

Soldiers, savants, and sexual crimes: An examination of two groups of child pornography offenders

James W. Schutte, Ph.D.
Christopher W. Schutte
schutte@htg.net



Cases of child pornography (CP) possession and distribution are increasing

- Federal prosecution cases doubled between 2004 and 2013
- 98% of convictions resulted in prison time, more than violent, weapon, and drug crimes
- 79% of arrestees had no prior felony convictions



Why the increase?

- Public mood
- Strict liability
- Persons may be unaware that mere possession is a crime
- Use of P2P programs



What comes down must go up

Defendants who use P2P programs may not be aware that files which are downloaded are, by default, automatically uploaded

Defendants may inadvertently download CP which is labeled as adult pornography or even music or mainstream movies



Mass media is noting veterans in child pornography cases

“Former Marine Sentenced to 10 Years for Child Porn”

--3/21/2018 military.com

“Man at Veterans’ Home charged with possession of child porn”

--fox19.com

“Camp Pendleton Marine charged with child pornography distribution”

--12/5/17 marinecorpstimes.com



Mass media is also noting autism and child pornography

• “Downloading a nightmare: When autism, child pornography, and the courts collide”

--themarshallproject.org

• “This Autistic Man Arrested For Watching Child Porn”

--risenews.net

• “Young men with autism unfairly targeted in online sex offense cases”

--news-leader.com



Is military service a risk factor for CP offending?

- Combat experience may desensitize an individual to extreme stimuli
- PTSD can produce emotional numbing



PTSD as per DSM 5

- A. Exposure to actual or threatened death, serious injury, or sexual violence
- B. Presence of intrusion symptoms
- C. Persistent avoidance of stimuli
- D. Negative alterations in cognitions and mood
- E. Marked alterations in arousal and reactivity



PTSD symptoms likely linked to CP offending

- D6. Feelings of detachment or estrangement from others
- E2. Reckless or self-destructive behavior



Compulsive sexual behavior

- Also known as hypersexual behavior
 - abnormally frequent paraphilic or normaphilic thoughts and/or actions
 - significant distress or life problems as a result
- CSB found in 16.7% of a veteran sample (Smith et al. 2014)



Traumatic brain injury (TBI)

- May result not only from blows to the head, but also from blast exposure, especially if repeated
- Impaired judgment, impulsive, hypersexual behavior may result
- CP offending may be linked to TBI



Autism spectrum disorder (ASD) is not uncommon in CP cases

- ASD individuals may have schizoid traits and lack appreciation for the social aspect of this offense
- ASD individuals may engage in repetitive or compulsive downloading or pornography viewing



ASD as per DSM-5

- A. Persistent deficits in social communication and social interaction
- B. Restricted, repetitive patterns of behavior, interests, or activities



ASD symptoms which may be linked to CP offending

- A3. Deficits in developing, maintaining, and understanding relationships
- B3. Highly restricted, fixed interests



Is ASD a risk factor for CP offending?

- Persons with ASD have impaired social skills, and may find passive stimulation to be less stressful
- Persons with ASD may find depictions of adult sex to be unpleasant
- Persons with ASD may engage in repetitive behavior, which can take the form of “hoarding” of CP images



Even if not full-blown ASD, autistic features are common

- Social discomfort
- Social impairment
- Lack of sexual experience with real-life, pro bono partners (not escorts, prostitutes, cam girls)
- Intense online usage



The default perception

- The default perception is that the child pornography defendant is a pedophile, has sexual interest in children, and either has or will molest children
- However, it is always useful to think of alternative hypotheses



Why would anyone download this stuff?

- May be a pedophile, and looking for material to satisfy an interest or suggest offline behavior
- May be a pedophile, but only looking for material for fantasy or masturbation (purely offline)
- May be curious about something illegal
- May have a general pornography addiction which has escalated into more bizarre content



Why would anyone download this stuff?

- May have ASD and is exhibiting compulsive or repetitive, non-sexual behavior
- May have PTSD or TBI and exhibiting reckless behavior
- May have been looking for something else, and got a mislabeled file



Pedophilia as per DSM-5

"A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).

B. The individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty



Pedophilia as per DSM-5 cont'd

C. The individual is at least age 16 years and at least 5 years older than the child or children in Criterion A.”



The content matters

- If the material viewed is of post-pubescent children, the behavior, however illegal, is not pedophilic



Types of child pornography offenders

Online: Behavior limited to non-contact, viewing and/or distribution of CP

(Offline: Behavior limited to contact, exhibitionistic or voyeuristic offenses)

Mixed: Both offline and online



Types of child pornography offenders

Online-only offenders have lower recidivism rates than offline or mixed offenders

The default assumption by the Court and public opinion is that all child pornography offenders are mixed



Recidivism data

About 5% of CP offenders reoffend
 --3.4% incur a new CP charge
 --2.1% incur a contact offense charge
 Online-only offenders have lower recidivism rates than offline or mixed offenders



High-risk sexual offenders

- Combination of psychopathy and deviant sexual interest
- Psychopathy can be measured with interview and record review (e.g., PCL-R) or by self-report (e.g., SRT-4, PPI-R)



What can the forensic psychologist do?

- Perform an evaluation with interviews and testing
- Provide diagnoses
- Provide risk assessment information
- Make treatment recommendations



What can the forensic psychologist not do?

- Determine whether the Defendant is lying
- Determine whether the Defendant is a pedophile (short of a confession or strong collateral information)



Conducting the forensic examination

- Informed consent
- Review of records (statement/confession, mental health records, offense records)
- Interview to include childhood history, medical history, substance abuse history, current symptoms, history of abuse or neglect, and sexual history



Conducting the forensic examination

- Sexual history
- Age at first sexual contact
 - Access to consensual partners
 - Stability of relationships
 - Defendant's view of sex
 - Defendant's view of child sexual behavior



Conducting the forensic examination

- Legal history
- Any prior charges/convictions?
 - Any incidents of probation/incarceration?
 - Any violations of parole/probation?
 - Any violations of bond?

Pretrial behavior (incarcerated/on bond) may suggest post trial behavior



Conducting the forensic examination

- Offense narrative
- How was material found?
- Was it intentionally shared?
- Reactions on first seeing this material?
- Masturbation to the material?
- Any files saved? How chosen?
- How often viewed? Is there an increase?



Conducting the forensic examination

Consider general pornography addiction
 --Individual may start viewing adult pornography and progress to more violent, bizarre, or illegal forms
 Any fantasies of acting-out what is viewed?
 Any approach behavior (visiting places where children frequent)?



Conducting the forensic examination

Defendant's view of the alleged offense
 --Be aware that pretrial opinions may vary from presentencing/post-plea opinions
 --Denial is not a useful predictor of recidivism (see meta-analyses by R.K. Hanson)
 Defendant's view of the future



Assessing the veteran CP defendant

- Ask about combat deployment, military sexual trauma (MST), adult physical abuse
- Ask about PTSD symptomatology
- Ask about substance abuse



Neuropsychological screening

- Have you ever been hit in the head and knocked out, been dazed, or seen stars?
- Have you ever been exposed to a blast (IED, mortar) or "blown up" and been knocked out, been dazed, or seen stars?



Assessing the ASD CP defendant

- Ask about social history
- Ask about sexual history
- Ask about online usage, patterns of repetitive or compulsive conduct



Conducting the forensic examination

Psychological testing

--IQ

Helpful to rule-out ID, assess general aptitude for talk therapy

--Personality/psychopathology

MMPI-2-RF, MCMI-IV, PAI. Look at validity scales as well as clinical scales

--ASD assessment (SRS-2)



Executive functioning

- Refers to ability to plan, exercise judgment, and exhibit cognitive flexibility (ability to switch problem-solving techniques)
- Individuals impaired in this area are likely to exhibit impulsive or stereotyped behavior



Measures of executive functioning

- Trail-Making Test
- Booklet Category Test
- Wisconsin Card Sorting Test
- NAB Judgment subtest
- Controlled Oral Word Association
- Iowa Gambling Task
- Tower of Hanoi



Conducting the forensic examination

Common risk assessment tools:

Level of Service/Risk, Need, Responsivity

HCR-20

Hare PCL-R/SV (indirectly, as a measure of psychopathy)



Conducting the forensic examination

Risk assessment

--be aware that sex offender risk assessment instruments such as the Static-99R are not appropriate for pornography offenders

--but can be used with mixed offenders



There is no well-researched, widely-accepted CP recidivism tool



Conducting the forensic examination

Summary

Is there evidence of contact offenses?

Is there evidence of paraphilic urges or fantasies?

Are there any diagnosable conditions which could account for the behavior?

Are there any treatable conditions?



References

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