

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

Journal:	<i>Journal of Forensic Practice</i>
Manuscript ID	JFP-12-2018-0049.R2
Manuscript Type:	Research Paper
Keywords:	pornography, offender, attitudes, decision making, Secure hospital, Sex crimes

SCHOLARONE™
Manuscripts

Abstract

Purpose: To investigate the attitudes of staff members in secure hospitals, and the general population toward pornography use and their decision making regarding access to pornography.

Methodology: A between participants design was used whereby 324 participants, including 162 staff and 162 general population, 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.

Findings: Participants were less likely to decide that the sex 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 between attitudes towards pornography of the general public and staff members or for male and female participants. Gender of the patient described in the vignette was not a significant predictor.

Implications: 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.

Value: The research determines attitudes towards pornography and explores how attitudes impacts 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, Malamuth, Fedoroff & Marshall, 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). 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.

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 increased violence towards women. Allen, D'Alessio and Emmers-Sommer (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; 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 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

1
2
3 use and effects of pornography on offenders compared to non-offenders.
4 Explanations include Social Learning Theory (Bandura, 1977) and
5 Excitation Transfer Theory (Zillman & Sapolsky, 1977). Excitation Transfer
6 Theory suggests that viewing pornographic material creates a
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

use and effects of pornography on offenders compared to non-offenders. Explanations include Social Learning Theory (Bandura, 1977) and Excitation Transfer Theory (Zillman & Sapolsky, 1977). 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 the 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 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.~~

Attitudes to pornography

In addition to exploring the impact of pornography with different sexual and violent offenders, it is important to consider attitudes toward

1
2
3 pornography. Attitudes toward pornography is likely to be positively
4 associated with pornography use. One of the most evidenced outcomes of
5 pornography research to date is the noticeable gender gap that exists
6 between men and women when it comes to their personal use and
7 acceptance of pornography (Carroll, Busby, Willoughby & Brown, 2017).
8 Pornography is often produced for and consumed by men; consequently,
9 heterosexual pornography generally represents women's sexual ecstasy
10 and men's dominance (Kanuga & Rosenfeld, 2004). ~~In one study by~~
11 Wallmyr and Welin (2006), ~~they~~ identified that 61% of females portrayed
12 their attitudes to pornography in a negative manner compared to 29%
13 per cent of ~~the males sample~~. Moreover, the females were more likely to
14 describe pornography as 'degrading' than males (Wallmyr & Welin, 2006).
15 Ogas and Gaddam's (2011) book 'A Billion Wicked Thoughts', explored
16 male and female participants' preferences with regards to pornographic
17 material. They noted that males preferred sexual images and graphic sex,
18 whereas females preferred erotic stories focusing on romance. As such,
19 attitudes towards pornography may be a result of a person's own
20 preferences.
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38

39 **Pornography and secure services**

40
41 As highlighted earlier, the use of pornography and its impact has been
42 controversial. Therefore, the belief that pornography use may occur in
43 secure hospitals, housing individuals that have committed serious sexual
44 and violent offences, has been highly publicised over recent years. A
45 report in 1999, from the Fallon Inquiry, identified that within one high
46 secure hospital there were *'41 hard-core porn videos on sale in the ward
47 shop. More than 800 other videos were found on the ward, 700 of which
48 had been recently wiped or carried traces of pornographic recording.*
49 ~~Some of the videos depicted bestiality, sado-masochism and child abuse;~~
50 ~~within one of the patient's room there were 225 videos'~~ (Fallon, Bluglass,
51 Edwards, Daniels & Daniels, 1999). Such stories have led individuals to
52
53
54
55
56
57
58
59
60

1
2
3 feel outraged. One qualitative research study by Yool, Langden and
4 Gerner (2003), whereby staff in a medium secure service were
5 interviewed, reported *'allowing somebody who has abused children access*
6 *to pornography would be encouraging them and not treating them.'*
7
8 However, Johnson (2015) noted that some probation officers had
9 incorporated pornography within treatment. They felt that soft core
10 pornography could support sexual offenders to redefine and recondition
11 their sexual arousal and interests to more appropriate content.
12
13
14
15
16
17
18
19
20

21 Mercer (2016) wrote about policing pornography in high secure care and
22 the complexity of such decision-making. He identified that nursing staff
23 play a crucial role in monitoring sexual media in secure hospitals and
24 assessing whether such material is deemed 'appropriate'. Therefore, it is
25 important to consider such decisions made by professionals and the
26 possible impact of their own attitudes to pornography when making such
27 decisions. It is important to consider whether attitudes are too negative,
28 thus overly restrictive practices may be utilised or too positive whereby
29 there may be breaches in security and poor risk assessments (Harper &
30 Hogue, 2016).
31
32
33
34
35
36
37
38
39
40
41

42 **Clinical implications**

43
44
45 As highlighted above, it becomes clear that pornography use with forensic
46 populations can cause a great deal of controversy. However, there is very
47 little research exploring pornography use in secure settings. A prison in
48 Scotland allowed sexual offenders to have access to pornography.
49
50 However, there were negative repercussions for this whereby the media
51 reported that *"sex offenders need access to programmes which reinforce*
52 *the importance of consent. Therefore, giving sex offenders access to*
53 *pornography totally undermines this"* (Payton, 2016). This raised
54 questions of whether such individuals should have access to pornography.
55
56
57
58
59
60

1
2
3 The aims of programmes such the Sexual Offender Treatment Programme
4 (SOTP) were to understand sexual violence as an abusive behaviour
5 rather than a sickness and seek to change how offenders see their
6 victims. If this is the case, consideration should be given to decision-
7 making regarding pornography use and whether there may be a
8 therapeutic use of pornography (Ratcliffe, 2011). By permitting offender's
9 access to pornography when the research on the effects of pornography is
10 contradictory, has the potential to increase their risk. Alternatively, by not
11 allowing them access to such material, it may also increase their risk once
12 discharged from a secure hospital whereby they will be able to freely
13 access pornography. Consequently, by allowing the patient access to
14 pornography in a secure hospital whereby it can be strictly risk assessed,
15 managed and monitored for its effect may be a positive compromise. A
16 more appropriate solution may be to allow similar opportunities in secure
17 hospitals to those that may occur in the community and to '*embed*
18 *educational information and relevant therapeutic interventions pertaining*
19 *to pornography's effects in a treatment programme*' (Kingston, Malamuth,
20 Fedoroff & Marshall, 2009; p. 228). A review by Watson and Smith
21 (2012), demonstrated that pornography use can be educational within
22 clinical settings.

42 **The current research**

43
44
45 Given the possible service implications that staff attitudes toward
46 pornography have and the lack of literature investigating the attitudes of
47 staff who work in secure settings, the current quantitative study was
48 undertaken. The research aims to provide an overview of the attitudes
49 toward pornography use in secure hospitals. The attitudes of staff working
50 in secure hospitals will be assessed alongside the general population, as a
51 comparator group, to determine whether there are any significant
52 differences. Moreover, the research aims to determine whether the
53 offence or gender of the offender are important in decisions regarding
54
55
56
57
58
59
60

1
2
3 access to pornography, and whether a person's own attitudes towards
4 pornography influences whether they believe someone in a secure
5 hospital should have access to pornography.
6
7
8
9
10

11 **Ethics**

12
13
14 This research project has been approved by the University of Nottingham,
15 Faculty of Medicine and Health Sciences Research Ethics committee and
16 the Research Ethics Committee at the service in which the research was
17 conducted.
18
19
20
21
22
23

24 **Aims**

25
26
27 The following six hypotheses were tested in the present study:
28

29
30 *Hypothesis 1:* The general population will be less likely to allow the
31 patient described in the vignette to have access to pornography than
32 staff.
33
34

35
36 *Hypothesis 2:* Both staff and the general population will be less likely to
37 allow an offender (sexual/violent) to have access to pornography than a
38 non-offender.
39
40

41
42 *Hypothesis 3:* Participants will be more likely to allow the female patient
43 in the vignette access to pornography than the male patient in the
44 vignette.
45
46

47
48 *Hypothesis 4:* Males will be more likely to allow the patient access to
49 pornography than females.
50
51

52
53 *Hypothesis 5:* The participants' attitudes toward pornography will affect
54 their decision making regarding access to pornography.
55
56

57
58 *Hypothesis 6:* Male participants will have a more positive attitude towards
59 pornography than female participants.
60

Method

Participants

Two groups of participants were recruited for this research; staff working in a secure hospital and the general public. The staff sample ~~were staff~~ worked~~ing~~ 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, Psychiatrists etc., or those without direct contact with patients e.g. administrators. To recruit the staff sample, an email was distributed through the organisation, whilst the general population sample was recruited through snowball sampling via social media, local businesses and research recruitment sites. The questionnaire was sent out to 1452 staff members with a response from 162 indicated a response rate of 12.91% from the staff sample. A power analysis was carried out on G Power version 3 (Erdfelder, Faul, & Buchner, 1996) to determine the minimum number of participants required to fulfil the needs of the statistical analysis. To detect a medium effect size (Cohen, 1962) 138 participants were required in total; 69 in each group. A medium effect size was deemed appropriate for this study to identify a difference that was both statistically and clinically significant. In total, 324 participants (162 staff and 162 general public) were recruited and took part in the study. This consisted of 155 males (47.8%), 168 females (51.9%) and 1 other (0.31%) (~~See table 1~~) aged 18-67 (mean=31.49; SD=9.87).

Table 12 shows the different staff roles that participated in the study. 'Others' included Physiotherapists, Social Workers, Trainee Psychologists etc.

Materials

1
2
3 ~~Demographic data was collected relating to~~ ~~Several questions were asked~~
4 ~~to gather a range of demographic data related to~~ the participants
5 including: age, gender (male/female/other), whether they had worked or
6 currently work in a secure hospital, and if so, their role/discipline.
7
8
9

10
11
12 Next the Hald, Malamuth and Yuen's (2010) definition of pornography was
13 provided to the participants. Vignettes were used which represented six
14 different patient scenarios. The vignette contained a hypothetical dialogue
15 relating to either a male or female patient currently residing in a secure
16 hospital that had either previously committed a sexual offence, violent
17 offence or had not committed an offence. The patient described in the
18 vignette was requesting access to pornography. All vignettes were equal
19 in length, with the same linguistic style used in the construction of each.
20 The only difference was the gender of the individual described and the
21 nature of the offence. All vignettes referred to the person as an 'offender'
22 to evoke robust effects (Harris and Socia, 2016). Effects of other variables
23 were avoided and controlled for by not including information regarding
24 previous conviction history, ethnicity or cultural background. The
25 participants were asked whether the patient in the vignette should have
26 access to pornography. Responses were recorded using a 2-point scale:
27 2=no and 1=yes.
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

43 The Attitudes toward Pornography Scale was utilised throughout this
44 study. The scale was a 13-item scale designed to measure general
45 attitudes to pornography (Evans-DeCicco & Cowan, 2001). Participants
46 were asked to respond to both positive and negative statements about
47 pornography. For example, "*it gives people false expectations about the*
48 *opposite sex*". Each statement was then rated on a 7-point Likert type
49 scale ranging from strongly disagree to strongly agree. Higher scores on
50 the statements indicated a more positive attitude towards pornography.
51 This scale had adequate reliability with an alpha co-efficient of .85. In
52
53
54
55
56
57
58
59
60

1
2
3 addition, the scales usefulness in being applied to the topic area has
4 previously been noted. (Evans-DeCicco & Cowan, 2001).
5
6
7

8 **Design**

9
10 ~~A between participant design was used. The independent variables were~~
11 ~~the population group (staff/general public), participant gender, the gender~~
12 ~~of the individual in the vignette in addition to whether they were a sexual~~
13 ~~offender, violent offender or non-offender and the participant's attitudes~~
14 ~~toward pornography. The dependant variable was operationalised by the~~
15 ~~questions regarding access to pornography.~~
16
17
18
19
20
21
22
23

24 **Procedure**

25
26
27 An email was distributed to all staff members in the hospital via a global
28 distribution list. Standardised adverts were posted on social media
29 websites three times and research recruitment websites. Participants
30 were then required to click on the link included which re-directed them to
31 the Bristol Online Surveys website with the information sheet for the
32 research. This included information about the study, what they would be
33 required to do, how the information would be stored and how to withdraw
34 from the study. Participants were then directed to a consent form where
35 they were required to answer several questions to consent to participate.
36 Next, demographic questions were asked regarding age, gender,
37 population group (staff/general public), and their role.
38
39
40
41
42
43
44
45
46
47
48
49

50
51 Participants were then taken to a route decider question where they had
52 to select a number 1-6. This decided which order the vignettes were
53 presented. Although the routes contained the same vignettes, there were
54 six different orders of the vignettes to control for possible presentation
55 effects. Once a route had been selected, the participants were then
56 presented with Hald, Malamuth & Yuen's (2010) definition of pornography
57
58
59
60

1
2
3 and the six vignettes and asked whether each patient in the vignette
4 should be allowed access to pornography. All participants responded to all
5 six vignettes. Next, the participants' attitudes to pornography were
6 assessed using the attitudes toward pornography scale (Evans-DiCicco &
7 Cowan, 2001). Finally, participants were directed to a debrief sheet which
8 included details of withdrawing from the research and the researcher
9 contact details. The study took 10-20 minutes to complete.
10
11
12
13
14
15
16
17
18

19 **Results**

20
21 The data were screened and tested for normality of distribution, outliers,
22 homogeneity of variance, skewness and kurtosis. All assumptions for the
23 statistical tests were met and data distributions are provided. The effect
24 of presentation bias was checked, and participants' scores were similar
25 between each of the presentation orders. The router decider was added
26 into the regression to determine the effect it had on responses to the
27 vignettes. The route decider was non-significant ($p=.47$) therefore the
28 data were not affected by presentation bias.
29
30
31
32
33
34
35
36
37

38
39 An analysis of variance did not yield a main effect for the participant's
40 gender, $F(2,322)= 0.11, p>.05$. There was no significant difference
41 between attitudes to pornography scores of male participants ($M=53.52$)
42 and female participants ($M=53.21$) The main effect of occupation was
43 non-significant, $F(1,323)= 1.80, p> .05$, therefore there was no
44 significant difference between staff attitudes to pornography scores
45 ($M=54.19$) and the general public ($M=52.51$). Furthermore, the
46 interaction effect between gender and occupation (staff/general public) of
47 the participant on their attitudes to pornography was non-significant,
48 $F(1,323)= 5.55, p>.05$.
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 A total vignette response score was calculated by adding up each
4 response regarding whether the patients should have access to
5 pornography. Results from the independent samples t-test indicated that
6 there was a significant difference between staff (M=7.46, SD= 1.94) and
7 general public (M=8.65, SD=2.23) responses to the vignettes. Staff were
8 more likely to respond that they believed the patient should have access
9 to pornography ($t(322)=5.23$, $p<.001$). There was no significant
10 difference between the job roles of the staff and their responses to the
11 vignettes.
12
13
14
15
16
17
18
19
20
21
22

23 A linear multiple regression analysis was conducted to test whether age,
24 participant gender, participant occupation (staff member/general public),
25 staff role and participant attitudes toward pornography predicted their
26 response to the vignette questions about pornography access. The results
27 of the analysis indicated that the predictors explained 14.0% of the
28 variance ($R^2=.14$) and indicated that the model was a significant predictor
29 of responses to the vignettes, $F(5,318)=6.62$, $p<.001$. It was found that
30 attitudes to pornography significantly predicted responses regarding
31 access to pornography ($\beta=-0.8$, $P<.001$), as did whether the participants
32 worked in a secure hospital or not ($\beta=-1.05$, $P<.001$). However, the
33 participants' age, participant gender, and participant job role did not
34 significantly predict their responses to the vignette about access to
35 pornography (see table [23](#)).
36
37
38
39
40
41
42
43
44
45
46
47
48
49

50 A generalised estimating equation was conducted to predict decisions
51 regarding access to pornography using the vignette gender and vignette
52 offence type as predictors (table [34](#) for frequency of vignette responses).
53
54
55
56
57

58 The generalised estimating equations model demonstrated that all three
59 offence types made a significant contribution to prediction (sexual
60

1
2
3 offender; $p < .001$, violent offender; $p < .001$, non-offender; $p < .001$).
4
5 $\text{Exp}(\beta)$ values indicate participants were six times more likely to say no to
6
7 a sexual offender having access to pornography than a non-offender.
8
9 They were also twice as likely to say no to a violent offender having
10
11 access to pornography than a non-offender. Gender of the vignette was
12
13 not a significant predictor (see table 45).
14
15
16

17 **Discussion**

18
19
20 The study aimed to determine whether there was a difference between
21
22 staff and general public responses regarding access to pornography and
23
24 whether this was determined by the gender and offence of the patient
25
26 described in the vignette. It also aimed to examine the relationship
27
28 between a participant's own attitudes to pornography and whether that
29
30 impacted on their decision regarding the patient in the vignettes access to
31
32 pornography. Finally, the difference between staff and the general public
33
34 and male and female participants' attitudes to pornography were
35
36 assessed.
37
38

39 **Staff vs general public**

40
41 The research identified that staff were more likely to say that the patient
42
43 described in the vignette should have access to pornography than the
44
45 public. Staff may have been more likely to grant the individual within the
46
47 vignette access to pornography due to feeling that it is managed within a
48
49 controlled setting rather than when the offender is in the community. The
50
51 staff sample are also more likely to have an informed view than the
52
53 general public. Moreover, it may be that the general public are influenced
54
55 by stories about offenders within the media which affects their decision
56
57 more than the staff group (Harper & Hogue, 2016). Interestingly, the job
58
59 role of the staff group did not affect their decision making.
60

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 sex offender should have access to pornography. A possible hypothesis to explain this may be in regard to attitudes towards sex offenders. It may be that people have a more negative view towards sex 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 'sex 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 'sex 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 Sex Offender (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 were a result of attitudes towards sex offenders, it may be that regardless of training or experience of working with offenders, attitudes towards sex offenders is the crucial factor. Such attitudes may impact on their decision regarding how they treat the offender (give them pornography or not) and contribute to restrictive practices. Therefore, it is possible that decisions are based on one's own belief and attitudes. It is also possible that the results occurred because of the controversy related to pornography with sex offenders, which is generally more widely documented (Kingston, Federoff, Firestone, Curry & Bradford, 2008) and publicised within the literature and media, than with violent offenders or

1
2
3 non-offenders. Future research may wish to directly compare attitudes to
4 pornography and attitudes to sex offenders to understand further which of
5 these appears to have the most influence, as attitudes to sex offenders
6 were not directly assessed within this research. Alternatively, the results
7 within this paper regarding decisions about access to pornography with
8 sex offenders may be due to people's concerns that pornography may
9 increase risk of individuals such as sex offenders, more than others
10 (Kingston, Malamuth, Fedoroff & Marshall, 2009). Future research may
11 wish to explore decision making regarding access to media such a violent
12 films as well as pornography to explore any different bias.
13
14
15
16
17
18
19
20
21
22

23 **Gender of vignette**

24
25 The current study identified that the gender of the vignette did not predict
26 the participant's decision regarding access to pornography. Therefore, the
27 null hypothesis was accepted. The proportion of 'yes' or 'no' responses
28 were the same when comparing the gender of the vignette. These
29 findings were consistent with studies (Kjelsberg & Loos, 2008) whereby it
30 has been reported that gender of the offender did not impact on the
31 participant's attitudes.
32
33
34
35
36
37
38
39
40
41

42 **Gender of participant**

43
44 The results also suggested that gender of the participant was not a
45 significant predictor of access to pornography. As such our hypothesis
46 that females would be more likely to say no, to access to pornography
47 than males, was rejected. This is contrary to previous research whereby
48 females were generally more reluctant to the idea of patient's having
49 access to pornography (Mercer, 2013).
50
51
52
53
54
55
56
57

58 **Attitudes to pornography**

1
2
3 The current study identified that there was no significant difference
4 between staff and general public attitudes toward pornography. The mean
5 score for attitudes towards pornography for both groups were neither
6 positive nor negative. However, when looking at the individual scores the
7 findings from this study note that attitudes toward pornography were a
8 significant predictor of decisions regarding, the individual in the vignettes,
9 accessand access to pornography. Therefore, the null hypothesis was
10 rejected. This suggests that an individual's own attitudes affect their
11 beliefs about other's access to pornography. Again, this highlighted that a
12 person's own attitudes will drive their decision making.
13
14
15
16
17
18
19
20
21
22
23

24
25 The current study found that there was no significant difference between
26 male and female attitudes to pornography and as such the hypothesis
27 that there would be a difference was rejected. This is generally
28 contradictory to previous research which has highlighted that males have
29 a more positive attitude toward pornography than females (Wallmyr &
30 Welin, 2006; Carroll, Busby, Willoughby & Brown, 2017). However, it is
31 possible that other confounding variables may have impacted more
32 significantly on their attitudes to pornography such as cultural or religious
33 background. When looking at the effects of religion, Patterson and Prince
34 (2012) identified that participants who belong to a religious group had
35 stronger attitudes against pornography than those who did not belong to
36 a religious group. The above highlights the degree to which other
37 variables may be responsible for the participants' attitudes to
38 pornography. Thus, future research should aim to consider such factors
39 within the demographic information gathered from the participants to
40 determine what impact such variables may have.
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56

57 **Clinical implications**

58
59
60

1
2
3 It is essential to reflect on the attitudes that staff have towards
4 pornography use with different offenders when they may be working with
5 such individuals. Having negative attitudes towards pornography may
6 result in staff making decisions based on their own attitudes. Thus, it is
7 essential that teams making decisions regarding access to pornography
8 do this collaboratively to ensure that some are not being more punitive
9 than others, and that decision are made objectively, not subjectively. It is
10 therefore important to work with staff to ensure that they can base their
11 decision making regarding access to pornography on the individual patient
12 rather than their personal attitudes. Thus, by understanding attitudes we
13 can be more reasoned in our decision making.
14
15
16
17
18
19
20
21
22
23
24
25
26

27 **Strengths and Limitations**

28
29 A fundamental strength of this research is that it includes a relatively
30 large sample size (n=324) with equal numbers for staff and general public
31 (n=162) and an almost equal gender split. Therefore the result can be
32 generalised. Although not all results were significant, the sample size was
33 still large enough to generate meaningful outcomes. The sample size was
34 substantial for a medium effect however was not big enough for a small
35 effect size, although a small effect may not be as clinically informative.
36 Participants saw all vignettes and therefore it is possible that they could
37 have predicted the aims of the study.
38
39
40
41
42
43
44
45
46
47

48 A highlighted limitation of using online questionnaires was the inability to
49 establish the response rate for the general public sample or to manage
50 possible areas of bias. However, given the opportunistic nature of the
51 sampling it is difficult to say whether the overall sample was
52 representative. Furthermore, characteristics such as religion and cultural
53 beliefs were not accounted for during this research. Thus, future research
54
55
56
57
58
59
60

1
2
3 should strive to gain more information on participant characteristics to
4 determine whether these are potential confounding variables.
5
6
7
8
9

10 **Future research considerations**

11
12 Although assessing attitudes is useful for improving our knowledge and
13 considering the clinical implication of these attitudes, it fails to inform
14 researchers about the psychological underpinnings of how decisions are
15 made and how attitudes are developed. As such, it would be beneficial to
16 conduct a qualitative analysis to explore where these attitudes come
17 from, why people have these attitudes and the factors they consider when
18 making this decision. Whether the difference in decisions regarding access
19 to pornography, for a sex offender when compared to the other vignettes,
20 may be a result of negative attitudes towards sex offenders, is not yet
21 clear. Therefore, future research should attempt to explore both to
22 determine which appears to be influencing decision making. Finally, future
23 research should also consider the use of vignettes with a first-person
24 narrative as used by Harper, Bartels and Hogue (2016) and changing the
25 wording 'sex offender' to 'committing a crime of a sexual nature'.
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

41 **Conclusion**

42
43 Research exploring attitudes toward pornography use within secure
44 settings is essential to understanding both society's and professional's
45 decision-making process. It is vital to improve our understanding of this
46 to promote positive changes and thus reduce the impact of stereotypes.
47 This study has demonstrated that there is a lack of difference in the
48 attitudes of staff and general public. It did however, emphasise the less
49 favourable view the participants had towards a sex offender having access
50 to pornographic material rather than a violent or non-offender. Finally, it
51 demonstrated that a person's own attitudes toward pornography, directly
52 impacted their decision regarding pornography access for others.
53
54
55
56
57
58
59
60

1
2
3 Decisions regarding access to pornography were not affected by the
4 gender of the vignette. This study therefore highlights the importance of
5 considering various interactive factors in a person's decision-making.
6
7 However, given the current movement in clinical practice to reducing
8 restrictive practices it is imperative that as clinicians we are aware of our
9 own attitudes, whether these are negative or positive, and remain
10 objective in our decision-making when applying these within clinical
11 settings. Consideration may also be given to the providing a better
12 understanding on the potential therapeutic benefits (Watson & Smith,
13 2012) or risks regarding pornography.
14
15
16
17
18
19
20
21
22
23
24

25 **Implications for practice**

- 26 • Teams making decisions regarding access to pornography should do
27 this collaboratively
- 28 • Staff should ensure they can base their decision making regarding
29 access to pornography on the individual patient rather than their
30 personal attitudes.
31
32
33
34
35
36
37
38
39
40

41 **References**

42 Allen, M., D'Alessio, D., & Emmers-Sommer, T. M. (1995). Exposure to
43 pornography and acceptance of rape myths. *Journal of Communication*,
44 45(1), 5-26.
45
46
47
48

49 Allen, M., D'Alessio, D., & Emmers-Sommer, T. M. (1999). Reactions of
50 criminal sexual offenders to pornography: A meta-analytic
51 summary. *Annals of the International Communication Association*, 22(1),
52 139-169.
53
54
55
56
57
58
59
60

1
2
3 Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice
4 Hall.
5
6
7

8 Braun-Courville, D. K., & Rojas, M. (2009). Exposure to explicit web sites
9 and adolescent sexual attitudes and behaviors. *Journal of Adolescent*
10 *Health*, 45, 156–162.
11
12
13

14
15
16 Carroll, J. S., Busby, D. M., Willoughby, B. J., & Brown, C. C. (2017). The
17 porn gap: Differences in men's and women's pornography patterns in
18 couple relationships. *Journal of Couple & Relationship Therapy*, 16(2),
19 146-163.
20
21
22

23
24
25 Cohen, J. (1962). The statistical power of abnormal- social psychological
26 research: a review. *Journal of Abnormal and Social Psychology*, 65, 145-
27 153
28
29
30

31
32 Cooper, A. (1998). Sexuality and the internet: surfing in to the new
33 millennium. *Cyberpsychology and Behaviour*, 1, 181-187
34
35
36

37
38 Craig, L. (2005). The impact of training on attitudes towards sex
39 offenders. *Journal of Sexual Aggression*, 11(2), 197-207.
40
41
42

43 Erdfelder, E. Faul, F., & Buchner, A. (1996). GPOWER: A general power
44 analysis program. *Behavior Research Methods, Instruments, &*
45 *Computers*, 28, 1-11
46
47
48

49
50 Evans-DeCicco, J. A., & Cowan, G. (2001). Attitudes toward pornography
51 and the characteristics attributed to pornography actors. *Sex roles*,
52 44(5/6), 351-361
53
54
55
56
57
58
59
60

1
2
3 Ferguson, C. J., & Hartley, R. D. (2009). The pleasure is momentary... the
4 expense damnable? The influence of pornography on rape and sexual
5 assault. *Aggression and Violent Behaviour*, 14, 323-329
6
7
8
9

10 Hald, G. M., & Malamuth, N. M. (2008). Self-perceived effects of
11 pornography consumption. *Archives of Sexual Behavior*, 37(4), 614-625.
12
13

14
15 Hald, G. M., Malamuth, N. M., & Yuen, C. (2010). Pornography and
16 attitudes supporting violence against women: Revisiting the relationship
17 in nonexperimental studies. *Aggressive Behavior*, 36(1), 14-20.
18
19
20
21
22

23
24 Harper, C. A. Bartels, R. M., & Hogue, T. E. (2016). Reducing stigma and
25 punitive attitudes toward pedophiles through narrative
26 humanization. *Sexual Abuse*, 1079063216681561.
27
28
29

30
31 Harris, A. J., & Socia, K. M. (2016). What's in a name? Evaluating the
32 effects of the "sex offender" label on public opinions and beliefs. *Sexual*
33 *Abuse*, 28(7), 660-678.
34
35
36
37

38 Hogue, T.E. (1993). *Attitudes towards prisoners and sex offenders*. In
39 *N.C. Clark and G. Stephenson (Eds.) DCLP Occasional Papers: Sexual*
40 *Offenders*. Leicester: British Psychological Society.
41
42
43
44

45
46 Johnson, S. A. (2015). The Use of Pornography with Sex Offenders in
47 Treatment: A Controversial Conundrum. *Journal of Forensic Research*,
48 6(5), 1-6
49
50
51

52
53 Kanuga, M., & Rosenfeld, W. D. (2004). Adolescent sexuality and the
54 Internet: The good, the bad, and the URL. *Journal of Pediatric and*
55 *Adolescent Gynecology*, 17, 117-124
56
57
58
59
60

1
2
3 Kjelsberg, E., & Loos, L. H. (2008). Conciliation or condemnation? Prison
4 employees' and young peoples' attitudes towards sexual
5 offenders. *International Journal of Forensic Mental Health*, 7, 95-103.
6
7
8
9

10 Kingston, D. A. Federoff, P. Firestone, P. Curry, S., & Bradford, J. M
11 (2008). Pornography use and sexual aggression: the impact of frequency
12 and type of pornography use on recidivism among sexual offenders.
13 *Aggressive Behaviour*, 34, 341-351
14
15
16
17
18

19 Kingston, D. A. Malamuth, N. M. Federoff, P., & Marshall, W. L. (2009).
20 The importance of individual differences in pornography use: Theoretical
21 perspectives and implications for treating sexual offenders. *Journal of Sex*
22 *Research*, 46(2-3), 216-232.
23
24
25
26
27

28 Fallon, P. Bluglass, R. Edwards, B. Daniels., & Daniels, M. G. (1999).
29 *Report of the committee of inquiry into the personality disorder unit,*
30 *Ashworth Special Hospital.*
31
32
33
34

35
36 ~~Malamuth, N. M. (1996). Sexually explicit material, gender differences,~~
37 ~~and evolutionary theory. *Journal of communications*, 46, 8-31~~
38
39

40
41 ~~Malamuth, N. M., & Billings, V. (1986). The functions and effects of~~
42 ~~pornography: Sexual communications versus feminist models in light of~~
43 ~~research findings. In J. Bryant & D. Zillmann (Eds.), *Perspectives on*~~
44 ~~media effects (pp. 83-108). Hillsdale, NJ: Lawrence Erlbaum.~~
45
46
47
48
49

50 Malamuth, N. M., Hald, G. M., & Koss, M. (2012). Pornography, individual
51 differences in risk and men's acceptance of violence against women in a
52 representative sample. *Sex Roles*, 66(7-8), 427-439.
53
54
55
56

57
58 Mercer, D. (2016). Policing pornography in high secure care: The
59 Discursive Construction of Gendered Inequality. *(Re)Thinking violence in*
60

1
2
3 *healthcare setting: a critical approach*. Retrieved from:
4 <https://books.google.co.uk/>
5
6
7
8

9 Ogas, O., & Gaddam, S. (2011). *A billion wicked thoughts: What the*
10 *world's largest experiment reveals about human desire*. New York, NY,
11 US: Dutton
12
13
14

15
16
17 Patterson, R., & Price, J. (2012). Pornography, religion, and the happiness
18 gap: Does pornography impact the actively religious differently?. *Journal*
19 *for the Scientific Study of Religion*, 51(1), 79-89.
20
21
22

23
24 Payton, M. (2016, April 18) Convicted sex offenders allowed pornography
25 in Scottish prison. *The Independent*. Retrieved from 10.12.16
26 <http://www.Independent.co.uk>
27
28
29

30
31 Pornhub. (2018, January 9). 2017 year in review. Retrieved 14.06.18
32 from: <https://www.pornhub.com/insights/2017-year-in-review>
33
34
35

36
37 Poulsen, F. O., Busby, D. M., & Galovan, A. M. (2013). Pornography use:
38 Who uses it and how it is associated with couple outcomes. *Journal of Sex*
39 *Research*, 50(1), 72-83.
40
41
42

43
44
45 Ratcliffe, G. C. (2011). *The use of sexually explicit material in sex*
46 *therapy* (Doctoral dissertation, Kansas State University).
47
48
49

50 Seto, M. C., Maric, A., & Barbaree, H. E. (2001). The role of pornography
51 in the etiology of sexual aggression. *Aggression and violent*
52 *behavior*, 6(1), 35-53.
53
54
55

56
57
58 Short, M. B. Black, L. Smith, A. H. Wetterneck, C. T., & Wells, D. E.
59 (2012). A review of internet pornography use research. *Methodology and*
60

1
2
3 content from the past 10 years. *Cyberpsychology, Behavior, and Social*
4 *Networking*, 15(1), 13-23
5
6
7

8 Traeen, B., Nilsen, T. S., & Stigum, H. (2006). Use of pornography in
9 traditional media and on the Internet in Norway. *Journal of Sex Research*,
10 43(3), 245-254.
11
12
13

14
15
16 Tyden, T., & Rogala, C. (2004). Sexual behaviour among young men in
17 Sweden and the impact of pornography. *International Journal of STD &*
18 *AIDS*, 15, 590-593.
19
20
21

22
23 Wallmyr, G., & Welin, C. (2006). Young people, pornography, and
24 sexuality: Sources and attitudes. *The Journal of School Nursing*, 22(5),
25 290-295.
26
27
28

29
30 Watson, M, A., & Smith, R. D. (2012). Positive porn: educational, medical
31 and clinical uses. *American Journal of Sexuality Education*, 7, 122-145
32
33
34

35
36 Yool, L., Langdon, P. E., & Garner, K. (2003). The attitudes of medium-
37 secure unit staff toward the sexuality of adults with learning disabilities.
38 *Sexuality and Disability*, 21(2), 137-150.
39
40
41

42
43 Zillmann, D., & Sapolsky, B. (1977). What mediates the effect of mild
44 erotica on annoyance and hostile behavior in males? *Journal of*
45 *Personality and Social Psychology*, 35, 587-596
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Variable	Unstandardised b	SE b	Beta	Sig
Constant	14.18	.72		.000
Attitudes toward pornography	-.08	.01	-.45	.000
Gender	-.01	.20	-.00	.96
Age	-.00	.01	-.01	.86
Occupation	-1.05	.21	-.24	.000
Job role	.69	.05	.11	.16

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

Journal of Forensic Practice

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Variable	B	SE	Sig	Exp(B)
Male	.04	.03	.25	1.04
Female	0			1
Sex offender	1.86	0.14	0.00	6.39
Violent offender	0.83	0.11	0.00	2.30
Non- offender	0			1

Journal of Forensic Practice