

Impact of Pornography on Forensic Mental Health and Law Enforcement Professionals: Effective Coping Strategies

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Abstract: For purposes of evidence collection and prosecution of offenders, as well as for mandated treatment of sex offenders, it may be necessary for law enforcement officers and mental health clinicians to gather and examine the pornography of violent offenders. The impact of repeatedly reviewing this material can be draining and demoralizing. This article describes the special stresses of dealing with violent and/or shocking pornography and outlines some of the coping strategies that law enforcement and mental health professionals find useful in dealing productively with their emotional reactions to this difficult but essential type of work. [International Journal of Emergency Mental Health, 2009, 11(2), pp. 93-96].

Key words: pornography, sex offenders, sexual offender therapy, sex crimes investigators

Sex Offenders and Pornography

The term *pornography* includes magazines, movies, videos, pictures, and computer-generated images depicting people engaging in any type of sexual behavior. While many types of pornography are legal in the United States, certain forms, such as child pornography, are illegal. Nevertheless, there exists a substantial network of collectors and users of illegal pornography, some of which may involve the sexual exploitation of children. While most people who view pornography – legal or illegal – do not go on to commit actual sex crimes, many sex offenders utilize this material to arouse themselves, learn and practice new activities, and/or “groom” potential victims (Cramer & McFarlane, 1994; Hazelwood &

Lanning, 2001a; Itzin, 1992; Johnson, 2007; Russell, 1994a, 1994b; Swisher & Wekesser, 1994; Zillman & Bryant, 1986).

While the possession of some forms of pornography (e.g. child pornography) is a crime in itself, even legal forms of pornography, or even seemingly innocuous nonpornographic images (e.g. children’s clothing catalogs) may be used by sex offenders for their own gratification and to stimulate specific sex crimes. Thus, law enforcement investigators who specialize in sex crimes often are tasked with collecting, examining, and cataloguing the pornographic material of sex offenders. In addition, mental health clinicians who treat sex offenders, usually mandated by the courts as part of a parole or probation agreement, may often be exposed to the graphic materials as part of their case preparation, or at least have to hear the offenders’ description of his activities. Despite the important nature of the work of these professionals, regular exposure to this disturbing material can take its toll on their health and well-being (Hazelwood & Lanning, 2001a; Hazelwood & Warren, 1995).

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The Impact of Viewing the Offender's Pornography

If the use of pornography has a powerful impact on the offender's choice to engage in violence, it only stands to reason that those who view the offender's pornography may also be negatively impacted. The impact of viewing the offender's pornography can be stressful and demoralizing to law enforcement and mental health professionals who work with this offender population. Criminal investigators may have to sift through hundreds or thousands of pornographic photos and videos that they may find disgusting and, at times, horrifying. Even more disturbing is the fact that the mental health professional or police officer understands that the disturbing photos and videos have brought significant pleasure and joy to the offender and may have provided a guide for the offender's crimes. In addition, especially in the case of child pornography, the images have exploited numerous victims who will likely never be identified or helped.

Many mental health professionals choose not to view the offender's pornography, believing that this would prejudice their treatment effectiveness. The case could be made, however, that it is impossible to accurately assess and treat a violent offender without at least some understanding of the specific types of pornographic material that the offender finds pleasurable.

For the treating professional that does delve into the offender's pornography, the impact can be significant. The treating professional now has a significant understanding of the depth of the offender's attraction to violence and yet has to balance professional and ethical conduct toward the offender with his or her own feelings about the material. For this reason, many, perhaps most, treating professionals avoid viewing or carefully examining the offender's pornographic material.

For the law enforcement investigator, finding, examining, and cataloguing the offender's pornography stash is imperative for evidence collection and prosecution. The pornography is the violent offender's best kept secret, the offender's secret world of degrading and violent desires and fantasies, and a road map to the offender's criminal history. In addition to the shock value of some of the images, for the police officer an extra burden is added by the knowledge that the pornography often suggests the presence of additional victims who have yet to be identified.

Cognitive dissonance refers to the tension that emerges from our awareness that certain of our beliefs and/or behaviors are in conflict with one another. In the case of law enforcement and mental health professionals, this process occurs when the professional must view the offender's pornography while being aware of their own moral repudiation of many of the images. To address this inner tension, many professionals in this field learn to *compartmentalize*, implicitly reminding themselves that the viewing of the offender's pornography is not for their own sexual enjoyment but rather to solve a case, help with a criminal conviction, and/or to provide adequate treatment to the offender.

Not surprisingly, investigators or clinicians may find their own interest piqued by some of the images or by the subjects' descriptions of their activities, in which case they should remind themselves of the peculiarities of human nature and resolve to move on. But the investigator or clinician who begins to find the material "too" interesting for its own sake may want to consider changing the focus of their law enforcement or mental health work in order not to continuously expose themselves to such material.

I recall several cases where the detectives reviewing the offender's pornography found themselves experiencing disgust and anguish. In the pornography were pictures of young women ranging in age from approximately 11 to 25. I recall the officers commenting that they had daughters and relatives that were of similar ages as the females in the pornography and the thought of their own flesh and blood being harmed in such a way was devastating. The identification factor is an element that heightens empathic engagement in all public safety and human services professionals; in this case, the officers related to the fact that the females in the pornography were someone's daughters, wives, or loved ones who were innocent and had been taken advantage of.

In another example, a detective viewing the child pornography of an offender was appalled by the photos, almost to the point of being unable to continue investigating the case. Even for this well-seasoned and well-trained investigator, the impact of viewing the offender's pornography took a significant toll. This detective was encouraged to keep the focus on the outcome, that is, providing enough evidence for a criminal conviction rather than focusing on the actual content of the pornography.

In another case, while viewing an offender's commercially bought pornographic video, the officer stumbled onto

a recording of an additional victim; apparently, the offender had used the commercially bought pornographic tape to videotape one of his rapes! Viewing the tape took an extra toll on the officer because actually viewing a real rape, and being powerless to have stopped it, frustrated the officer even more. For many such officers, the impact of viewing an actual molestation or rape is different than other types of violence witnessed or experienced. The frustration, helplessness, disgust, and anger experienced over watching a person being raped or molested, especially a child victim, may be uniquely stressful.

What Professionals Can Do

Lanning and Hazelwood (2001a, 2001b) compare the investigation of sex crimes as being similar to the work of a garbage collector. Most people don't really want to know what the sexual or violent offender was really doing, just as most garbage collectors have no interest in examining the contents of the cans and bags they handle. But for the sex crimes investigator or sex offender therapist, the nature of this "garbage" is essential for prosecuting the case or successfully treating the offender. In working with these professionals, I have found the following strategies to be helpful (further information can be found in Hazelwood & Burgess, 2001).

First and foremost, I recommend that mental health professionals and police officers keep in mind the overall *goals and purposes* of gathering and reviewing the offender's pornography: to help understand the offender's pathology, desires, and behavior; to help formulate an effective risk management plan and treatment plan; to help facilitate a conviction; hopefully to prevent future violent offense; perhaps to identify and assist other victims uncovered as a result of reviewing the pornography; and to remove from the offender's possession the very material that provided significant sexual and personal power, enjoyment, and a guide for further victimization.

Second, it is important for the mental health professional and police officer to maintain a sense of *professionalism*. Doing this job requires that we at times address unpleasant, uncomfortable, and morally challenging material. The professional limits exposure to the pornographic material to official purposes and does not make extra time to review the material. The material remains at the office and is not reviewed at the

professional's home. Professionals keep their work life separate from their home life.

A third, helpful survival tool is *humor*. Being able to laugh off the day's stress is beneficial and necessary as an antidote to rage and disgust. In addition, again, it is a job you do, not who you are. Laughing not only helps to relieve physical and psychological stress but also allows for us to keep the offense and pornography in perspective. It is not the professional who engaged in the offense or who used pornography but rather the offender. Humor, however, does not mean mean-spirited mocking or derision of one's peers, the victims, families, or even the perpetrator. Even humor has its best effect in the context of professionalism.

Lastly, having a *support system* is vital. No one does this type of work without the support of others. Support systems are of two types. First, discussing a difficult case with peers not only helps to alleviate stress and reduce negative emotions (cynicism, disgust, anger), but also allows for professional consultation and the opportunity to learn from the case and from feedback from colleagues. This makes for a more effective, competent officer or mental health professional and helps to prevent burnout.

It is also important to talk openly with your loved ones. However, this does *not* mean discussing all of the gruesome case specifics or the pornography content. Maintain professional boundaries but openly discuss your emotional reactions and needs, and take time to reward yourself for a job well-done!

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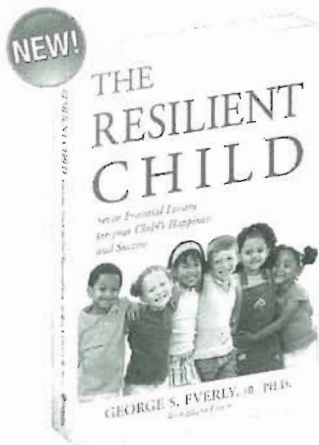
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George S. Everly, Jr., PhD is one of the "founding fathers" of modern resiliency and stress management. He is on the faculties of The Johns Hopkins University School of Medicine and The Johns Hopkins University Bloomberg School of Public Health.