making.

The current study found that there was no significant difference between male and female attitudes to pornography and, as such, the hypothesis that there would be a difference was rejected. This is generally contradictory to previous research which has highlighted that males have a more positive attitude toward pornography than females (Wallmyr & Welin, 2006; Carroll et al., 2017). However, it is possible that other confounding variables may have impacted more significantly on their attitudes to pornography, such as cultural or religious backgrounds. When looking at the effects of religion, Patterson and Prince (2012) identified that participants who belong to a religious group had stronger attitudes against pornography than those who did not belong to a religious group. The above highlights the degree to which other variables may be responsible for the participants' attitudes to pornography. Thus, future research should aim to consider such factors within the demographic information gathered from the participants to determine what impact such variables may have.

Clinical implications

It is essential to reflect on the attitudes that staff have towards pornography use with different offenders when they may be working with such individuals. Having negative attitudes towards pornography may result in staff making decisions based on their own attitudes. Thus, it is essential that teams making decisions regarding access to pornography do this collaboratively to ensure that some are not being more punitive than others, and that decisions are made objectively. It is therefore important to work with staff to ensure that they can base their decision-making regarding access to pornography on the individual patient rather than their personal attitudes. Thus, by understanding attitudes we can be more reasoned in our decision making.

Strengths and limitations

A fundamental strength of this research is that it includes a relatively large sample size (n=323) with almost equal numbers for staff (n=161) and non-staff (n=162) and an almost equal gender split. Therefore, although not all results were significant, the sample size was still large enough to generate meaningful outcomes. The sample size, as calculated by G-Power was enough for a medium effect (n=265); however, was not big enough for a small effect size, although a small effect may not be as clinically informative.

A highlighted limitation of using online questionnaires was the inability to establish the response rate for the non-staff sample or to manage possible areas of bias. Given the opportunistic nature of the sampling, it is difficult to say whether the overall sample was representative. Furthermore, characteristics, such as religion and cultural beliefs, were not accounted for during this research. Thus, future research should strive to gain more information on participant characteristics to determine whether these are potential confounding variables.

A limitation with the vignette methodology is the artificially created description of the vignette scenario. This raises the question of whether the vignette elicits responses that are similar to that of a real-life situation. Lanza, Carifo, Pattison, and Hicks (1997) addressed this concern and found that participants still answered in the same manner as they would have if the situation was real. However, the vignette methodology should still be taken into consideration when looking at the generalisability of the results.

Although not necessarily a limitation, the psychometric tool used (Evans-DeCicco & Evans, 2001) within the research has received limited usage in the time that it has been available, and there were some concerns regarding the tool itself, as the tool provides an overall score for attitudes which may not be useful. The interpretations of the score suggest that a lower score is indicative of negative attitudes whereas a higher score is

indicative of positive attitudes. Yet, two individuals may score the same overall but answer the questions differently. Therefore, using the overall score does not account for these nuances. However, as previously stated, the questionnaire has been found to have adequate reliability. It is of note that this is the only psychometric tool of its type to measure attitudes to pornography.

Future research considerations

Although assessing attitudes is useful for improving our knowledge and considering the clinical implication of these attitudes, it fails to inform researchers about the psychological underpinnings of how decisions are made and how attitudes are developed. As such, it would be beneficial to conduct a qualitative analysis to explore where these attitudes come from, why people have these attitudes and the factors they consider when making this decision (see chapter three). Whether the difference in decisions regarding access to pornography, for a sexual offender when compared to the other vignettes, may be a result of negative attitudes towards sexual offenders, is not yet clear. Therefore, future research should attempt to explore both in order to determine which appears to be influencing decision making. Finally, future research should also consider the use of vignettes with a first-person narrative as used by Harper, Bartels and Hogue (2016), and changing the wording 'sexual offender' to 'committing a crime of a sexual nature'.

Conclusion

Research exploring attitudes toward pornography use within secure settings is essential to understanding both societies and professional's decision-making process. It is vital to improve our understanding of this to promote positive changes and thus reduce the impact of stereotypes. This study has demonstrated that there is a lack of difference in the attitudes of staff and non-staff. It did, however, emphasise the less favourable view the participants had towards a sexual offender having access to pornographic material rather than a violent or non-offender. Finally, it demonstrated that a person's own attitudes toward pornography directly impacted their decision regarding pornography access for offenders. Decisions regarding access to pornography were not affected by the gender of the vignette. This study therefore highlights the importance of considering various interactive factors in a person's decision making. However, given the current movement in clinical practice to reducing restrictive practices, it is imperative that as professionals we are aware of our own attitudes, whether these are negative or positive, and remain objective in our decision making when applying these within clinical settings. Consideration may also be given to providing a better understanding on the potential therapeutic benefits (Watson & Smith, 2012) or risks regarding pornography use.

Chapter Three

Exploring Pornography Use in Secure Hospitals: A qualitative Analysis

Abstract

Purpose: This research paper reports findings from a qualitative analysis which explored pornography use in secure hospitals. The study aims to investigate what attitudes staff working in a secure hospital have towards patients having access to pornography, how they make decisions regarding access to pornography and what factors they consider during this process. This research is an extension of a prior quantitative research study (Mellor & Duff, 2019).

Method: The study utilised a qualitative approach using semi-structured interviews to explore professionals' attitudes towards pornography use in a secure hospital. The sample comprised of six volunteers who had taken part in a previous research study (Mellor & Duff, 2019) requesting to discuss the topic area further. As such this research study was developed. Thematic analysis was used to analyse the qualitative data and the Attitudes towards Pornography Scale (Evans-DeCicci & Cowan, 2001) was used to collect demographic information.

Results: Six themes were identified from the transcripts. The first theme explores staff members' attitudes toward pornography. The second relates to the use of boundaries and monitoring of pornography. The third theme looks at the potential impact that pornography could have on the

patient, either positive or negative. The fourth theme explores the extent to which patients are still considered as human beings, whereas the fifth theme explores the vulnerabilities that may make patients more at risk of being negatively influenced by pornography. The final theme looks at decision making regarding access to pornography.

Conclusion: The research offers an insight into how pornography within secure hospitals is managed. The research also provides an exploration into multi-disciplinary team decision making with regard to pornographic material.

Introduction

The availability of pornography is ever increasing (Ferguson & Hartley, 2009) and with this, researchers have begun to consider the effects of pornography exposure. Some research papers have reported the negative consequences of pornography with particular focus on sexual aggression (Marshall, 2000). As such, concerns have been raised regarding the possible clinical issues related to pornography access in secure hospitals; predominantly those that house sexual offenders (Mercer, 2013) who already possess sexual deviant interests. The Fallon Inquiry (Fallon et al., 1999) brought the issue to the forefront of media attention and prompted a thorough review of all aspects of physical and relational security within high secure hospitals (Exworthy & Gunn, 2003). The inquiry created a sense of scandal from the general public and perceptions of failure towards the risk management of offenders within a high security hospital. The Fallon Inquiry (1999) stressed the importance of controlling access to pornography as *'even apparently innocuous material can have a corrupting effect on individual patients'* (recommendation 24; Fallon Inquiry, 1999, p.42) and if not controlled could result in a thriving trade in pornography. Furthermore, Duff (1995) invited the need for policy regarding pornography and censorship in secure hospitals. On the other hand, mental health services have seen a shift in their approach regarding the need to reduce restrictive practices and blanket rules (Department of Health, 2014). Thus, it may be difficult to strike a balance when it comes to pornography use. Patients residing in secure hospitals are seen to have

the same needs for intimate relationships as everyone else, thus denying access to pornography can be seen as denying an expression of their sexuality (Perlin & Lynch, 2014).

Policing pornography

Current policies on pornography use vary dramatically across different organisations. For example, West Minister NHS Trust has a detailed policy leaving decisions to staff discretion, whereas other Trust's fail to provide any policy at all (National Health Service, 2010, p.10). Such policies often value the choice of the individual but fail to exclusively dictate the exact role of staff who police pornography access. In turn, such decision making is often left to the discretion of those working within that service and assumes the service user is aware that *'most people do not behave as the people in the magazine or video would'* (National Health Service, 2010; p.11). Furthermore, there are issues regarding the fact that a staff member presumably would be exposed to the pornography to determine whether it is suitable, resulting in the possibility that they may be negatively impacted. Mercer (2011) noted that the reviewing of pornographic material to determine its suitability often lies with nursing staff, as does the decision to restrict such items accordingly. Given this responsibility, it is concerning that prescriptive guidelines are not available to nursing staff to guide their decision making. On the other hand, nursing staff are committed to providing a duty of care and ensuring positive therapeutic engagement with offenders, where

managing pornography is a daily component of care-planning and risk assessment, for those whom it may be a risk for.

General Population Attitudes towards pornography

Several researchers have directly explored attitudes towards pornography with a number of populations. Haggstrőm-Nordin and colleagues (2009) explored the attitudes of Swedish students towards pornography and found that male students reported more favourable attitudes towards pornography than female students. Female students were more likely to report concerns that pornography created a distorted image of sexuality than males (Haggstrőm-Nordin et al., 2009). Furthermore, Hald (2006) found that within a Danish sample both males and females reported generally positive attitudes towards pornography. Research within the US identified that most participants felt that they had learnt about how to have sex from watching pornography, and therefore viewed it as educational (Rothman, Kaczmarsky, Burke, Jansen, & Baughman, 2015). Although some findings are mixed, in many research papers it is noted that men generally have more positive attitudes towards pornography than women.

Professionals' Attitudes towards Pornography

There has been some research with a focus on professionals' attitudes towards pornography consumption. Drake (1994) noted that 73% of university psychiatric nurse educators assessed felt that pornography

trivialised rape and 38% believed that it stimulated consumers to commit sex crimes. However, of the 200 participants involved in the study, 93% were not familiar with the literature related to the effects of pornography consumption. As such, it is likely that their perceptions of pornography were based primarily on their own experiences, beliefs and moral compass (Drake, 1994). Furthermore, this sample was a university-based sample of nurses and therefore not directly involved with patient care on a daily basis. A qualitative exploration by Mercer (2013) noted that male nurses were sympathetic to the needs of the offenders to access pornography. However, female nurses provided scenarios they had experienced, whereby pornography had been utilised by the patients and resulted in harassment and humiliation towards the women working on the ward. Mercer (2013) also noted that female nurses were content with those that had committed non-sexual offences to receive access to pornography, however, *'were resistant to the idea that those convicted of a sexual offence being entitled to the same rights'* (Mercer, 2013, p. 20). Therefore, it appeared that within this study the attitudes of women to sexual offenders having access to pornography differed from males. Additionally, there were concerns with allowing a sexual offender access to pornography than other types of offenders. This provides further evidence for the importance of assessing the attitudes of staff in secure hospitals, to explore the relationships that attitudes have with the decision making in the institution.

Mellor and Duff (2019) found that staff members based their decisions regarding the patient's access to pornography on their own attitudes towards pornography. Therefore, if they had a negative attitude towards pornography then they were more likely to say 'no' to the patient having access. The research also indicated that staff were less likely to allow a sexual offender access to pornography than when they were a violent offender or non-offender. Whether the staff member was male or female did not appear to predict their decision regarding whether the patient should have access to pornography (see chapter two).

Decision making

Researchers have explored how decisions are made within forensic mental health services, with specific focus on multi-disciplinary teams (MDT). In 1984, the Department of Health recommended that the profile of MDTs should comprise of psychologists, psychiatrists, nurses, social workers and occupational therapists when decisions are made (Study Group on the Development of the Psychiatric Services, 1984). Professionals working in secure services often have to make decisions considering issues related to risk and security. Thus, striking a balance between the two is often challenging. *"In an increasing risk-averse society, taking therapeutic risks becomes difficult to achieve"* (Davies, 2004, p. 234). A recent study by Haines, Perkins, Evans, & McCabe, (2018) focused specifically on decision making in multi-disciplinary teams and found that decisions are often unequally shaped by the professional's own personal values and by the

power dynamics linked to each member of the team. They noted that this may be because certain responsibilities are directly attributed to one individual within the MDT, such as the Responsible Clinician. Furthermore, nurses noted at times that their input in decision making was frequently overlooked, however, they were the ones often responsible for implementing team decisions and who had the most face-to-face contact with the patients (Haines et al., 2018). Although, Haines et al. (2018) do not mention pornography specifically, it is possible that the same process applies.

A recent systematic review by Deering et al. (2019) of twelve papers explored what patients felt were beneficial with regards to risk management. They noted that it was important that patients felt involved in the risk management plan in addition to their wider support network such a families and friends. Thus, recommending that inclusion should form a major proportion of any risk management practices.

Rationale

Although much of the research looks at pornography use by offenders (Allen et al., 1999), very few papers focus on how this is applied in practice or make recommendations for decision making. There have been minimal attempts to consider the qualitative nature of pornography access (Mercer, 2013) in secure hospitals and often research looks at quantitative aspects (Drake, 1994). It is helpful therefore as researchers

to understand the psychological underpinnings related to how staff working in secure hospitals make decisions about pornography use and the impact that their own attitudes towards pornography may have for risk management.

Aims

The aims of the study were:

- To explore the staff attitudes towards pornography use in secure hospitals.
- To explore how pornography use is managed in secure hospitals.
- To understand the psychological underpinnings of how decisions regarding access to pornography are made.

Method

Design

This was a qualitative study, which adopted a semi-structured interview. The methodology was influenced by the questions asked via email from the participants who expressed their interest to be involved in the research study. Thematic analysis is *"a method for identifying, analysing, and reporting patterns (themes) within data"* (Braun & Clarke, 2006, p. 79) across a data set. This particular method provides the researcher with the opportunity to generate codes that can be used collectively to develop themes within the data. The steps follow recommendations by Braun and Clarke (2006). As such, for the current research project, both researchers

focused on the staff member's use of language within the identified themes. The transcripts were coded by one researcher separately and then discussions were had between the two regarding any discrepancies. Inter-rater reliability was calculated at .88 (Cohen's Kappa).

The current research project was approved by the University of Nottingham, Faculty of Medicine and Health Sciences Research Ethics Committee and the Research Ethics Committee at the service, in which the research was conducted. The service was a private sector hospital housing offenders and non-offenders in environments ranging from rehabilitation services up to medium security wards.

Participants

Participants were recruited from a previous study conducted by the researchers (Mellor and Duff, 2019). Although this research study was not an initial aim of the thesis, it became apparent (following completion of the primary research study, chapter two) that a number of professionals within the field were eager to express their thoughts further. Therefore, this particular study was developed following expressions of interest by participants. As such, the research project was extended to include a qualitative element (this chapter) that allowed the six volunteers to be involved in the research. The cohort consisted of one male and five females aged 23-38 years (mean age=28, SD= 5.37). Participants were all staff members currently working within the secure hospital consisting

of one Forensic Psychologist, one Trainee Psychologist, two Assistant Psychologists, one Clinical Information Administrator and one Speech and Language Therapist (see Table 7).

Table 7: Participant Characteristics

	Participant					
	1	**2**	**3**	**4**	**5**	**6**
Gender	Female	Female	Female	Female	Male	Female
Age	27	24	23	38	29	27
Job Role	Assistant Psychologist	Clinical Information Assistant	Assistant Psychologist	Speech and Language Therapist	Trainee Psychologist	Forensic Psychologist
Previous personal use pornography	No	No	No	Yes	Yes	No
Previous exposure to pornography	Yes	Yes	No	Yes	Yes	Yes
Attitudes towards pornography score	53	39	48	57	49	56

From the attitudes to pornography scores it was noted that in general participants had a neither positive nor negative attitude towards pornography, except participant two, whose scores were slightly lower than the rest. This was reflected in participant two's qualitative responses in the interview.

Procedure

Following completion of the previous research project (chapter two), participants emailed the researcher, volunteering to be involved in a face-to-face interview. Accordingly, the research was extended to include a qualitative interview and the University ethics committee was contacted for their approval. Once this was received, the participants were invited, via email, to attend the interview. Prior to the interview, participants were informed of the purpose of the research through information sheets (Appendix M). They were then provided with a consent form to sign (Appendix N). They were informed that interviews would be confidential to the researcher and research supervisor, but that interviews would be written up as part of the researcher's doctorate thesis and for potential publication. All participants agreed to have their discussion audio-recorded.

Participants were then interviewed individually with one researcher present. The duration of interviews ranged from 20-35 minutes. Before beginning, participants were given verbal explanations of the project and given the opportunity for questions, thus helping participants feel at ease and building rapport with the researcher. Participants were given questionnaires to complete in order to gather demographic information; gender, age and job role. They were also asked to define pornography. Participants were then provided with definition of pornography by Hald, Malamuth and Yuen (2010); namely, *'sexually explicit materials intended to create sexual arousal in the consumer'*.

Next, participants completed the Attitudes to Pornography Scale (ATPS; Evans-DeCicco & Cowan, 2001) to measure their attitudes towards pornography. The Attitudes to Pornography Scale comprises of 13 questions and is rated on a seven-point Likert type scale. Answers ranged from strongly agree (7) to strongly disagree (1). Questions included *'pornography gives men false expectations about the opposite sex'* and *'pornography is stimulating and exciting'*. Higher overall scores on the ATPS indicated more positive attitudes to pornography. Scores on the scale could range from 13-91. This scale had adequate reliability with an alpha co-efficient of .85 (Evans-DeCicco & Cowan, 2001). The ATPS scores were collected for further demographic information and all demographic data were used to describe the sample and to identify whether any of the participants has particularly positive or negative attitudes toward pornography and whether this was reflected in their qualitative responses.

Participants were then asked semi-structured questions regarding pornography use and in particular its usage in secure hospitals (Appendix O). Questions were open-ended to allow a range of responses and to ensure that the participants did not feel uncomfortable being asked questions they did not know the answers to (Lurie, 2005). Thus, the interview explored:

- Personal feelings surrounding pornography

- Their experience of pornography use in secure hospitals
- Challenges or considerations that arise when making decisions regarding a patient's access to pornography
- The organisations policy and guidelines surrounding access to pornography.

At the end of the interview the participants were thanked for their participation and given a debrief sheet to take away with them (Appendix P).

Ethical considerations

Due to the sensitivity of the research topic, it was important to consider the ethical issues in order to protect and reassure the participants. Thus, all participants were provided with information prior to commencing the research regarding their right to withdraw at any time and were told that any information gathered would be stored on a password-protected computer. Participants were only identifiable through a personal identification number. Participants were provided with a debrief sheet at the end of the research. This provided them with contact details for both the researcher and research supervisor. Additionally, participants were given internet links to websites for emotional support.

Qualitative analysis

The interview data were analysed using Thematic Analysis as guided by Braun and Clark (2006), by looking for recurring patterns in the data set.

Within the thematic analysis the transcripts were analysed in an inductive way, as there was not a pre-existing framework with which to code the data. The thematic analysis looks at data at a latent level that goes beyond the semantic meaning of the data in order to interpret the underlying meanings (Braun & Clarke, 2006). This was deemed as an appropriate method with which to analyse the data, as the transcripts represent the behaviours as they occurred in their natural environment and in real time and as such can be considered interpretations in the first iteration. Participants had volunteered of their own accord to be involved in the research with no reward.

Analysis was guided by Braun and Clarke's (2006) six-phase approach to thematic analysis as detailed below:

1. Firstly, it was important to become familiar with the data, which was achieved by repeated reading and re-reading of the data set following transcription.
2. Initial codes were generated, whereby interesting features of the data were coded manually and systematically across the entire data set.
3. The initial codes were then grouped and potential themes were developed. These groupings were continually reviewed so an exhaustive set of data to support each category was identified.

4. Next, themes were refined and the data were organised into dominant themes and associated subordinate themes. This stage also included re-reading of the data set
5. Stage five included defining and naming themes. This revealed six dominant themes, e.g. controlling pornography, and 13 subthemes, e.g. boundaries and monitoring.
6. The last phase involved the final analysis and writing-up of the report.

Results

Six themes were identified from the data set and each theme then comprised of sub-ordinate themes (see Table 8). Each theme will be discussed in turn below. Where verbatim extracts have been used to illustrate analysis, participants are identified as Participant 1, Participant 2, etc. Ellipses have been used to denote where parts of a quote have been omitted due to irrelevance.

Table 8: Themes and Subordinate Themes

Themes	Subordinate themes
1. Attitudes toward pornography	Problems with relationships False Expectations Porn is for men
2. Controlling pornography	Boundaries Monitoring
3. Consequences for the patient	Positive consequences Negative consequences
4. Patients are people	Human Rights Blanket rules
5. Individual propensities	Offence Diagnosis
6. Decision making	Impact of attitudes The final decision

1. Attitudes toward Pornography

This theme explores the first aim of the research paper. There were three subordinate themes associated with the theme staff's personal 'attitudes towards pornography'. These include the problems pornography may have on relationships, false expectations and the concept that pornography is something that mostly men engage with.

Problems with relationships

Several participants demonstrated throughout the interviews the possible problems that they felt use of pornography could have on a person's intimate relationship.

"*From experience of like talking to friends or whatever…. which can cause a rift between couples" (Participant 1).*

"Interviewer: Do you think there are any negatives of using pornography? Participant 2: Erm I think obviously it depends on whether you are in a relationship or not erm I think some couples find it beneficial to use pornography to try and like stimulate the senses but I think depending on the person I think other people would find it offensive if they found out that their partner in the relationship was using pornography" (Participant 2).

One participant also expressed the belief that pornography may be more suited to single people.

"I've never really felt the need to use pornography maybe because I've been in a relationship and I feel that only single people use pornography. (Participant 3).

The above demonstrates the possibility that the use of pornography could cause problems between couples.

False expectations

A recurring theme participants expressed was their personal belief that viewing pornography could lead to a person developing false expectations.

"He would have an expectation of how women should perform" (Participant 1).

"It's quite easy for them to get into the wrong mind-set where sex actually comes about erm and how to treat women as well because I know from my own experience of watching videos the women are sort of degraded" (Participant 2).

"I think there's lots of stereotypes about you know the size of breasts and the sizes of penises" (Participant 4).

"Seeing stuff like that it does makes you I guess that kind of warped impression you get of what you'd expect and what's kind of considered normal" (Participant 5).

"I think for a lot of men it could give them unrealistic expectations of women" (Participant 6).

One participant spoke about their belief that pornography use in general may reinforce negative beliefs.

"It's definitely giving off the wrong message to young boys and guys to think that they could actually treat women the way that porn is portrayed" (Participant 2).

These extracts demonstrate the concerns professionals have regarding the impact that pornography may have on people's attitudes toward sex and women.

Porn is for men

A recurring pattern in the transcripts was the on-going belief that pornography is something that men use more than women. A belief that pornography is developed and consumed mainly for men. The participants look to provide an understanding and rationalisation for this.

"I don't know I feel like women don't use it as much as men, but I don't know why" (Participant 6).

"I've kind of often thought about why men are more prone to using it and I think maybe they are just a bit lacking in imagination and they need a visual stimulus whereas women can kind of conjure those images up for themselves and perhaps use masturbation without having to have that direct visual input" (Participant 4).

Here, one participant explains the difference in the use of pornography by men and women in terms of men's lack of imagination. This portrays an image that some people think that pornography is something that women don't use to the same extent as men. This may also be a result of society's views about pornography and women using pornography, as the literature related to pornography use focuses primarily on males as consumers rather than women.

2. Controlling pornography

This theme addresses the second aim of the research. There were two subordinate themes associated with the theme 'controlling pornography'. These include: boundaries around pornography use, how the patient's use of pornography is managed and monitored including extreme usage of pornography.

<u>Boundaries</u>

Participants often spoke about the rules in place to manage pornography use by a patient.

"That person you know has some kind of expectation and boundaries round their use…. if you breach any kind of conditions that we've put in place i.e. giving it to people that shouldn't be accessing it" (Participant 4).

"We make sure that it's only for pornography and they don't explore any other websites" (Participant 2).

Participant 2 considers the viewing of pornography on the internet. The hospital's current policy regarding pornography suggests that a patient can access pornographic magazines or DVDs, however, does not consider the access of pornography using the internet.

The above extracts demonstrate the way in which staff manage the use of pornography on the wards and how boundaries are in place to ensure appropriate use of the material. Interestingly, however, only one participant was able to accurately state the organisation's current policy and procedures regarding access to pornography. The rest simply assumed what the policy may say or did not know that a policy even existed.

"No no idea (laughs) is there a policy?" (Participant 1).

"I don't know officially what the policies are, but I know that it has been talked about on wards and I feel like everyone's a bit like doesn't quite know" (Participant 3).

The above therefore suggests that although many of the participants spoke about implementing boundaries regarding the patient's use of pornography, most, in fact, did not know about the boundaries currently stipulated by the policy, which is concerning.

Monitoring

A key issue within the transcripts was the use of different tools in order for staff to constantly monitor the patient's use of pornography.

"If we've got a baseline of their sexual behaviours say for 6 months then we'll give them we'll allow access to it and then we'll monitor …we use like a scale that measures overt sexual behaviours" (Participant 6).

One participant reported the importance of nursing staff in ensuring the monitoring of pornography use.

"Nurses and Healthcare Assistants would likely be the ones that would pick up whether patients are abusing their use of pornography by lending it to other patients and monitor this as they are the ones that spend the

most time around the patients so are able to pick up on these things" (Participant 6).

These reports demonstrate the importance staff place on the on-going process of monitoring pornography use after a patient has been granted access and ensuring that only the patient given access to the pornography is the one using it.

Alongside monitoring of pornography was the notion that patients have the potential to overuse pornography, if given access to it.

"I worked at XXXX hospital there was a guy who was very very sexualised already, we gave him access to pornography and then he masturbated 10 times a day" (Participant 6).

"You know they can't just watch it all day and then not go to their sessions" (Participant 4).

This demonstrated that staff were concerned that access to pornography could result in extreme usage, and that the patient may become oversexualised, which in turn could significantly impact on other areas of their life, such as treatment. As such, the monitoring of pornography use was considered important.

3. Consequences for the patient

There are two subordinate themes associated with the consequences for the patient if they could have access to pornography.

Positive consequences

Participants often spoke about the fact that patients are detained in a hospital setting to receive treatment and rehabilitation, and expressed the idea that pornography could form part of their rehabilitation process.

"That can kind of rehabilitate them I think that that's important and it shouldn't it shouldn't be taken away" (Participant 1).

"I would think if someone for example was from a more forensic background then maybe something could be used alongside it to make it more, I guess we are still a hospital setting so they should still have access to it but maybe some sort of sessions alongside it" (Participant 3).

"They should be educated about what is appropriate and why what they did was inappropriate and illegal" (Participant 1).

Although, as highlighted in the 'negative consequences' section, pornography may not be educational and may increase a person's risk of imitating the observed behaviours which could be harmful.

Commonly, participants referred to the idea that pornography could be used to normalise sex.

"I think it normalises sex for them" (Participant 5).

One participant also considered normalising the patient's life, whereby they may use pornography at home.

"I think in my experience it's been more of a normalising thing that men would access in the community and at home …I think that it allows erm a bit of normality" (Participant 4).

Participants recognise that being in a hospital is not necessarily part of normal life and therefore the use of pornography can help them to feel more normal and living like they would in the community.

Participants often spoke about the use of pornography as a sexual outlet and a way for patients to release their sexual tension in a healthy manner.

"I think it can be used to alleviate that sexual tension…so I think as long as it's monitored and appropriate, they need to be able to kind of relieve that tension in an appropriate way" (Participant 1).

"Certainly, in secure settings it can be quite helpful to relieve that sexual tension" (Participant 5)

"Erm I think for some guys obviously they're locked up they they're not allowed to have sexual relationships but they still have a sex drive like any normal person does so I think for a lot of them it probably allows them to release sexual tension in a safe way if they're using it erm correctly" (Participant 6).

The above extracts demonstrate professionals' beliefs that access to pornography can help patients to reduce their sexual tension and be a healthy outlet to express their sexual desires.

Negative consequences

A number of participants expressed the notions they felt that patients were in hospital to get better. Thus, a recurring pattern across the transcripts was concerns that pornography consumption could make the patient worse, rather than better.

"He (patient) was given access to pornography and it massively increased his anger" (Participant 6).

"He (patient) would see pictures of naked women and stuff and it would lead to lots of sexual thoughts he will get very elated and then try and sexually assault people" (Participant 5).

The transcripts echoed a caution of giving a patient pornography that may cause them to deteriorate.

There was also the belief that this may be the case for a patient having access to pornography.

"Erm I think a lot of guys who have committed sexual offences they already have negative attitudes towards women and I think it probably does reinforce them" (Participant 6).

There was also a concern that patients may imitate the behaviours observed within the pornography.

"They're more likely to kind of read into that and take that as kind of gospel that that's what sex is and kind of copy things that they see in porn" (Participant 5).

"I consider where there is any kind of correlation between what they are asking for and staff on the ward is it kind of a sexual enactment thing" (Participant 5).

This demonstrates the belief that observing a behaviour that is deemed as enjoyable sexually may result in a person re-enacting that behaviour in real life. Thus, concerns were expressed over areas that might relate to risk.

4. Patients are people

Two subordinate themes were associated with the theme of 'patients are people'. These relate to the idea that pornography access could be a human right, the notions that everyone should have individualised care and that there should be no blanket rules.

<u>Human rights</u>

Participants spoke at times about everyone having a right to pornography and that a patient residing in a secure hospital should be no different.

"We need to be giving people access and they have a right to sexual relationships but they don't have that opportunity when they are in secure services" (Participant 1).

"I think it is within the patient's rights to have access to pornography, like us and them, we're all humans and we have needs to fulfil" (Participant 2).

"I guess we are still a hospital setting so they should still have access to it but maybe some sort of sessions alongside it" (Participant 3).

The above reflects how participants view accessing pornography as a basic human right and how a patient being in a hospital should not affect this right. However, one participant recognises that pornography use needs to be structured in order to reduce the potential negative consequences.

The current service policy considers pornography within the context of human rights and states *"legally, the charity should make reasonable provisions for a patient's access to sexually explicit material…a person's access to pornographic material which is their own property is an aspect of their personal life. A person's sexual life is protected by Article 8 European Convention of Human Rights therefore any interference with the exercise of this right must be proportionate and go no further than necessary"* (see Appendix Q). This suggests that if a person living in the community can look at legal pornography, and if there is not a good enough reason to prevent someone in hospital from doing so, then they should be allowed the same.

<u>Blanket rules</u>

A recurring theme from the interviews was the notion that all patients should receive individualised care that is tailored to their personal needs.

"It would need to be agreed beforehand to be sure that there is nothing inappropriate going on there and it's kind of on an individual basis" (Participant 1).

"I think taking into consideration more individual factors but I don't think necessarily anyone should be ruled out" (Participant 3).

"I think it's something that needs to be accessed individually because I think for some erm individuals it would be absolutely not appropriate" (Participant 4).

A desire to avoid implementing 'blanket rule' was expressed.

"For them to have something to have access to rather than just having a blanket ban and saying no you can't have sex whilst you're here which is a bit of an unrealistic expectation" (Participant 4).

"I think it's something that shouldn't be like a blanket availability just to anyone I think it should be kind of very individualised" (Participant 5).

Others spoke about taking positive risks.

"I think that everyone's got to have an opportunity to see whether it is or isn't suitable" (Participant 6).

"I think in most cases we'll take a positive risk and allow them to have it" (Participant 6).

The comments made by the participants suggest that staff are aware of the needs that patients may have and are avoiding using restrictive practices to accommodate to specific individuals.

5. Individual Propensities

The theme of individual propensities is made up of two subordinate themes. These include the patient's offence and diagnosis.

<u>Offence</u>

The offence of the patient was discussed in many of the transcripts and appears to play a key role in the staff's discussions around pornography use.

"The patient's history would have to be looked at and erm so say if they did commit a sexual offence I think that staff would have to look at the severity of it and how that actually might have an effect on them watching pornography" (Participant 2).

"Especially with sexual offences, I think that probably comes a lot in the decision making" (Participant 3).

I think for particular patients with a history of erm paedophilia or people with kind of violent sexual tendencies" (Participant 4).

"Personally, I would struggle with the thought of a paedophile having access to pornography" (Participant 5).

The consensus from the participants was that there was a more cautious approach to allowing a patient who had committed a sexual crime access to pornography.

Diagnosis

The diagnosis often plays a role in the dialogue of the participants when discussing a patient's access to pornography.

"I work in a Huntington's disease ward where it is more about quality of life so for men on that ward we would be more likely to give them access to pornography than maybe on another ward" (Participant 3).

"So, you know working with young males particularly with ASD, you get a lot of patients who are high functioning … so it's really quite appropriate" (Participant 4).

"Erm I think it gives particularly men with learning disabilities a lot of them haven't had sexual experiences" (Participant 6).

The above extracts highlight how the diagnosis of the patient appears to play an important role in determining whether a patient should have access to pornography or not.

6. Decision making

The third aim of the research explores how decisions regarding access to pornography are made. The theme decision making is comprised of two subordinate themes. These include the impact of attitudes and the final decision.

<u>The impact of attitudes</u>

When talking about decision making regarding a patient's access to pornography, participants often spoke about how different staff members own attitudes would influence the decision making.

"*Personally, I would struggle with the thought of a paedophile having access to pornography" (Participant 5).*

"At the moment I work with a social worker who is quite erm I don't know what the right word it, I don't want to say prudish but she's quite

traditional and she's got quite strong views about how things should be run and getting her to come around to the idea of allowing sexual offenders pornography I think is quite difficult" (Participant 6).

The above extract demonstrates that in MDT meetings different professionals have differing opinion and may be based on their own moral judgement, rather than taking a more objective approach.

<u>The final decision</u>

When discussing who had the final decision regarding whether a patient does or does not have access to pornography it appears that Psychologists play a crucial link, due to their knowledge of forensic issues and the patient's risk history.

"I (Psychologist) would be the one that primarily has more in-depth knowledge about their sexual risk…I do think quite often that the team rely heavily on you as a Psychologist to inform their decision quite heavily…I think a lot of it does fall to you and it's about you being able to persuade the team either way whatever you think really" (Participant 6).

Although, key professionals played a significant role in the decision making, ultimately the final decision was a team decision.

"I don't think we always come to an agreement I think perhaps there has been a split and we've talked about it and we've come to a decision as a team…we would make the decision as a team, as we do with most decisions" (Participant 6).

Thus, the use of MDTs and making the decision as a team appears to be an important process within the decision making. It is possible that the use of an MDT could reduce the likelihood of bias from an individual's own attitudes. That is unless the majority share the same bias.

Discussion

Thematic analysis of the interview transcripts yielded six themes that provided an insight into the attitudes of staff members towards pornography use within secure hospitals and how such decisions are made. Presently, there is minimal research within this area, therefore little is known about the attitudes of staff who are likely to make such decisions regarding pornography access.

Theme One – Attitudes toward Pornography

Although participants completed the Attitudes toward Pornography Scale (Evans-DeCicco & Cowan, 2001), which indicated neither positive nor negative attitudes towards pornography, during the interview they highlighted a number of concerns related to pornography. Participants considered personal experiences of pornography having a negative impact

on relationships. They also noted the possibility that patients watching pornography may develop unrealistic expectations of relationships or sex. There was the ongoing belief that pornography is something that men generally use rather than women. This is mirrored within the literature (Haggstrőm-Nordin et al., 2009). Interestingly, four of the six participants had been exposed to pornography, meaning that they have seen pornographic material, however, only two participants admitted to using pornography. This therefore may have been influenced by the stigma associated with pornography or the fact that a majority of the participants were female. Thus, such viewpoints may be considered when clinical teams have discussions regarding a patient accessing pornography, particularly as previous research suggests that personal attitudes influence decision making (Mellor & Duff, 2019).

Theme Two – Controlling Pornography

The second theme looks at how staff control the patient's use of pornography. This theme provides an understanding of how staff would ensure that there are boundaries in place in order to monitor and manage the use of pornography by patients within a secure hospital. It emerged that staff regularly review the patient's use of pornography to determine whether it is appropriate, and monitor their behaviour once given access to pornography. This ensures that they are aware of any potential impact on their level of risk and any inappropriate use such as extreme usage. Consequently, staff were generally keen to allow patients access to

pornography within the parameters of a robust risk management and behavioural observation plan, in line with reducing restrictive practices (Department of Health, 2014). Within the service policy are boundaries regarding pornography use, including *"sexually explicit material should be kept in the patient's room for personal and private use".* However, only one participant in the study was aware of the policy. This is particularly concerning given that these participants may be involved in discussions regarding a patient's access to pornography but in fact do not know what the policy suggests. Drake (1994) highlighted the need for clear policy regarding pornography use, however, it appears that even with a policy being in place that it is not being used.

Theme Three – Consequences for the Individual

The third theme 'consequences for the individual' explores both the potential positive and negative consequences of a patient having access to pornography. This theme explores incorporating the use of pornography within treatment. Johnson (2015) explored the use of pornography within the treatment of sexual offenders and noted that pornography use with sexual offenders may trigger the offender's memory about their offending. Furthermore, there is no empirical evidence supporting the use of pornography within treatment (Johnson, 2015). Wright, Tokunaga, & Kraus, (2015) found that there was a positive association in general populations between pornography use and sexual aggression. Thus, it is understandable that staff have some concerns

about the negative consequences of pornography. Mellor & Duff (2019) also noted that pornography use can be an instigator for offending and therefore pornography use with sexual offenders should be limited. The theme raised concerns regarding the impact that pornography use could have on the patient's attitudes towards women and in turn their behaviour. Concerns included the possibility of the patient imitating the behaviour (Bandura, Social Learning Theory, 1973). It may also be that the use of pornography may increase their sexual preoccupations. This theme demonstrates the staff members' apprehension about pornography due to the concerns that it could make people worse.

Theme Four – Patients are People

The fourth theme of 'patients are people' looks at staff members' ability to recognise that patients have similar needs to anyone else with regard to intimate relationships (Perlin & Lynch, 2014). The theme puts real emphasis on the movement at present in secure hospitals to reduce restrictive practices and take a more individualised approach to patient care. This mirrors the advice provided by the Department of Health (2014) regarding reducing service-level restrictions. Furthermore, Mercer (2013) noted *"from the perspective of ethical practice, restriction can be interpreted as positive intervention or breach of human rights"* (p.15). Interestingly, participants considered pornography to fall within human rights, however, other items such as alcohol and nicotine are not considered human rights. This is likely because sexual needs are seen as

something all humans experience and therefore have a right to express their sexuality (Perlin & Lynch, 2014). This theme considers the patient's right to access pornography but recognises the needs for this to be boundaried to reduce any potential negative consequences of pornography. The theme overall appears to illustrate a positive attitude towards pornography use in secure hospitals, guided by risk management. Therefore, reducing the likelihood of restrictive practice and demonstrating an openness to consider the individual needs of the patients, as well as promoting a positive quality of life.

Theme Five – Individual Propensities

The fifth theme 'individual propensities' focused on the vulnerability of the patient which may put them more at risk of being negatively affected by pornography. These included issues related to mental health diagnosis and their previous offending history. There was a consensus from the participants that patients who had a previous history of sexual offending may be more vulnerable to negative effects of pornography. Therefore, as clinicians we need to think more about the way we treat sexual offenders in relation to pornography. Marshall (2000) identified that exposure to pornography may influence the development of sexual offending in some men, however, they also noted that for most men who sexually offend the use of pornography is a manifestation of already sexually deviant interest. Furthermore, it can be difficult to draw firm conclusions regarding the impact of pornography on different individuals when the research in this

area is so contradictory (Mellor & Duff, 2019). Linking with theme two, it may be that pornography could be incorporated into treatment programmes. Johnson (2015) noted that some probation officers were doing just that. Although this is not common practice, they felt that soft core pornography could support sexual offenders to redefine and recondition their sexual arousal and interests to more appropriate content. However, the literature underpinning this is lacking and in fact other researchers suggest that pornography use increases risk (Malamuth, Addison, & Koss, 2000). Services may be cautious about how society may view a sexual offender having access to pornography, as happened in the Fallon Inquiry (1999) and the possible backlash from this. However, from the data sets it appears that staff are open to the idea of pornography which may lead to less restrictive practices in relation to a patient's access to pornography.

Theme Six – Decision Making

The final theme 'decision making' addresses the third aim of the research to focus on the way in which staff make decisions regarding access to pornography. This looked particularly at the influence of attitudes towards pornography on decision making and who generally has the final decision. Staff were able to recognise the impact that negative attitudes towards pornography could have regarding MDT discussions. However, positively, they were able to identify that any subjectivity is generally balanced out by making the decision as a team. Previous literature suggests that

decision making within MDTs is often unevenly weighted and that the Responsible Clinician has primary responsibility (Haines et al., 2018), whereas this did not appear to be the case within this research. Thus, suggesting that decision making considers all professional opinions and experience rather than being unevenly weighted towards one member of the team. This, therefore, could improve clinical practice, and allow members of the team to feel valued and important as well as reducing possible biases. Interestingly, none of the participants considered involving the patients in the decision making or risk management process despite research indicating that patients find this beneficial (Deering et al., 2019).

Overall, the research aims to gain an understanding into staff attitudes towards pornography within secure hospitals, how pornography use is managed and how decision making is achieved. The research suggests that there is some overlap between attitudes towards pornography and decision-making regarding access to pornography. The research indicated that staff generally have a liberal and open view towards the use of pornography within such settings, however, that they have concerns regarding sexual offenders in particular having access to pornography, as demonstrated within previous literature (Mercer, 2013). Alongside this comes issues with regards to pornography in general and its use of violence in a large number of pornographic productions (Bridges et al. 2010), therefore possibly reinforcing sexual offenders pre-existing beliefs

about the use of violence during sex. Interestingly, although policy and guidelines regarding the use of pornography in secure hospitals was available, only one participant was able to demonstrate an awareness of the policy. This highlights possible concerns that decisions are being made without the use of policies, which are aided to guide decision making. Thus, recommendations may be to healthcare services to ensure that their staff are aware of current policies related to pornography use. However, as noted by Mercer (2011), the reviewing of pornographic material is often completed by nursing staff and unfortunately no nursing staff volunteered to be included within this study. It is also recommended that when making decisions regarding access to pornography that the patient is included in this process (Deering et al., 2019).

Interestingly none of the participants spoke about the issues that come with the production of pornography material. Research using the self-objectification theory noted that women begin to view themselves as sexual objects as a result of pornography (Tykla & Kroon Van Diest, 2014). Objectification theory (Fredrickson & Roberts, 1997) serves as a useful framework for studying sexual objectification among women. This theory specifies that being sexually objectified encourages women to adopt an observer's perspective of their body (i.e., to self-objectify), which is damaging to their wellbeing in a multitude of ways. Furthermore, women used in the production of pornography are often subject to violence and coercion during filming (Hughes, 2010). However, none of

the participants in this study discussed these issues, focusing primarily on the impact of pornography on the patient's risk.

Clinical Implications

The research highlights that pornography use in secure hospitals can be a contentious issue which presents an array of opinions and concerns. This study notes the importance of staff having an awareness of their own attitudes and challenging these to ensure that it does not impact on their decision making. With regard to professional practice, this research aims to provide an understanding of decision making in a hope to continue the movement away from restrictive practices. The topic of pornography access, with sexual offenders, can understandably cause anxiety within staff. This research emphasises that although staff were open to patients having access to pornography that it did need to be used appropriately, correctly monitored and risk managed. Patients detained in secure hospitals have a range of complex issues and needs and therefore it is essential that staff take a collaborative and positive approach to their treatment in the least restrictive form. However, as demonstrated from the research this may be hindered by the staff member's own attitudes towards pornography, as there appears to be a dilemma between their personal views and the need as a clinician to promote free choice. Thus, providing further evidence for the need to make decisions regarding patient care objectively (such as offence paralleling behaviours) rather than on their own subjective feelings. Furthermore, any access to

pornography should be considered carefully due to the possibility of a patient copying the behaviour observed in pornography and increasing their desire to act this out. This therefore creates issues regarding the objectification of pornography actors and the possibility that this may reinforce their already negative beliefs. The research also highlights the needs for services to consider training staff in this area to ensure that they are aware of the current policies.

Strengths and Limitations

One strength about this research is that it is the first piece of research to date that directly explores staff attitudes towards pornography and provides an understanding of how pornography is managed and how decisions regarding access to pornography are made within secure hospitals with a range of staff members. Whereas previous research, Mercer (2013), focused in particular on mental health nurses' views regarding sexual offenders having access to pornography and did not measure their attitudes toward pornography in general.

However, there are a number of limitations to this study. It is noted that the study used a small sample which limits the reliability of the results. Additionally, some of the participants may not have a direct influence in decision making. Thus, future research should endeavour to include nursing staff within the sample. Furthermore, volunteers for the research were predominantly female staff. Thus, the results may be biased and the

results may therefore be vulnerable to gender differences. It would therefore be useful to explore why more males did not volunteer to help with the research. It may be that females are generally more likely to volunteer than males (Shelton et al., 2013). Moreover, a further limitation may be the fact that the participants spontaneously contacted the researcher following their involvement in an earlier research project (see chapter two). This piece of research only came about as a result of participants from the quantitative study volunteering to provide further information. Therefore, these participants are likely to be a subgroup of staff and may not be typical of a general staff sample. It is likely that they may have self-selected as a result of having strong opinions in the area, hence there could be a possibility of selection bias. Any conclusions drawn from the research are not representative to staff working in secure hospitals as a whole and should be interpreted with caution. Anonymity cannot have been fully maintained due to the primary researcher assigning participant numbers to the transcripts. Therefore, potential research bias must be taken into consideration. Future research should endeavour to have an external party assigning participant numbers.

Although the questions did not focus on gender in relation to the patient's pornography access, all participants only worked with male patients and therefore their responses and experiences focused on pornography use with male patients. Therefore, this limits the generalisability of the results to the use of pornography with male patients. However, there is no

research to date exploring the use of pornography by females in secure hospitals. Finally, the interview schedule included some closed questions. As such it is possible that this could have limited the discursiveness on the part of participants.

Future research

Future research should attempt to include more males into the sample to rule out any possible confounding variable of gender. Furthermore, as nursing staff are often the ones that implement decisions on a day to day basis it would be useful to include these within the sample. All participants involved in the current study worked with male patients, therefore future research could include participants that work with female patients to see whether there is a difference.

Conclusion

The present research study provides an insight into the experiences of staff working in secure hospitals and their attitudes towards pornography use within such a setting. The research was of particular interest considering the changes within the Department of Health (2014) to reduce restrictive practices within secure hospitals. The study aimed to build upon research regarding this population which appears to be under-represented within the literature, and thus this research contributes towards this. The current study also provides a foundation for future investigations. The limitations above point to several areas that are still in

need of further exploration and highlight a need to make professionals aware of current policies related to pornography.

Chapter Four

The Attitudes towards Pornography Scale: A Psychometric Critique

Introduction

Although the pornography industry has been in existence for a number of years and appears to be growing ever larger, there is relatively little research into attitudes towards pornography. The Attitudes toward Pornography Scale (ATPS) was developed in 2001 by Evans-DeCicco and Cowan. Although the scale was developed over 17 years ago, its usage within research is limited. That said, it is the only scale developed that directly assesses an individual's attitudes to pornography.

Evans-Decicco and Cowan (2001) validated the measure on 165 (62.8% women and 37.2% men) college undergraduate students. Participants were recruited from an undergraduate introduction to psychology class in America. The scale was developed to assess whether someone had either positive or negative views of pornography and was provided to the participants using a questionnaire. However, the authors provide no further detail regarding how the measure was developed, normed or why each item was included. It was noted that female participants generally had a less positive attitude towards pornography than males.

Studying attitudes to pornography is important for numerous reasons. Firstly, when exploring the attitudes to pornography, in general, males

have a more positive attitude to pornography than females. As such, pornography consumers are more likely to be male (O'Reilly, Knox, & Zusman, 2007). Research has consistently identified that there is a relationship between attitudes toward pornography and pornography consumption (Shaughnessy, Byers, & Walsh, 2011; Svedin, Akerman, & Priebe, 2011). Therefore, someone with more positive attitudes towards pornography is more likely to use pornography themselves. This could explain why males are more likely to use pornography than females. Some researchers suggest that there are negative effects associated with pornography use, including an increase in aggression and sexual aggression (Allen et al., 1995). Although it is not yet possible to identify a causal link, it may be that those with positive attitudes towards pornography use pornography more, which in turn may increase their risk of sexual aggression.

Secondly, when exploring the attitudes of staff members working in secure hospitals to pornography, particularly with sexual offenders, there was a marked difference in the attitudes of male and female staff to pornography. Mercer (2013) noted that female nurses described pornography as a 'threat'. Examples were provided whereby pornography was used to harass and humiliate female staff members working on the ward (Mercer, 2013). At the time of the study, the ward had been wiped of any pornographic material and female nurses were resistive to pornography access by sexual offenders. Thus, concerns were raised

whether the attitudes to pornography had led to the use of 'blanket bans' (Mercer, 2013). It is also important to consider how attitudes to pornography may affect access to pornography (see chapter two). If staff members possess negative attitudes towards pornography, then this may affect their clinical decision making regarding a patient's access to pornography. Kingston et al. (2008) suggest that for high risk sexual offenders' pornography is linked to recidivism. Given this, it may be that attitudes to pornography indirectly link to risk of recidivism (Kingston et al., 2008).

Aims

The ATPS is a relatively unused psychometric and as yet there is no psychometric critique that explores each of its psychometric properties. Thus, this paper aims to address this gap. Initially, an overview of the scale will be provided in addition to a range of psychometric properties. Limitations and recommendations for future research will be highlighted throughout.

Overview of the ATPS

The ATPS is a 13-item psychometric that aims to assess attitudes toward pornography. The 13 items of the scale assess both positive and negative attitudes to pornography. There are five items that are positive attitudinal statements, such as *'pornography teaches new sexual techniques', 'pornography is educational'* and *'pornography is stimulating and exciting'*.

The eight remaining items focus on negative attitudes toward pornography, such as *'pornography gives men false expectations about the opposite sex'* and *'pornography breaks down family structures'.* Each item is rated on a seven-point Likert-type scale. Responses range from strongly disagree (1) to strongly agree (7). Thus, negative statements are reverse-scored. Higher overall scores resulted in more positive attitudes toward pornography, with possible scores ranging from 13-91.

Within the Evans-DeCicco and Cowan (2001) paper, they noted that the mean scores for female participants was 46.45 (SD=14.22) and for male participants the mean was 51.90 (SD=12.49) (Evans-DeCicco & Cowan, 2001) suggesting that males had more positive attitudes towards pornography than females. The range of scores were not provided. The ATPS has been adapted and used in other research papers, such as Rasmussen et al. (2015), who used nine items adapted from the ATPS and two additional items to capture the extent to which pornography makes the participant feel that they need to do certain sexual acts with their partner. Steelman (2011) also used an adapted version of the scale. This research changed "pornography is harmful" to "pornography is harmful to romantic relationships", changed "pornography breaks family structures" to "pornography destroys families" and changed "pornography releases sexual tensions" to "pornography is a healthy way to express one's sexuality". However, this paper did not contain the full scale and used different scorings, therefore, the scores of attitudes to pornography

cannot be directly compared to those in the Evans-DeCicco and Cowan (2001) paper.

Psychometric Properties

As a relatively underused measure, the ATPS has numerous psychometric properties yet to be tested.

Reliability

Reliability is *"the extent to which results are consistent over time and an accurate representation of the total population under study and if the results of a study can be reproduced under a similar methodology"* (Joppe, 2000, p. 1).

Internal Consistency

Internal consistency relates to the homogeneity of the items. That is, the extent to which responses are consistent across items. Thus, it refers to the reliability of each item within the psychometric that assessed the same construct. Ayres and Haddock (2009) reported the internal consistency of the ATPS to be .85. Kline (1986) suggests that an alpha coefficient of .70 or above denotes good internal consistency. Thus, the ATPS is considered to have excellent internal consistency. A reliability analysis was conducted on the data collected in chapter two of this thesis to calculate the internal consistency of the ATPS. This highlighted that the

internal consistency of the ATPS was .87 which indicated once again very good internal consistency.

Test-Retest Reliability

A psychometric property that has not been tested prior to this critique is test-retest reliability. Thus, there is no information regarding whether the results from the ATPS are consistent over time. This is important as test-retest reliability looks at any fluctuations in the measure over time. With pornography, it is unlikely that attitudes towards pornography would change in a relatively short period of time, however, there may be change over a longer period of time. This may be due to changes in society's views regarding pornography or changes in the availability or accessibility of pornography, or dependent on the age of the participant even. Furthermore, if there is low test-retest reliability then the ATPS may be affected by other variables. As such, further research should attempt to examine this by giving a sample the ATPS once and then repeating it again at a later date to determine its test-retest reliability.

Inter-Rater Reliability

Inter-rater reliability is the degree to which different raters give consistent estimates of the same behaviour. Although, the inter-rater reliability of the ATPS has never previously been reported in research, this was calculated based on the data collected in chapter two. This indicated

that the inter-rater reliability was .82, suggesting good inter-rater reliability between the participants ratings on the ATPS.

Split-Half Reliability

The split half method of measuring reliability looks at the extent to which all parts of the test contribute equally to what is being measured. Once again, in previous literature the split-half reliability has not been tested in relation to the ATPS. However, this was tested using data collected from chapter two which revealed that the Spearman-Brown coefficient was .82, once again showing that the ATPS has good split-half reliability.

Validity

Validity is the extent to which a psychometric assessment measures what it set out to measure. There are no research studies yet that have tested the validity of the ATPS. Therefore, it is recommended that future research assesses this to ensure the tool is measuring what it claims to be measuring. Overall, there is generally an absence in the literature related to the reliability and validity of this tool which is concerning.

Social Desirability Bias

Social desirability is the tendency for participants to present in a manner that may show themselves in a more favourable light (Van de Mortel, 2008). As such, there is a potential for participants completing the ATPS to fear being honest about their true attitudes, due to the potential taboo and

stigma associated with pornography. There has been no research to date that has explored whether participants responding to the measure do so in a socially desirable way. Van de Mortel (2008) completed a review of health studies published between 2004 and 2005, and explored the difference between measures that controlled for social desirability and those that did not. From this, it was evidenced that in nearly half of the studies that did control for social desirability it was found to have influenced their findings. Consequently, future research using the ATPS may benefit from also using a social desirability measure.

Factor structure

Factor analysis is the process in which the values of observed data are expressed as functions of a number of possible causes in order to find which are the most important. Once again, there is no previous research that has conducted a factor analysis on the ATPS. As such, an exploratory factor analysis was conducted from data collected in chapter two. This showed that none of the factors had a multicollinearity of greater than .8. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .84 which is above the commonly recommended value of .6, with the Bartlett's Test of Sphericity showing as significant >.001. Finally, the communalities were all above .3. The factor analysis revealed that three factors explained 62.87% of the variance. The first factor explored the impact of pornography such as "increases violence to women" and "places a wedge between couples". The second factor related to degradation and expectations "gives false

expectations of men" "gives false expectations of women" and the third factor related to the positives of pornography such as "teaches new sexual techniques" and "is educational".

Ecological Validity

Ecological validity can be referred to as the degree to which research reflects real life (Key Issues: Ecological Validity, 2013). The ATPS has been used with a range of participants, including clinicians (Ayres & Haddock, 2009), students (Ortiz & Rasmussen, 2016) and the general public (Densley, 2016). However, the scale has only been applied to community settings. Thus, the ATPS has fair ecological validity and therefore mirrors real life attitudes within a number of populations. However, one key issue with the ecological validity of the scale is that it is hetero-centric, thus questions only explore the attitudes to pornography in relation to the opposite sex.

Likert-type scales and their issues

Likert-type scales are *"a set of items, composed of approximately an equal number of favourable and unfavourable statements concerning the attitude object. Participants are asked to respond to each statement in terms of their own degree of agreement or disagreement"* (McIver & Carmines, 1981; p. 22-23). Resultantly, Likert-type scales are one of the most commonly utilised measures within research due to the simplicity for

the participants. However, there are a number of criticisms of using such a method.

Likert-type scales fail to conceptualise the distance between each point and therefore it is assumed that the distance is equal, which often it is not. Thus, it leaves the interpretation of this to the participant. Likert (1932) suggested the use of a mid-point in a scale to provide the participant with a 'neutral' point on the continuum. Evans-Decicco and Cowan (2001) suggested using a seven-point scale ranging from strongly disagree to strongly agree. The use of an odd-numbered scale means that there would be a mid-point called 'neutral', as confirmed by the author of the scale. However, researchers using this scale since have scored it on a six-point scale, meaning that there is no mid-point (Rasmussen, Ortiz, & White, 2015). An advantage of this is that it forces the participant to make a choice (Garland, 1991), however, it may be forcing them to make a choice which is not a true reflection of their attitudes, if, for example, they neither agree nor disagree.

Face validity

Face validity is related to the appearance of a tool. That is whether it appears to be measuring what it states it measures. Although it is the most simplistic form of validity, it has been critiqued for being a superficial representation (Downing & Haladyna, 2004). As the scale has been used minimally in research, the psychometric properties have not

fully been explored previously. As such, each item on the scale will be critiqued to identify whether it accurately measures issues related to pornography in previous research, and, in turn, assessing its face validity.

Teaches new sexual techniques

The first item of the ATPS is pornography 'teaches new sexual techniques'. There is minimal literature available looking at this particular item, however, a study by Traeen, Spitznogle, and Beverfjord, (2004) of Norwegian populations identified that both male and female participants thought that "pornography leads to greater openness about sexuality" and "pornography makes people's sex lives better". However, it is a number of years since this research has been conducted, therefore, attitudes may have changed. Svedin, Akerman, and Priebe, (2011) noted that 52% of participants that frequently used pornography reported that they *"have tried sexual activities that they were inspired to try through pornography"* (p. 783). Therefore, it is reasonable to have a question within the measure, which taps into the respondents' attitudes that pornography could be educational.

Degrades women

Many feminists believe that pornography degrades women. A study by Traeen, Spitznogle and Beverfjord (2004) noted that participants felt that pornography did degrade women but not men. Another study found that a large proportion of the young women were opposed to pornography and

felt it was degrading. Moreover, 37% of the young men also felt that pornography was degrading. Although the study suggests that people do find pornography degrading, it does not specify whether they find it degrading to women, men or both. This would imply that using an item on the ATPS related to assessing whether respondents believe that pornography is degrading is a reasonable addition based on the literature.

Gives men false expectations of the opposite sex

Evidence suggests that when exploring attitudes to pornography it is important to consider the concept that pornography can give men false expectations about women. Research has demonstrated that men who are more pre-occupied with pornography are more likely to develop unrealistic expectations of sex and false comparisons of women (Daneback, Træen, & Mansson, 2009). However, the ATPS assumes that those who complete the psychometric are referring to heterosexual pornography with the statement 'pornography gives men false expectations about the opposite sex'. This therefore excludes any attitudes related to homosexual pornography. Further research should, therefore, be more inclusive of homosexual pornography; furthermore, it is reasonable that the ATPS scale should include a question that assesses whether the respondent believes that pornography gives people false expectations.

Leads to sexual addiction

With pornography use being a regular occurrence, it may be a common assumption that pornography use may lead to sexual addiction. A study in 2008 indicated that one third of college women viewed pornography, with one in six describing levels of pornography use similar to that of an addiction (Carroll, Padilla-Walker, Nelson, Olson, McNamara, & Madsen McDaniel, & 2008). Furthermore, Young (2008) looked into sexual addiction and found that pornography can be a risk factor for later addiction. Thus, it is reasonable to assume that asking a participant a question relating to pornography use and addiction is appropriate.

Is educational

The fifth item on the ATPS focuses on pornography as being educational. Research suggests that pornography use within adolescence can be educational. In a study by Haggstrom-Nordin, Sandberg, Hanson, and Tyden, (2006), participants felt that sexually explicit material can serve as a source of knowledge. Furthermore, Pater and Valkenburg (2010) found that Danish adolescents reported that pornography is a useful source of information about sex. Thus, many research papers argue that pornography can be utilised as an educational tool to teach young people about sex. Therefore, it is reasonable that the scale should include a question to assess whether respondents believe that pornography is educational.

Increases violence towards women

It is a common belief that there is a link between pornography use and violence towards women. Hald, Malamuth and Yuen (2010) conducted a meta-analysis and found a significant relationship between pornography consumption and attitudes supporting violence against women. However, this was only found in non-experimental studies. Research into the general public's attitudes towards pornography and pornography use has found that they felt that it did lead to sexualised violence in society (Traeen, Spitznogle, & Beverfjord, 2004). As such, the research supports the use of a question that taps into the respondents' attitudes towards the idea that pornography can increase violence towards women.

Releases sexual tensions

Pornography has often been referred to as an outlet to relieve sexual tension. A study by Foubert and Bridges (2015) explored motives for people using pornography. They found that the most common reasons why both men and women used pornography were to relieve sexual tension, to learn about sex, and for sexual thrills. Thus, asking participants about whether they believe pornography can release sexual tension should be included in the ATPS.

Places a wedge between couples

The eighth item on the ATPS looks at the impact of pornography on couples. Research indicated that pornography use can be problematic on

a personal level, particularly in relationships (Manning, 2006). Bridges et al. (2003) identified that women may become distressed by their partners watching pornography, as they interpret this as a breach of intimacy. Furthermore, Zitzman and Butler (2009) found that women reported mistrust that was indicative of an attachment breakdown in relation to their partner's use of pornography. Thus, pornography can lead to problems within intimate relationships. As such, this item directly taps into the respondents' attitudes that pornography can place a wedge between couples.

Is a harmless activity

In a study by Traeen, Spitznogle, and Beverfjord (2004), a majority of participants reported that pornography was not harmful to human sexuality. Furthermore, Bechara et al. (2003) found that 50% of participants reported that their partner's use of pornography was harmless. Although the research regarding whether pornography is harmful or not is extremely contradictory (Kingston, Malamuth, Federoff, & Marshall, 2009). As highlighted above, results do appear to suggest that pornography could be harmful in the sense that it causes problems in relationships and creates unrealistic expectations. Therefore, it is reasonable that the ATPS has an item that explores this within the scale.

Degrades men

The tenth item is similar to the second item but focuses on pornography being degrading to men rather than women. Traeen, Spitznogle, and Beverfjord (2004) found that participants felt that pornography did degrade women but not men. Interestingly the research into pornography generally asks whether pornography is degrading to women rather than men, and therefore it is unclear whether this item is empirically based.

Is stimulating and exciting

Wallmyr and Welin (2006) looked into attitudes towards pornography and found that the majority of males (62.7%) responded positively toward pornography, describing it as "stimulating" and "cool," but above all "exciting". Furthermore, a study by Svedin et al. (2011) found that participants who were frequent users of pornography noted that viewing pornography was exciting. Thus, it is reasonable that the ATPS includes a question regarding whether pornography is stimulating and exciting.

Breaks down family relationships

Much of the research related to pornography looked at the impact of pornography use on marital problems. Manning et al. (2006) focused on the impact of pornography use on the family and found that pornography use can have a direct and indirect impact on the family structures. These can include problems within marriages, which can lead to divorce and family breakdowns. Therefore, it does appear from the research that

pornography use can cause breakdowns in family relationships. Accordingly, the item directly taps in to the respondents' attitudes to the idea that pornography can break down family relationships.

Give women false expectations of the opposite sex

The final item within the ATPS looked at the false expectations that it may give to women about men. Once again, there is a very limited body of research that focuses on false expectation of men. This is likely because there is a continued belief that pornography is mainly consumed by men, and therefore it is a possible assumption that it would primarily affect men's expectation of women rather than vice versa. Again, it is unclear whether this item is empirically based.

What's missing?

One of the key issues related to pornography, which the ATPS fails to acknowledge, is the possible impact of pornography on rape myth acceptance. Rape myths are prejudices, stereotypes or false beliefs about rape or victims of rape that serve to create a hostile environment for rape victims (Suarez & Gadalla, 2010). Allen et al. (1995) conducted a meta-analysis and found that in experimental studies there was a positive effect of exposure to pornography on rape myth acceptance. This was later mirrored in other research whereby participants who viewed pornography were significantly more likely to believe rape myths (Foubert & Bridges,

2011). Thus, the ATPS would benefit from including items related to rape myth acceptance.

Some research has used the ATPS but have amended it slightly (Rusmussen et al., 2015) by adding two additional items. Rusmussen et al (2015) used nine items from the Evans-DeCicco and Cowan (2001) scale, which directly focused on the influence of pornography, for example, "pornography teaches new sexual techniques" and "pornography gives false expectations about women". They then added two additional items to measure the extent to which participants thought that pornography makes men and women feel that they need to do certain sexual acts with their partner whether they want to or not. A benefit of these items is that it focused on the expectations that an individual places on themselves as a result of pornography.

Other scales that assess attitudes to pornography

Several other papers have explored attitudes to pornography (Gunther, 1995; O'Reilly, Knox, & Zusman, 2007; Carroll et al., 2008), however these assume attitudes from behaviour. Thus, suggesting that those who watch pornography have more positive attitudes rather than actually accessing their attitudes. To date, there are no other psychometrics that assess attitudes to pornography.

However, a scale similar to the ATPS is the Pornography Consumption Effects Scale (PCES) developed in 2008 by Hald and Malamuth. This is a 47-item scale used to measure self-perceived effects of hard-core pornography on a participant's sexual life, attitudes toward sex, sexual knowledge and attitudes towards and perceptions of the opposite gender. Participants respond on a Likert-type scale to whether they personally reported various effects of pornography consumption. The internal consistency of the PCES is reported to be high at .9 reliability (Hald & Malamuth, 2008). The PCES focused on the effects of hard-core pornography rather than the ATPS, which just looks at pornography in general. Furthermore, the PCES explores how the participants feel pornography affects them rather than assessing their attitudes toward pornography.

Reflection on using the ATPS

Having utilised the ATPS in both the empirical research chapter and secondary research chapter of this thesis, I am able to provide reflections on the use of the scale. The developers (Evans-DeCicco & Cowan, 2001) suggest using the overall total score on the ATPS. However, two participants may achieve the same score but respond differently to the items, therefore failing to pick out specific elements of the scale. Thus, it may be more useful to consider the pattern of responses rather than the overall score. Interestingly, the factor analysis revealed three factors: the impact of pornography, degradation and expectations, the positives of

pornography. This was an unexpected finding given the literature regarding the negative impacts of pornography.

Conclusion

It is essential that when measuring attitudes, a reliable and psychologically robust tool is utilised. The ATPS was developed in order to accurately assess the attitudes of people towards pornography and to date is the only psychometric of its kind. Interestingly, although there is a large body of literature exploring the effects of pornography, there is relatively little research looking at attitudes towards pornography, and even fewer that have used a developed scale to assess this. The current literature base using the ATPS suggests that it has good reliability, although this was only reported in one published paper. Furthermore, the validity of the scale has not yet been measured, and thus there is a real absence of validity and reliability, within previous research, related to this tool which is concerning. Therefore, further research is needed into the test-retest reliability and the validity of the scale. Future research should also strive to examine the results of the scale with more sample populations.

It is clear that the ATPS is based on previous literature related to pornography. However, it fails to consider the attitudes to homosexual pornography. Some items of the scale only related to heterosexual pornography, therefore potentially overlooking some attitudes.

Furthermore, the scale fails to address issues related to rape myth acceptance which could be a factor in people's attitudes towards pornography. Although the scale has only been used within a few pieces of research, and generally has a sound literature base, further exploration regarding its psychometric properties is needed.

Thesis Conclusion

This thesis offers a thought-provoking debate regarding the use of pornography by sexual offenders, as well as the attitudes towards pornography use with offenders. Authorities invest huge amounts of public health resources into psychological treatment for those who offend sexually, in the hope that future victims will be spared as a result. It is therefore crucial to establish by the best scientific methods possible, to what extent pornography contributed to sexual offending. Subsequently, it allows authorities to identify ways in which recidivism can be reduced to create a safer society. The inspiration for this thesis was the author's observations surrounding clinical discussions about access to pornography with offenders in forums such a ward rounds and Care Planning Approach (CPAs) meetings. The existing research suggested a number of effects of pornography on sexual offenders. As such, this thesis aimed to amalgamate the findings, as well as explore the implications of these findings.

Summary of findings and implications

In the first instance, it is clear that the focus within this area was necessary in light of the contradictory findings in previous research and reviews. Chapter one aimed to identify from the twenty-one included papers, if there was a clear association between pornography and sexual offending in adult male sexual offenders. In addition, it aimed to explore whether early exposure to pornography was more prevalent for those who

commit sexual offences. If links can be identified, it will develop our understanding as to whether these links contribute to re-offending. Consequently, it will promote consideration regarding whether offender's access to pornography should be minimised, as well as considering the impact of early exposure to pornography.

Chapter one demonstrated that there was not a consistent relationship between early exposure and offending. However, there did appear to be numerous negative effects of pornography including being an instigator in the offending itself and links with deviant sexual fantasies. On the basis of chapter one, the evidence is conflicting and weak to establish legitimate conclusions about whether a relationship exists between early exposure to pornography and offending. One of the most striking issues discussed in chapter one is the lack of definitions for pornography provided within the twenty-one papers included in the synthesis. The majority of papers failed to report the type of pornography they were exploring, or the explicitness of this. This is consistent with previous reviews (Short et al., 2012). As such, future research should endeavour to provide a clear definition regarding pornography. Ashton, McDonald and Kirkman (2019) suggest a good definition of pornography includes three components; content, intention of the producer, and contextual judgement. Furthermore, they note that pornography should be distinguished from material that is distributed without the participant's consent. Saramago et al., (2019) reported that nowadays pornography is generally consumed through the

using the internet. None of the papers encompassed in the review included pornography use through the internet.

It was also noted that there was a lack of appropriately matched controls using non-offending samples. The control samples were often biased in that they were not representative of a normal non-offending population (Condron & Butter, 1988). Improvements in future research could include using sizable samples to achieve statistical power (i.e. sufficiency in numbers to detect genuine variations in pornography use or effects between groups), as well as obtaining the closest comparison group possible in terms of composition. Finally, the review emphasised the complexity of the research measuring pornography exposure and offending, and that the nature of the subject makes it hard to conduct research that is able to demonstrate a causal relationship.

Chapter two explored whether in reality, offenders (sexual and violent) are allowed access to pornographic material whilst residing in a secure hospital. This chapter focuses both on staff and non-staff decisions regarding offender's access to pornography and whether this is linked with their own attitudes to pornography. This research study noted that decisions regarding an offender's access to pornography did not differ between staff and non-staff, however, their decision did have a relationship with their own attitudes to pornography. Furthermore, the offence (sexual/ violent/no offence) predicted whether they were allowed

access to pornography or not, with sexual offenders being the least likely. This is possibly due to the documented negative effects of pornography and the impact this could have with regards to inciting people to offend (Marshall, 1988). This is the first research project to date that explored attitudes towards pornography in secure hospitals. This is surprising considering the large volume of secure hospitals that house sexual offenders and have policies regarding access to pornography. Furthermore, following the scandal of the Fallon Inquiry (Fallon et al., 1999) this would have been expected to be an area that has seen further exploration.

Chapter three built on the findings from chapter three, inviting participants from the staff sample to take part in an interview exploring factors that were considered when determining if a patient is allowed access to pornography. This chapter noted again that staff's own attitudes regarding pornography were a factor in their decision making, but also the possible impact that access to pornography could have on the offender. Interestingly, only one participant was able to recall the service's policy with regards to pornography access, even though previous research (Drake, 1974) states that policy is key in this decision-making to help inform clinicians. The research also identified that participants were clear that the decision regarding whether a patient is provided access is made as a team. Unfortunately, no nursing staff were involved in this study which is a limitation. Although usually the Multi-Disciplinary Team

would make the final decision regarding access to pornography in ward rounds, it is often the nursing team that are the individuals responsible for ensuring that it is appropriately managed on the ward. Again, this is an area that has minimal focus in research, with only two previous studies exploring pornography use within secure hospitals (Mercer, 2013; Mercer, 2014). The research highlighted the need to ensure that any access to pornography is appropriately balanced with issues surrounding security. Previous research has highlighted that for some sexual offenders, pornography could be an instigator for offending (Marshal, 1988) and therefore, significant caution should be taken with regards to pornography access for sexual offenders. The research also highlighted the need for services, such as secure hospitals, to ensure their staff are aware of such polices and provide staff training focussing on how pornographic material could be managed appropriately.

Indeed, if pornography use is to be the focus of ongoing research, then equal resources need to be invested into developing measures of attitudes to pornography with robust psychometric properties. Therefore, chapter four explored the psychometric properties of the Attitudes toward Pornography Scale (Evans-DeCicco & Cowan, 2001). This concluded that research utilising the measure is sparse and the tool has often been adapted. Consequently, there is minimal detail with regards to the psychometric properties. However, chapter four did note that the tool was significantly underpinned by the theoretical framework. Recommendations

are made throughout chapter four suggesting how research could address the issues regarding the lack of psychometrics properties.

Limitations

The limitations of the thesis have been discussed throughout each chapter presented. However, it is important to reiterate a few of these. One of the most noticeable limitations in regards to the literature on pornography and sexual offending is the use of self-report methodologies. Convicted sexual offenders have an incentive to underestimate the frequency of their pornography use. This underestimation could be intentional or unintentional (Allen et al., 1999). As such, any data collected thorough self-report methods should be interpreted with caution due to the difficulties in validating the accuracy of these reports.

Within the qualitative research, the main limitation relates to the sample used. As the sample consisted of volunteers from the first research study, the sample was extremely small (n=6). This was a significant limitation of the recruitment strategy, as only those that volunteered from the first research project were involved. As such, it is possible that this has potentially biased the sample and therefore limited the interpretation of the data. Although most of the sample are likely to be involved in clinical decision-making regarding access to pornography for patients, the reviewing and policing of pornography is usually completed by nursing

staff (Mercer, 2011). Therefore, it may be helpful for future research to include nursing staff within the sample.

Implications

Due to the possibility that offenders may use pornography during the commission of the offence, it seems appropriate that whilst they reside in services such as secure hospitals, support and treatment should be made available to sexual offenders to promote their understanding of how pornography could be a risk factor for future offending. This might initially be guided by an assessment of whether pornography was a factor within their offending, to gain a better understanding of the individual's experience of pornography. Furthermore, it could also be beneficial to help understand the function that the pornography served for that individual. The assessment of pornography use should crucially be used to formulate whether pornography was related to their sexual offending so that risk-preventative measures can be put in place (Kingston, 2009). Interventions should be aimed at helping the offender to identify how the use of pornography linked to their offending and identify risk management strategies for the future.

From a policy perspective, this thesis emphasises the need for clear policies and protocols about how pornography is managed with sexual offenders. Drake (1974) emphasised the need for such policies and, although they exist, they fail to document the research evidence within

the area, as well as clear guidance for clinicians to following. Presently, policies leave such decisions to the clinical team's discretion and such clinical teams may not be aware of the research findings. Thus, consideration of how policy is implemented needs to be considered, in addition to staff training within this area.

Conclusion

In spite of the limitations outlined, this thesis has offered a unique insight into pornography use with offenders. Qualitative methodology has contributed to the generation of a breadth of data which has not only advanced the current understanding of these experiences of pornography use in secure hospitals, but has also provided a foundation for further research in this area. The outcome of the systematic review (chapter one) indicates that pornography use could be related to sexual offending for some individuals.

The topic of pornography can be a controversial issue and even more so when considering its use with those that have already committed a sexual offence. Whilst residing in secure services, those who have committed a sexual offence are often highly stigmatised as a result of their offending (Tewksbury & Lees, 2006). Thus, it is important to understand how attitudes influence an offender being granted access to pornography whilst they reside in services such as secure hospitals. Negative attitudes are likely to result in restrictive practices and the use of 'blanket rules'

(Department of Health, 2014), whereas too positive attitudes may result in breaches of safety and security. As such, it is imperative that as researchers we examine attitudes to determine how these manifest with regards to our decision making. By understanding attitudes, we are able to support staff to provide a higher quality of care to those in their services.

From the research, it is evidenced that decision making regarding access to pornography is influenced by a range of factors. Therefore, the area requires further research and exploration. There are a range of clinical implications described throughout each chapter and ways in which both the research and services could improve.

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Appendices
Appendix A: Inclusion/exclusion criteria forms

Inclusion criteria	Met?	Comments
Population:		
• Male sex offenders	Yes/No	
• AND		
• Forensic or prison environment or community	Yes/No	
• AND		
• Over 18 years old		
Exposure		
• Pornographic material	Yes/No	
Outcome		
• Offending	Yes/No	
• Risk	Yes/No	
• Conviction	Yes/No	
• Behaviour	Yes/No	
• Recidivism	Yes/No	
Other		
Written in English?	Yes/No	
Statistical analysis?	Yes/No	
Primary data?	Yes/No	
Conclusion	Include/exclude	Reason

If all questions answered with yes, include study.

Appendix B: Quality assessment form

Adapted from the Critical Appraisal Skills Programme (CASP, 2018)

Researcher performing quality assessment:

Date:

Title and author of paper:

Question	Y (2)	P(1)	N(0)	U	Comments
Screening/Threshold Questions					
Is the study measuring offender's attitudes or risks?					
Is the study measuring the effect of pornography?					
Are the aims clearly identified?					
Was power reported? (if so, was it appropriate?)					
Sampling and selection bias					
Is the design appropriate?					
Is the sample representative of that population (based on age)?					
Was recruitment appropriate?					
Was the control group selective in an acceptable way?					
Measurement bias for exposure					
Is the measurement tool standardised?					
Was exposure accurately measured to minimise bias?					
Have all confounding variables been identified					
Is the measurement tool valid and reliable?					
Were groups treated equally?					
Attrition bias					
Are those who stayed and those who left similar?					
Have dropout rates been recorded?					
Statistics					
How large was the treatment effect?					
Were assumptions of the data tested (e.g. normality, homogeneity)?					
Are all the results reported (i.e. significant and non-significant, not bias)?					
Can the result be applied to local population?					

Appendix C: Data extraction form

Date of data extraction:

Author(s):

Article Title:

Reviewer name:

Specific Information

Population characteristics and exposure conditions

1. Population:
2. Exposure:
3. Outcome:
4. Environment: Prison Psychiatric setting Community
5. Characteristics of participants

   Number of participants:

   Mean Age:

   Offence:

   Other relevant information:

Exposure

1. Type of pornography exposed to:
2. Frequency or duration of exposure:
3. Type of psychometric or questionnaire used:
4. Was the tool validated?

5. Other relevant information:

Outcome

1. What outcomes were measured?

2. Response rate?

3. Additional Information:

Analysis

What stats were used?

Results

What were the findings?

Conclusions

What conclusions can be drawn?

Appendix D: Vignettes

Written vignette for male sexual offender

Matthew is a patient within a secure hospital. Matthew is a 34-year-old white male. Matthew has been in hospital since the age of 18 due to his sexual offence. Matthew has been at this hospital for 2 years without any major incidents. Matthew has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Written vignette for male violent offender

Benjamin is a patient within a secure hospital. Benjamin is a 34-year-old white male. Benjamin has been in hospital since the age of 18 due to his violent offence. Benjamin has been at this hospital for 2 years without any major incidents. Benjamin has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Written vignette for male non-offender

James is a patient within a secure hospital. James is a 34-year-old white male. James has been in hospital since the age of 18. James has not committed any offence. James has been at this hospital for 2 years without any major incidents. James has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Written vignette for female sexual offender

Margaret is a patient within a secure hospital. Margaret is a 34-year-old white female. Margaret has been in hospital since the age of 18 due to her sexual offence. Margaret has been at this hospital for 2 years without any major incidents. Margaret has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Written vignette for female violent offender

Sarah is a patient within a secure hospital. Sarah is a 34-year-old white female. Sarah has been in hospital since the age of 18 due to her violent offence. Sarah has been at this hospital for 2 years without any major incidents. Sarah has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Written vignette for female non-offender

Janet is a patient within a secure hospital. Janet is a 34-year-old white female. Janet has been in hospital since the age of 18. Janet has not committed any offence. Janet has been at this hospital for 2 years without any major incidents. Janet has spoken to the doctor on the ward and requested to have access to over 18 pornography.

Appendix E: Attitudes toward Pornography Scale (Evans-DeCicco and Cowan, 2001)

1. Teaches new sexual techniques

Strongly disagree ☐
Disagree ☐
Slightly disagree ☐
Neutral ☐
Slightly agree ☐
Agree ☐
Strongly agree ☐

2. Degrades women

Strongly disagree ☐
Disagree ☐
Slightly disagree ☐
Neutral ☐
Slightly agree ☐
Agree ☐
Strongly agree ☐

3. Gives men false expectations about the opposite sex

Strongly disagree ☐
Disagree ☐
Slightly disagree ☐
Neutral ☐
Slightly agree ☐

Agree ☐

Strongly agree ☐

4. Leads to sexual addiction

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

5. Is educational

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

6. Increases violence towards women

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

☐

Agree

Strongly agree ☐

7. Releases sexual tension

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

8. Places a wedge between couples

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

9. Is a harmless activity

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

10. Degrades men

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

11. Is stimulating and exciting

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

12. Breaks down family structure

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

13. Gives women false expectations about the opposite sex

Strongly disagree ☐

Disagree ☐

Slightly disagree ☐

Neutral ☐

Slightly agree ☐

Agree ☐

Strongly agree ☐

Appendix F: demographic questions

Please enter a unique identified code – this can be a combination of letter and numbers and will be used to identify your data if you wish to withdraw.

_____.

What is your gender?

Male: ☐

Female: ☐

Other: ☐

How old are you?

_____.

Please select whether you currently work in or have worked in a secure hospital or not?

General public: ☐

Staff working in a secure hospital: ☐

If you are a member of staff in a secure hospital please describe what your role is/was in this setting:

Psychologist ☐

Assistant Psychologist ☐

Doctor ☐

Staff nurse ☐

Healthcare assistant ☐

Ward manager ☐

Admin ☐

Occupational Therapist ☐

Speech and Language Therapist ☐

Other ☐

If other please specify

_____.

Appendix G: Example questions

Please read the following vignettes and answer the question relating to each one.

Janet is a patient within a secure hospital. Janet is a 34 year old white female. Janet has been in hospital since the age of 18. Janet has not committed any offence. Janet has been at this hospital for 2 years without any major incidents. Janet has spoken to the doctor on the ward and requested to have access to over 18 pornography. Should Janet be allowed access to pornography?

- Yes
- No

Appendix H: Example of social media adverts

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Research on Pornography use:

This is an invitation to take part in a piece of academic research investigating the attitudes of pornography use in secure hospitals. The growing us of technologies means it is rapidly becoming easier to access pornography. Therefore, the aim of this research is to gain greater insight into how attitudes to pornography influence an individual's belief regarding whether patients should have access to pornography. This study is for the purposes of academic research only and the completion date is September 2017.

As the subject is of a sensitive nature I ask that participants be over the age of 18.

Your participation is entirely voluntary and you are under no obligation to take part, furthermore you will not be required to give your name or address. You are free to withdraw at any point during the study and participation is anonymous. All data collected will be kept confidential and unidentifiable as yours.

If you wish to take part, please click on the link below. You will then be directed to an online information sheet, which will explain further details of the research, followed by a consent form. Having read the information sheet and consent form if you would still like to participate, you will be directed to the online questionnaire. The questionnaire should take approximately fifteen minutes to complete.

I hope that you feel able to participate in this research and I thank you very much for taking the time to read this advertisement.

This research has been designed and carried out by:
XXXXXXXXX
email: XXXXX@nottingham.ac.uk
School of Medicine
University of Nottingham

Appendix I: Information sheet

Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences,
University of Nottingham

Researcher: XXXXX xxxxx@nottingham.ac.uk

Supervisor: XXXXX xxxxx@nottingham.ac.uk

Ethics Reference Number: 209

This is an invitation to take part in a research study about attitudes to pornography use within secure hospitals.

Your participation is voluntary, and you may change your mind about being involved, or decline to answer a particular question without giving a reason. You are free to withdraw at any point before or during the study. Once you have finished the questionnaire and submitted your answers you can also withdraw until 30th June 2017.

What is the project about?

The study is an online questionnaire about attitudes toward pornography use in secure hospitals. The aims of the study are to compare the attitudes toward pornography of general public and staff working in secure hospitals. Additionally, the study aims to compare attitudes to pornography use for a range of hypothetical offenders currently residing in a secure hospital.

Who is being asked to take part, and why?

The questionnaire is being distributed to both staff currently working in a secure hospital and the general public. This will allow for a comparison of attitudes and to look at the possible effect that attitudes have.

What will I be asked to do?

The study uses an online questionnaire which should take no longer than 20 minutes to complete. It involves reading 6 vignettes (scenarios) about hypothetical patients in a hospital and answering a number of questions about the vignette and also personal attitudes toward pornography.

Will the research be of any personal benefit to me?

The information gathered for this study may help to understand differences in attitudes towards pornography and how this may affect pornography use in secure hospitals.

What will happen to the information I provide?

We believe there are no known risks associated with this research study; however, as with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study will remain anonymous. We will minimise any risks by ensuring all data collected for the study will be anonymised using a unique identifier code and kept strictly confidential. The data will be stored securely and, on a password, protected file and computer. The information provided will be viewed only by the researcher and the research supervisor. It may be viewed by other individuals at the University of Nottingham who will check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant. All research data will be kept securely for 7 years. After this time, the data will be disposed of securely.

Confidentiality will be safeguarded by asking for a unique identifier code. This will ensure that should you wish to withdraw the data can be easily identified.

What will you do with the data?

The results of this data will be analysis and used within a Doctorate level research thesis. If you wish to be included in a summary email regarding the overall results of the research please email the researcher at msxem7@nottingham.ac.uk. The research findings will also be distributed to the Clinical Directors of each pathway within the service who have kindly given their consent for the research to be distributed to staff.

If you have any questions or concerns, please don't hesitate to ask. We can be contacted before and after your participation at the above email addresses.

THANK YOU FOR YOUR PARTICIPATION

If you have any queries or complaints about this study, please contact the student's supervisor in the first instance. If this does not resolve the query to your satisfaction, please write to the Administrator to the Division of Psychiatry & Applied Psychology's Research Ethics Committee (MS-DPAPEthics@nottingham.ac.uk, +44 (0)115 8232214) who will pass your query to the Chair of the Committee

Appendix J: Consent form

PARTICIPANT CONSENT
Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: A quantitative analysis of attitudes toward pornography use in secure hospitals: sexual, violent and non-offenders

Researcher: XXXXX xxxxx@nottingham.ac.uk

Supervisor XXXXX xxxxx@nottingham.ac.uk

Ethics Reference Number: 209

Have you read and understood the Participant Information?

☐ Yes

☐ No

I agree to answer a questionnaire

☐ Yes

☐ No

Do you know how to contact the researcher if you have questions about this study?

☐ Yes

☐ No

Do you understand that you are free to withdraw from the study without giving a reason?

☐ Yes

☐ No

Do you understand that you can withdraw from the study anytime during and after up until 30th June 2017 when the data will be analysed.

☐ Yes

☐ No

Do you give permission for your data from this study to be shared with other researchers in the future provided that your anonymity is protected?

- [ ] Yes
- [ ] No

Do you understand that non-identifiable data from this study might be used in academic research reports or publications?

- [ ] Yes
- [ ] No

Appendix K: debrief

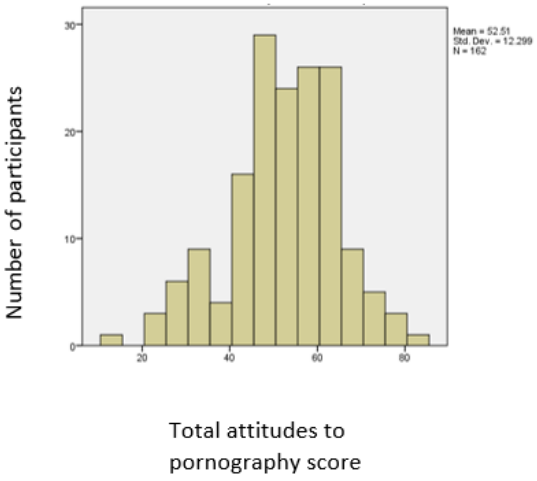
Done! Thank you for taking part!

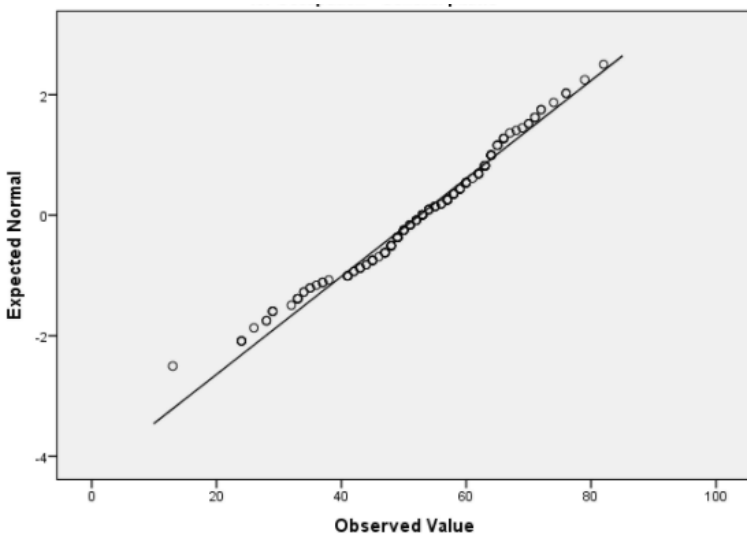
Please do not hesitate if you have any questions about the study. Please remember that you have until 30th June 2017 to withdraw your data from the analysis. If you wish to do so please contact one of the following email addresses with your unique identifier code:
XXXXX (Trainee Forensic Psychologist): xxxxx@nottingham.ac.uk
XXXXX (Forensic Psychologist): xxxxx@nottingham.ac.uk

Again, if you wish to be included in a summary email regarding the overall results of the research please email the researcher at xxxxx@nottingham.ac.uk

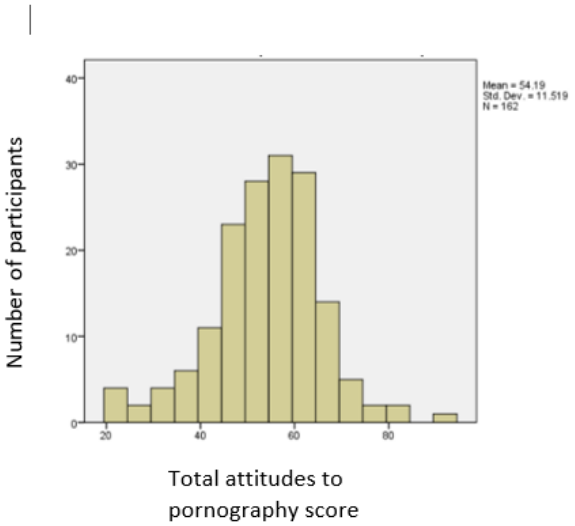
Appendix L: data distributions

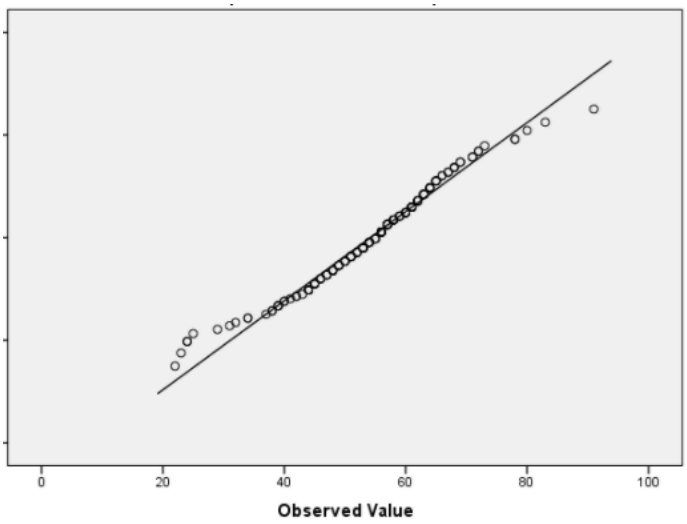
General public attitudes to pornography score:

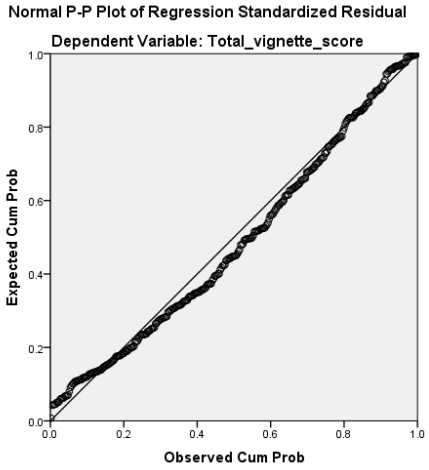




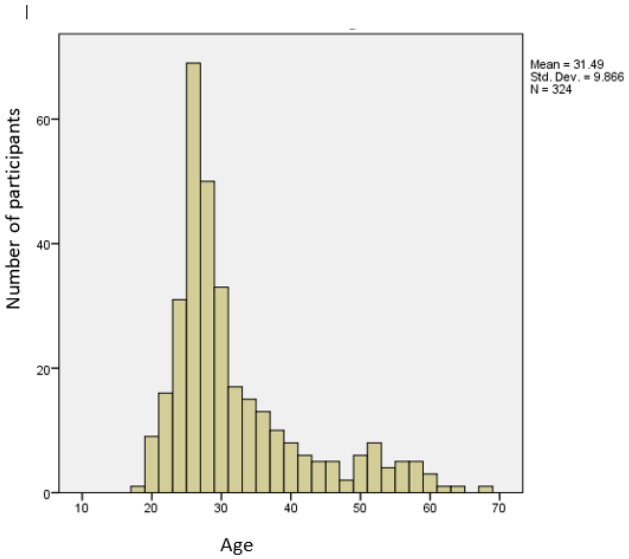
Staff attitudes to pornography score:







Age of participants



Gender and attitudes towards pornography total score



Appendix M: Qualitative information sheet

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

PARTICIPANT INFORMATION

Division of Psychiatry & Applied Psychology

School of Medicine, Faculty of Medicine & Health Sciences

Project Title: An analysis of attitudes toward pornography use in secure hospitals: sexual, violent and non-offenders

Researcher: Emily Mellor msxem7@nottingham.ac.uk

Supervisor: Simon Duff simon.duff@nottingham.ac.uk

Ethics Reference Number: 209

This is an invitation to take part in a research study about attitudes to pornography use within secure hospitals.

Your participation is voluntary, and you may change your mind about being involved, or decline to answer a particular question without giving a reason. You are free to withdraw at any point before or during the study. Once you have finished the questionnaire and submitted your answers you can also withdraw until 31st August 2017.

What is the project about?

The study is a semi-structured interview about attitudes toward pornography use in secure hospitals. The aims of the study are to explore the attitudes toward pornography of staff working in secure services.

Who is being asked to take part, and why?

The interview is being conducted with staff who expressed an interest following the initial quantitative study. This will allow for further in depth data to be collected regarding pornography use in secure hospitals.

What will I be asked to do?

The study uses a semi-structured interview which should take no longer than 30 minutes to complete. It involves answers about personal attitudes to pornography use and also attitudes to pornography use within secure hospitals. The interview will be audio recorded.

Will the research be of any personal benefit to me?

The information gathered for this study may help to understand how decision about pornography access in secure hospitals are made and factors that may influence this decision making.

What will happen to the information I provide?

We believe there are no known risks associated with this research study; however, as the information gather in related to personal use of pornography we accept that these questions may be uncomfortable for participants. Therefore any questions can be left unanswered and participants have the right to stop the interview at any time. We will do everything possible to ensure your answers in this study will remain anonymous. We will minimize any risks by ensuring all data collected for the study will be anonymised and kept strictly confidential. The data will be stored securely and on a password protected file and computer. The information provided will be viewed only by the researcher and the research supervisor. It may be viewed by other individuals at the University of Nottingham who will check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant. All research data will be kept securely for 7 years. After this time the data will be disposed of securely.

What will you do with the data?

The results of this data will be analysis and used within a doctorate level research thesis. If you wish to be included in a summary email regarding the overall results of the research please email the researcher at msxem7@nottingham.ac.uk

If you have any questions or concerns, please don't hesitate to ask. We can be contacted before and after your participation at the above address.

THANK YOU FOR YOUR PARTICIPATION

If you have any queries or complaints about this study, please contact the student's supervisor in the first instance. If this does not resolve the query to your satisfaction, please write to the Administrator to the Division of Psychiatry & Applied Psychology's Research Ethics Committee (MS-DPAPEthics@nottingham.ac.uk, +44 (0)115 8232214) who will pass your query to the Chair of the Committee

Appendix N: Qualitative consent form

UNITED KINGDOM · CHINA · MALAYSIA

PARTICIPANT CONSENT

Division of Psychiatry & Applied Psychology

School of Medicine, Faculty of Medicine & Health Sciences

Project Title: An analysis of attitudes toward pornography use in secure hospitals: sexual, violent and non-offenders

Researcher: Emily Mellor msxem7@nottingham.ac.uk

Supervisor Dr Simon Duff simon.duff@nottingham.ac.uk

Ethics Reference Number: 209

- Have you read and understood the Participant Information? YES/NO
- I agree to take part in a questionnaire YES/NO
- I am happy for the interview to be audio recorded YES/NO
- Do you know how to contact the researcher if you have questions about this study? YES/NO
- Do you understand that you are free to withdraw from the study without giving a reason? YES/NO
- Do you understand that you can withdraw from the study anytime during and after up until 31st August 2017 when the data will be analysed. YES/NO
- Do you give permission for your data from this study to be shared with other researchers in the future provided that your anonymity is protected? YES/NO
- Do you understand that non-identifiable data from this study might be used in academic research reports or publications? YES/NO

Signature of the Participant ..... Date: .....

Name (in block capitals) .....

"By clicking the button above/below I indicate that I understand what the study involves and that my answers are anonymous. I agree to take part and I understand that once I click 'submit' at the end of the questionnaire it will not be possible to withdraw the data after 31st August 2017."

Appendix O: Semi-structured interview questions

1. Tell me a bit about your job role and your experience of pornography use within your role?

2. Are there any negative of using pornography? Can you give examples?

3. Are there any positives of using pornography? Can you give examples?

4. What effects does pornography have on people's attitudes? Can you give examples?

5. How do you feel about pornography access in secure hospitals?

6. Is there anyone you feel should not have access to pornography in secure hospitals? Why?

7. What areas do you consider when making this decision?

8. What are decisions regarding access to pornography made?

9. Who had the final decision?

10. What are XXXXXXX policy regarding pornography use?

The following questions question is sensitive and therefore you do not have to answer this question and the interview can finish here.

11. What are your own experiences of pornography/ have you ever come into contact with pornography?

Appendix P: Qualitative debrief sheet

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

PARTICIPANT DEBRIEF SHEET

Division of Psychiatry & Applied Psychology

School of Medicine, Faculty of Medicine & Health Sciences

Project Title: An analysis of attitudes toward pornography use in secure hospitals: sexual, violent and non-offenders

Researcher: Emily Mellor msxem7@nottingham.ac.uk

Supervisor: Simon Duff simon.duff@nottingham.ac.uk

Ethics Reference Number: 209

Thank you for taking part in the research. You can withdraw your results from the study at any time up until the 31st August 2017 when it will be analysed. To do this, please contact the research on the email address above.

If you feel you have been affected by anything mentioned with in this study a link has been provided to an independent for further support:

For support if you feel you have been victimised please contact:

www.victimsupport.org.uk/

Or

Emotional support to help support individuals before they reach the point of crisis:

www.supportline.org.uk

Thank you again for your contribution. The results of the research will be written in a Doctorate level thesis and all participants involved will receive a summary of the results and discussion once these have been completed.

Appendix Q: Sexually explicit material policy

1. Introduction

[redacted] recognises that expression of sexuality is a healthy and proper aspect of human behaviour, and that for patients detained in hospital, sometimes for an extended period, the means of expression may be a matter for sensitive consideration. This will sometimes involve patients having access to sexually explicit materials such as magazines and DVDs.
In formulating policy in this area, the Charity is committed to the observation of the Guiding Principles set out in the Code of Practice to the MHA 1983 as amended by the MHA Amendment Act 2007.
This commitment requires the Charity to consider in particular the Purpose principle, the Least Restriction principle, and the Respect principle when considering the proper approach to management of sexual expression in such circumstances. Access to sexually explicit materials should be equitable in terms of gender, race and sexual orientation.
Additionally the Charity has an obligation to maintain an acceptable working environment for staff and a safe environment for patients and others including the general public, without exposure to materials or actions which they may experience as offensive or distressing
In setting out policy in this area, the Charity recognises that patients in different services will have differing needs and will pose different risks prior to admission. In some instances, sexual offences and sexually motivated violent offences may have been part of the pattern of behaviour leading to admission to forensic services. The policy acknowledges the detrimental effect of unrestricted access to sexually explicit and violent material in undermining risk reduction work in some cases.

2. Summary

- This policy provides guidance on the monitoring and management of sexually arousing materials.
- Any patient access to pornographic or sexually arousing materials must be with the agreement of the multi-disciplinary team.
- All staff have a responsibility to ensure that access to any pornographic or potentially sexually arousing materials (including devices) is managed safely and within the law.

3. Links to Other Documents

CRM 25	Patient Use of Technology, Services and Devices
PCC 12	CPA Care Programme Approach Policy
PCC 33	Police and Prosecution Policy
COR 24	Confidentiality Policy
CRM 06	Safeguarding Adults Policy
CRM 08	Search Policy

4. Duties

Role	Responsibility
Chief Executive	The Chief Executive is responsible for ensuring that the Charity has policies in place and complies with its legal and regulatory obligations.
Accountable Director	The accountable director is the Director of Quality and Nursing who is responsible for the development of relevant policies. Responsible for ensuring compliance with this policy etc.
Registered Managers	Registered Managers are responsible for ensuring policies are communicated to their teams / staff. They are responsible for ensuring staff attend

	relevant training and adhere to the policy detail. They are also responsible for ensuring policies applicable to their services are implemented.
Policy Author	Policy Author is responsible for the development or review of a policy as well as ensuring the implementation and monitoring is communicated effectively throughout the Charity and that monitoring arrangements are robust.
MDT Members	Members of the multi-disciplinary teams are responsible for being aware of the guidelines and ensuring that these are complied with, and further advice is sought in areas of uncertainty.
All staff	Awareness of the policy through local inductions updates and briefings.

5. Policy Detail and Implementation

Legally, the Charity should make reasonable provisions for patients to access sexually explicit materials (provided they are not illegal or clinically inappropriate and that their provision to the patients in questions does not pose a risk to others). The Charity also has the right and obligation to ensure that the process whereby patients access sexually explicit materials is manageable. It is legally defensible to deny a patient specific materials provided that a reasonable system of access to an appropriate range of materials has been put in place.

An individual patient's access or response to pornographic or sexually explicit materials should be raised with the multi-disciplinary team and an individual care plan developed in line with the practice of risk assessment and management. There must be a legal justification before a member of staff can withdraw items or materials which are a cause for concern (Article 8 European Convention on Human Rights). A person's access to pornographic material which is their own property is an aspect of their "private life". A person's sexual life is protected by Article 8 therefore any interference with the exercise of this right must be proportionate and go no further than is necessary. The justifications for removal under Article 8(2) relate to "the protection of disorder or crime", "the protection of health or morals" and "the protection of the rights of freedoms of others". Therefore materials can be removed from a patient because of the predicted effect on others rather than on the individual patient. The interests of patients as a whole can take precedence over the interests of individual patients. Where removal takes place the situation should be discussed by the multi-disciplinary team or responsible clinician as soon as possible thereafter.

Material which is considered sexually explicit but not obscene in England may be considered obscene in other countries conversely what is considered lawful in other countries may be illegal in England. Staff will need to take account of the fact that there will be different cultural norms within the patient and staff group but that whilst a patient is in St Andrew's, English law prevails and this is the standard and guidance which all staff must work within.

The Legal Position

It is legal to own and keep pornographic, obscene and sexually explicit material, however, material which falls under the definition of extreme pornography or material considered 'obscene' under the Obscene Publications Act 1959 is prohibited by St Andrew's.

Under the Obscene Publications Act 1959, an offence is committed by a person who publishes an article, whether for gain or not or has an obscene article for publication for gain, whether for himself or another.

In this context:

- an 'article' may refer to magazines, books, drawings, playing cards, slides, computer generated images, recordings, audio tapes etc.
- an 'obscene article' is any item or part thereof which would deprave or corrupt any person who is likely to see or hear it.
- 'to publish' means to distribute, circulate, sell, hire, give or lend or to offer for sale or, in the case of recordings, to show, play or project {therefore it is the person that passes such material to another (e.g. to a patient) who is committing an offence – and not the recipient}.

It is never acceptable for a patient to have access to any material that falls under the definition of this Act.

Illegal Material

All child pornography is illegal and constitutes child abuse. The Protection of Children Act 1978 defines that it is illegal to take indecent photographs of children, or others with a superimposed head of a child, even where no actual abuse has taken place.

Section 63 of the Criminal Justice and Immigration Act 2008 makes it an offence to possess a limited range of extreme pornographic material. Section 71 of the Act amends the Obscene Publications Act 1959 by increasing the maximum penalty from three to five years imprisonment.

The transmission of offensive, menacing, indecent or obscene material and messages through the telephone system is also illegal (Telecommunications Act 1984 s43).

It is an offence to publish, distribute or share materials that fall under the Obscene Publications Act 1959 and 1964.

All these are offences which carry a prison sentence and as such should be reported to the police.

Any material which raises the concerns of staff must be checked by a senior member of ward staff and where it is found to be illegal should be removed immediately from the patient and passed without delay to security for storage and disposal. The police must be informed immediately, where applicable this may be via a police liaison officer.

Reasonable Access

Within the framework of these guidelines, three key principles are set out:

- Access is limited to material that is within the law
- Access should be equitable in terms of race, gender and sexual orientation
- Access arrangements should ensure that the material in question can be managed by the Charity, in terms of ordering, vetting, storage and monitoring.

To these ends, the guidelines specify that the following separate procedures are adopted in relation to (a) sexually explicit magazines and (b) sexually explicit DVD/Blu-Ray/Games discs:

Magazines

A patient's possession of a sexually explicit magazine is governed as follows:

A patient may order any magazine from a list of the most popular titles within the public domain (based primarily on the 'Adult Ranking Report' used by magazine providers)

A patient may do so within the broad areas of adult female nudity, adult male nudity, and simulated sexual intercourse.

A patient may have access to material that includes images of sexually aroused female and male models: in this respect the material, especially for male models, goes beyond what would be available on terrestrial television, which does not usually permit the showing of these images. However, to exclude such images would violate the principle of equity in that the most commonly used heterosexually targeted magazines routinely depict sexually aroused women.

A patient may not have material that includes sexual images of penile (vaginal or anal) penetration, oral sex, ejaculation, children, sexual violence or sexualized animal-human contact, some of which would also be illegal

The list of magazines depicting women that are permitted for patients to order are available from the Security Managers. This list will be reviewed bi-annually by the Security Committee and the Patient Safety Group. Because of the differences between the male and female magazines in respect of the terrestrial television criterion (i.e. male magazine images can exceed what is shown on terrestrial TV), requests from patients for magazines depicting men will be dealt with on a case-by-case basis by the Security Committee, for consistency purposes. The general guidelines for access to magazines can by overridden by the multi-disciplinary teams' responsibilities.

Patients who wish to order a sexually explicit magazine not on the official list may make an application to the multi-disciplinary teams, supported by any explanation as to why they wish to do so that they would like the multi-disciplinary teams and the Security Committee to consider. This will be considered by the multi-disciplinary teams and, if supported, submitted to the Security Committee for a decision at its biannual review meeting, unless there are reasons submitted by the multi-disciplinary team as to why this should be done more urgently.

In order to manage the process of receipt and storage of sexually explicit magazines, patients may have in their possession at any one time not more than six sexually explicit

magazines: possession in this context means held in the patient's room on the ward and excludes off-ward storage, which is not permitted. Any more than six magazines must be given to the ward manager for destruction and should not be considered for swapping or selling of such material.

Sexually explicit magazines must be kept in the patient's room for personal and private use, and should not be taken into communal areas. There should be no sexually explicit images on display anywhere in the Charity's estate i.e. walls. The magazines must be kept in the storage facilities in the room, in drawers etc. and not left around in such a manner as could cause offence to staff with responsibility for observations etc.

DVDs/ Blu-Ray & Games discs

A patient's possession of discs is governed as follows:

A patient may have any discs up to and including classification '15', on the basis that these do not include sexually inappropriate material, providing this is also in compliance with the Patients Property Policy. A patient may order any such item from a list of the most popular titles within the public domain (based primarily on the BBFC used by film censors)

An adult patient (18 years of age and over) may request to have a disc at classification '18' providing its 18 classification is not based upon its sexually violent and/or violent content. Multi-disciplinary teams can ascertain this through the British

Board of Film Censors (BBFC) website and further advice can be obtained as necessary through the Security Committee on Sexually Explicit Materials.

An adult patient may request through the multi-disciplinary teams that any '18' classification disc currently in his/her possession be authorized to be retained if it complies with the above criteria. The multi-disciplinary team can consult the Security Committee for advice if required. If possession is declined on the basis that the disc does not comply with the current guidelines, then the disc in question will be removed. Any disc that is removed will be kept by the Charity and returned to the patient when he or she leaves the hospital or when the Security Committee may determine that it can be returned to the patient

A patient may not possess any material that is either unclassified or classified 'R18'

As with magazines, there may be material on the discs that is not sexually explicit but would nevertheless be clinically inappropriate for a particular patient to possess (for example, for some patients, certain images of children, or certain forms of violence depicted in material with a lower than '18' classification). A patient's access to this material would be a matter for the multi-disciplinary team to consider and decide upon on an individual basis, in consultation with the Security Committee as necessary. If the material is deemed inappropriate, patient access will be denied.

INAPPROPRIATE MATERIAL

Most 'top shelf' magazines and all discs with a formal classification up to and including '18' are not deemed by law to be 'obscene' and are therefore legally available to the general public. The general principle developed in these guidelines is that patients should be allowed access to sexually explicit material that is legally available outside the hospital with the following exceptions:

- Unless there are clinical grounds to the contrary

- Unless there are security grounds to the contrary

Regarding clinical exceptions, this is primarily a matter for the multi-disciplinary team, and may include consideration of factors such as whether access to the material would be likely to adversely affect a patient's mental disorder or risk of harm to self or others.

Regarding security exceptions, this is a matter for the multi-disciplinary team in consultation with the Security Department, and may include factors such as whether access to the material is likely to be used in a way that would cause problems for the safe management of the ward and/or the safety of other patients and/or staff.

Material which in itself may not be 'obscene' or even sexually explicit may still be inappropriate for some patients to access - e.g. children's clothing catalogues, certain holiday brochures, or material with themes which reflect the patient's index offence.

In these instances, the multi-disciplinary team will take a view on a patient's access to this material.

Some '18' classification discs contain high levels of sexually explicit material, high levels of violence and extreme depictions of sex combined with violence that are inappropriate within Charity, and access to '18' rated material therefore needs to be managed. The Charity will manage access to these through the multi-disciplinary team and the Security Committee.

Given that patients routinely interact and lend possessions to one another, it is recognized that restricting trading of magazines and discs etc. is in practice very difficult to achieve. It is acknowledged, therefore, that there will be trading that may give patient's access to material that their multi-disciplinary team would prefer they did not access, in the same way that access to terrestrial television is unrestricted. Patients should therefore recognize that continuing to seek out material which may be inadvisable in the view of their team may be disadvantageous to their continuing progress. It is also partly because of the issue of trading that limits need to be set on what material is allowed to be available within Charity.

THE ROLE OF THE MULTI-DISCIPLINARY TEAMS

As part of the on-going risk assessment process and regular review of patients' care and treatment, multi-disciplinary teams will need to carry out assessments of individual patients, to establish the appropriateness of articles that patients may have in their possession or may wish to access.

Multi-disciplinary teams must be vigilant about patients collecting inappropriate material from any source. It is most likely that the building of any collection(s) would be identified during room searching.

If a patient has in his/her possession any material that the multi-disciplinary teams considers to be inappropriate for that individual, they should endeavour to clarify how this was obtained as this may indicate a breakdown in hospital procedures.

It is ward staff's responsibility to scrutinize postal packages as per current policies; the identification of any inappropriate items of sexually explicit or sexually violent material should be brought to the attention of the multi-disciplinary teams for discussion with the patient. The contraband item should be recorded and stored in a locked cupboard in a locked room on the ward (Security cabinet).

If a patient has acquired any material that the multi-disciplinary teams feels is clinically inappropriate for them, this should be confiscated by ward staff pending discussion with the multi-disciplinary teams and noted in the patient's documentation

If inappropriate material is discovered as part of a search of patients' possessions, the procedures laid down in the Policy CRM 08 Search Policy will be followed. The material discovered will be discussed with the multi-disciplinary teams and patient.

The multi-disciplinary teams may decide to allow an individual patient access to material (whether sexually explicit or not) that might otherwise be deemed inappropriate if it is part of a documented treatment programme. Access to this material must only be granted on the understanding that the patient will not share or pass it on to others. Any violation of this rule may lead to the material being withdrawn.

The decisions of the multi-disciplinary teams regarding these matters will be clearly recorded in the patient's documentation.

Staff should be aware of the potential impact that pornographic or sexually explicit material can have upon issues pertaining to sexual safety. The use of any type of pornographic material, including sexual aids; photographs, drawings, cartoons or any depiction, of naked or partially clothed individuals should be considered to be beyond the limits of acceptability within services. Any such items should be removed and returned to the patient upon discharge or any other agreed removal method. Any exceptions to this must be agreed by the multi-disciplinary team.

Patients must be able to ascertain on an individual basis what material they are permitted and what action will be taken if they are found to possess prohibited material. All discussions between staff and patients regarding permissible and prohibited material must be recorded in detail in the patient's notes and may need to be included in the patients individual care plan.

Any permitted pornographic or sexually explicit materials or devices must be kept private and safely stored such as in a locked cupboard in the patients' bedroom. This material must not be shared or viewed by others. However it is recognised that patients may share materials between themselves and in such cases it is the responsibility of the multi-disciplinary team to assess the risks and take appropriate actions.

Agreement for a patient to hold any type of sexually explicit material or devices must be made by the multi-disciplinary team. Any patient holding such materials or devices would require a risk assessment and monitoring of any change in behaviours which may raise risk issues. The care and cleansing of any devices lies with the individual patient, staff would not be expected to wash clean or store such material/devices.

Staff must not purchase erotic or sexually explicit materials for patients unless authorised by the multi-disciplinary teams. It is the responsibility of the team to decide who is the most appropriate person to make such a purchase. It is illegal for anyone under 18 years to purchase any such devices/materials.

<u>Material known to be sexually arousing to particular individuals</u>
It is recognised that some patients may find pictures and advertisements in magazines, newspapers and catalogues that are on general sale sexually stimulating. The monitoring and management of materials and associated individual patient behaviours lies with the clinical risk management of the ward/unit team.

Care Plans

Where the patient has a history of sexual offences or there is a link between the use of materials for sexual arousal and possible risk behaviours care plans should include a specific risk assessment and risk management plans.

Purchases, storage, use and cleaning of any devices must be with the agreement of the multi-disciplinary teams and included in the care plan.

6. Audit and Monitoring

See Audit and Monitoring Template at Appendix 1.

7. Education and Training None recorded on previous policy

There is no specific training required, however staff should be aware of the policy and it's links to general safety and security arrangements. Provision should be made within local inductions to raise awareness of use of materials and devices described in this policy. Staff should be made aware of the boundaries that exist and exposure to the materials and devices discussed in the policy are strictly controlled.

Further advice and guidance can be sought from the Training, Safety or Security teams.

8. Equality and Diversity

The Charity strives to ensure equality of opportunity for all, both as a major employer and a major provider of health care. This CRM 09 Sexually Explicit Materials or Devices Policy has therefore been through equality analysis by the Operations Board to ensure fairness and consistency for all those covered by it, regardless of their individual difference. The results of this analysis are shown in Appendix (insert appendix number).'

This policy applies to all employees, visitors, clients, suppliers, customers or patients irrespective of race, nationality, ethnicity, sexual orientation, religion, faith or belief, disability, age, gender, gender identity/expression, marital or civil partnership status, including same sex marriages, parental status, intersex people, proposed or actual gender reassignment, pregnancy and maternity, socio-economic status, HIV status, political affiliation, professional association, trade union membership or any other category (known as 'protected characteristics' where discrimination cannot be reasonably justified.

9. References

Obscene Publications Act (1959) http://www.legislation.gov.uk/ukpga/Eliz2/7-8/66/contents
Obscene Publications Act (1964) http://www.legislation.gov.uk/ukpga/1964/74/contents
Mental Health Act (1983) http://www.legislation.gov.uk/ukpga/1983/20/contents
Human Rights Act (1998) http://www.legislation.gov.uk/ukpga/1998/42/contents
The Criminal Justice Act (1988) http://www.legislation.gov.uk/ukpga/1988/33/contents
Telecommunications Act (1984) http://www.legislation.gov.uk/ukpga/1984/12/contents
Protection of Children Act (1978) http://www.legislation.gov.uk/ukpga/1978/37/contents
Criminal Justice and Immigration Act (2008)
http://www.legislation.gov.uk/ukpga/2008/4/contents
Material Awareness Network (2008) http://www.legislation.gov.uk/ukpga/2008/4/contents