Attitudes and beliefs towards pornography use and men with Learning Disabilities: A Q methodological study.

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CANDIDATE DECLARATION

Title of degree programme	Doctorate in Clinical Psychology
Candidate name	
Registration number	
Initial date of registration	

Declaration and signature of candidate
I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work. I confirm that the decision to submit this thesis is my own. I confirm that except where explicitly stated, the work has not been submitted for another academic award. I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis. Signed: Date:

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Thesis Abstract

The sexuality of people with learning disabilities (LD) can be a contentious topic. Place pornography into this equation and it often becomes a large taboo, causing angst and concern. Despite pornography being used by many individuals presenting to services, there appears to be no published research on the topic. This makes it difficult for clinicians to make evidence based decisions when pornography use arises in LD services. This thesis aims to explore this apparent taboo and find ways to promote an open approach to pornography use by men with LD.

The first paper reviews the literature regarding attitudes towards pornography from the perspectives of young people. It would have been preferable to review the literature looking at sexuality and the LD population as this was the primary topic of interest. However, this topic had already been extensively reviewed and therefore, it was decided that synthesising literature regarding the attitudes of young people might have parallels with the attitudes towards pornography use in men who have a LD. This decision was made on the basis that young people are beginning to develop their sexuality, and are sexually inexperienced at this stage in their lives, and was not to suggest that individuals with a LD are in an adolescent developmental stage. Pornography can be used in this group as a tool to learn about sex and sexual relationships (Albury, 2014). Therefore, there may be some parallels that can be drawn from understanding the ways young people relate to pornography. The literature review identified seven relevant papers and explored a number of questions relating to how young people think about pornography.

The empirical paper used a Q methodology approach to investigate the attitudes and beliefs held about pornography use in men with LD. A factor analysis on 17 Q sorts identified four factors. These factors represented: a liberal view, a risk focused view, a positive view and a restrictive view. These factors are explored in relation to their clinical implications, including the need for training and professional development for staff working in services. The final paper offers reflections on the process of completing the thesis and learning points. (357 words)

Literature Review

What attitudes do young people hold towards pornography use?

Word count excluding appendix: 8,064

(Excluding references and appendix)

Abstract

Pornography use amongst men with a Learning Disability (LD) can be a contentious topic in services. However, there is limited research available on the attitudes towards pornography in this population. A review of young people's attitudes towards pornography may be applicable to the LD population. There have been no previous reviews on the attitudes young people hold towards pornography. It is important to understand how young people relate to and think about pornography to identify the impact pornography has on young people's psychological wellbeing. This is specifically important given that pornography is becoming more prevalent in society. This knowledge will be useful for those working with young people in the field of sexual education.

Aim

The aim of this review was to assess the attitudes and opinions of young people aged from ten to twenty-one years with regards to pornography.

Method

A comprehensive search of electronic databases was carried out, including hand searching reference lists of included studies.

Results

Seven papers were included in this review. Findings suggest that young people are affected by the messages within pornography and reported that this affected their self-esteem, which lead them to question their own body image and sexual ability. However, young people also found pornography to be a source of information regarding how to act in sexual encounters and this gave them a sense of confidence.

Implications

It is important to be aware of the effects pornography can have on young people to minimise the potential negative effects pornography can have. Those who deliver sex education should be aware of the attitudes young people have toward pornography and encourage discussion and critical thinking about pornography. Having these discussions may reduce some of the negative effects of pornography and promote a more realistic understanding of sex and sexual experiences. Further research is required to identify if these attitudes are reflected in other populations, such as the LD population.

Introduction

Pornography is readily accessible and has become part of mainstream and youth culture (Pratt, 2015). Pornogrpahy use amongst men with a LD can be a contentious topic in clinical services, and often causes angst among professionals. As there is limited research available on the attitudes towards pornography in the LD population it was not feasible to carry out a review of literature. A review of parallel literature may be useful to identify if the attitudes towards pornography in young people also apply to the LD population. There is evidence to suggest that pornography can portray unrealistic ideas about men and women, the body and sex. These messages can be damaging, affecting confidence and self esteem (Wallmyr & Welin, 2006). Young people and people with LD may be particularly vulnerable to such harmful messages, so it is important to carry out research into this area to further understand how people relate to and think about pornography and whether this can be applied to the LD population.

Pornography

There is currently no universal definition of pornography in the United Kingdom or internationally (Akdeniz, 1997). Cross-cultural differences make it difficult to define pornography, as what might be considered offensive in one country might be classed as otherwise elsewhere (Akdeniz, 1997). Mosher (1988) defined pornography as commercial products designed to enhance sexual arousal. However, given that pornography is now freely available online, this definition no longer seems fitting. Segan (2005) defines pornography as sexually explicit texts, pictures or other material whose purpose is to cause sexual arousal, reflects these contextual changes. For the purposes of this review, pornography will be defined as sexually explicit material in either picture, written or video form.

Young people and young adulthood

There are cultural variations in the definition of what constitutes a young person and there is often a range of developmental variability between individuals during this period. In the United Kingdom, the General Medical Council defines a young person as up to the age of eighteen years (General Medical Council, 2012). The United Nation, 2005 (UN) defines young adulthood as being up to the age of twenty-four years. However, The World Health Organisation refers to young people as between ten and nineteen (WHO, 2005). For the purposes of this review, the above sources have been used to define a "young person" from the age of ten up to the age of twenty-one (Degner, 2006), because this is the age that most young people and young adults are exploring and developing sexuality (Fonseca & Greydanus, 2007). It is therefore particularly relevant to the topic of pornography.

The evolution of pornography

The use of pornography has been perceived as socially undesirable and can cause public unease (Attwood, 2005). There are concerns that the use of pornographic material leads to negative social consequences, such as; negative attitudes towards women, positive attitudes towards sexual promiscuity, and increased sexual violence (Attwood, 2005). However, pornography is becoming more readily available, which may increase its social acceptability. For example, content that would once have been considered as sexually obscene is now seen in mainstream culture (Sørensen & Kjørholt, 2007). This increasing sexualisation of society can be easily observed in the music and film industry, both of which routinely display highly sexualised content (Gill, 2012). The majority of sexualised content in the media has no 'watershed' and so young people are exposed to it indiscriminately (Papadopoulos, 2010).

Prevalence of pornography use in the youth population

The way pornography has evolved is linked to the manner in which it is accessed. Access to pornography and sexually explicit material is increasing

due to improving technologies and advances in communication modalities such as social media (Day, 2014). In the Western world the vast majority of young people have access to several internet ready devices such as computers, tablets and smart phones (Madden, Lenhart, Duggan, Cortesi, & Gasser, 2013). Studies suggest that young people spend lengthy periods online and are easily able to access sexually explicit material freely and anonymously (Cooper, 1998). Sabina, Wolak and Finkelhor (2008) completed an online survey with 563 participants. They examined exposure to pornography, and found that 93% of boys and 62% of girls had been exposed to pornography online before the age of 18. Other studies have found similar results; among Danish, Norwegian and Swedish youth, 92% stated they had viewed pornography online on at least one occasion (Sørensen& Kjørholt, 2007). Rimington and Gast (2007) found that 70% of 15 to 17 year olds (N= 587) were members of online social networks (such as Facebook and Instagram) that contained active links to pornographic content. Exposure to pornography for the current generation can therefore be considered a typical experience. In a more recent study, Damiano, Alessandro and Carlo (2015) investigated the experiences of 1492 final year Italian high school students using questionnaires. It was found that 77% of teen internet users reported accessing online pornography, 25% defined themselves as regular consumers of online pornography (using it daily) and 9% identified their use of online pornography as an addiction. This represents a high percentage of young people who access explicit material.

Theories to explain pornography use

As discussed, there is a high prevalence of pornography use amongst young people and it does appear that some young people find it difficult to avoid. However, such evidence does not offer explanations as to why young people may view pornography. Theories such as the gratification theory can offer some explanation, in that individuals actively seek out media to satisfy their needs (Rubin, 1994). For example, Coyne, Padilla-Walker and Howard (2013) found that 'education purposes' and 'curiosity' were a common reason

for using pornography among young people. Hald (2006) found that sexual gratification was commonly the reason for pornography use, specifically in young men. Therefore, pornography use can serve a specific purpose in the lives of young people. However, the sexual involvement theory can offer a different perspective on pornography, which hypothesises that individuals will have psychological involvement with media that fits with their own sexual attitudes and beliefs (Mosher, 1980). Whilst this offers an explanation for pornography use by some individuals, a level of existing sexual knowledge or experience is implied, to be able to seek pornographic content that was consistent with sexual attitudes. This therefore, might not account for the curiosity that some adolescents might experience prior to any significant sexual encounter. Further insight may be gained by considering the role of sensation seeking, which implies that individuals seek novel experiences and sensations (Zuckerman, 1994). Specifically, it may be that young people are seeking thrilling entertainment, whilst also gaining social inclusion, by viewing pornography with peers. One study would support this notion as it was found that young males tend to watch pornography in groups for entertainment purposes (Romito, & Beltramini, 2011).

Effects of pornography use on young people

The findings of research suggest that young people seek pornography as a source of sexual information and education (Lauszus et al., 2011). However, pornography is suggested to be an unrealistic and dangerous tool for sexual education (Flood, 2009). There is concern that young people may internalise what they have observed in pornography and believe that it reflects typical sexual experiences (Flood, 2009), and may lead to the development of unhealthy attitudes towards sex and relationships (Horvath et al., 2013). For example, Braun-Courville and Rojas (2009) used an anonymous survey of 433 young people to explore sexually explicit media and sexual attitudes. The results of a logistic regression show that young people who were exposed to sexually explicit media were more likely to have multiple sexual partners and were more likely to engage in sexual activities under the influence of substances. These individuals were more likely to have sexually permissive attitudes, when compared to those who had not been exposed to sexually

explicit material. Another concerning effect of young males' exposure to sexually explicit material has been linked to viewing women as sexual objects. This is a social construct, whereby the female body is perceived to be solely for sexual purposes and is a central form of gender discrimination (Fredrickson & Roberts, 1997). This is seen when the female is often portrayed as passive to the male in pornography. A Dutch online survey of 745 adolescents aged 13 to 18 (Peter & Valkenburg, 2007) showed a significant positive relationship between watching online pornography and viewing women as sexual objects. This is an argument that anti-pornography feminists promote, arguing that pornography has a negative impact on how women are viewed in society and can promote sexual violence against women through sexual stereotypes (Lim, Carrotte, & Hellard, 2016).

Further to this, Ward (2003) argues that pornographic content leads young people to develop unhelpful sexual scripts. Sexual scripts are said to be the 'blueprint' for how individuals think about sexuality, what sexual cues a person recognises and how one would act in a sexual encounter (Simon & Gagnon, 1986). The theory proposes that sexual scripts are developed within a social context. For example, a context in which pornographic material is shown within the media could influence the ways in which sexual scripts are developed. This suggests that pornography can dictate how genders 'should' behave and perform during sexual experiences. Pornographic gender scripts usually involve the female being subordinate and "pleasing", whilst the male is stronger and is the aggressor in the sexual encounter. Furthermore, research has shown that increased exposure to online pornographic content in the young is linked to positive attitudes about casual sexual relationships (Lofgren-Martenson & Mansson, 2010). Carroll et al. (2008) also found an association between pornography use and increased sexual risk taking in young people such as having unprotected sex and multiple partners.

Benefits of pornography use

Although there is wealth of research investigating the negative consequences of pornography in the adolescent population, there is limited

information on the positive aspects. However, arguments from the general population can offer some insight. It is said that historically female sexual expression has been restricted by society and modern pornography now promotes this (Orlowski, 2012). Some feminists label themselves 'pro-sex', and argue that pornography has benefits for women as it allows females to explore sexual possibilities, learn new information and access information through vicarious experience (McElroy, 1997). This line of argument would suggest that pornography is beneficial for adolescents, as it can offer insight into sexuality in a safe manner and allows young people to explore their sexuality. The findings of research looking into the self-reported benefits of pornography concluded that pornography may have a positive impact on consumers (McKee, 2007). The participants in this study reported benefits such as an open mind in regards to sexuality, an increased tolerance towards the sexuality of others, receiving education from pornography and assisting consumers in talking to their partners about sex.

This is an issue that polarises opinion, and many feminists argue that pornography objectifies women. They argue that objectification is the representation of women in pornography as sexually passive and available to men (Wright & Tokunaga, 2016). Pornography is often focused entirely on the female body, which reduces a woman to a 'body only' who is therefore seen as an 'object' (Attwood, 2004).

Previous literature reviews

A preliminary search found one literature review related to the topic of pornography use and adolescence. Owens, Behun, Manning and Reid (2012) investigated the impact of internet pornography in adolescence in relation to beliefs, behaviours and self-concept. This review has several limitations: it was not systematic; the authors did not state either the methodological procedures, exclusion and inclusion criteria or assess the papers for quality. Findings from this review suggest that pornography can be a source of education for young people. However, risks were also highlighted; as the use of pornography by young people can be linked to the development of

unrealistic sexual attitudes, sexually permissive attitudes, earlier sexual experimentation and increased risk of sexual violence. However, this review did not focused specifically on the attitudes of young people towards pornography. Similarly, no published literature review examining the attitudes and opinions towards pornography in the youth population has been found.

In summary, there is evidence to suggest that pornography use is highly prevalent amongst young people and has a range of negative impacts. It would be interesting to identify how this evidence could be applied to men with LD.

Aims of the current literature review

The aim of the current literature review is to identify current attitudes and opinions held by young people towards pornography and to draw potential parallels with the opinions of men with LD. The methods used to identify and select papers are outlined. The search questions are: ‘Do young people find pornography beneficial? Do young people find pornography harmful? Do young people take pornography literally?

Method

Search strategy

The following terms were used to identify all studies exploring attitudes and opinions towards pornography from the perspective of young people. In order to include all available literature, no start or end date was used for this review.

Table 1

Search strategy

Concept 1	**Concept 2**	**Concept 3**	**Concept 4**
Porn* or	Adolescent or	Attitude or	NOT “child porn*”
“Porn *use” or	Teen* or	Opinion*	NOT offending
Sexually explicit or	Youth or	Or beliefs or	
Sexually explicit media or	“Young person” or	Thoughts or	
Sexually explicit image	“Young people”	Reflections or	
	“Young adult”	Perceptions	
	“Emerging adult”		

Terms 1, 2 and 3 were combined with ‘AND’, term 4 was combined using ‘NOT’ and entered into each database.

These terms were entered into the following databases on the 9th of July 2016.

- EBSCO Psychology and sociology database and all health databases (MEDLINE, Psych info, Ageline, CINAHL plus, Academic search complete, sports discuss, psych articles) including core medicine database.
- Web of Science.
- Proquest.
- Science Direct.

During the search, limiters were added as follows:

1. English language only.
2. Key words must be present in the abstract.

Inclusion criteria

- Study must be focused on opinions/attitudes towards pornography use in young people.
- Young people defined as aged from ten to twenty-one years.
- Peer reviewed papers only.

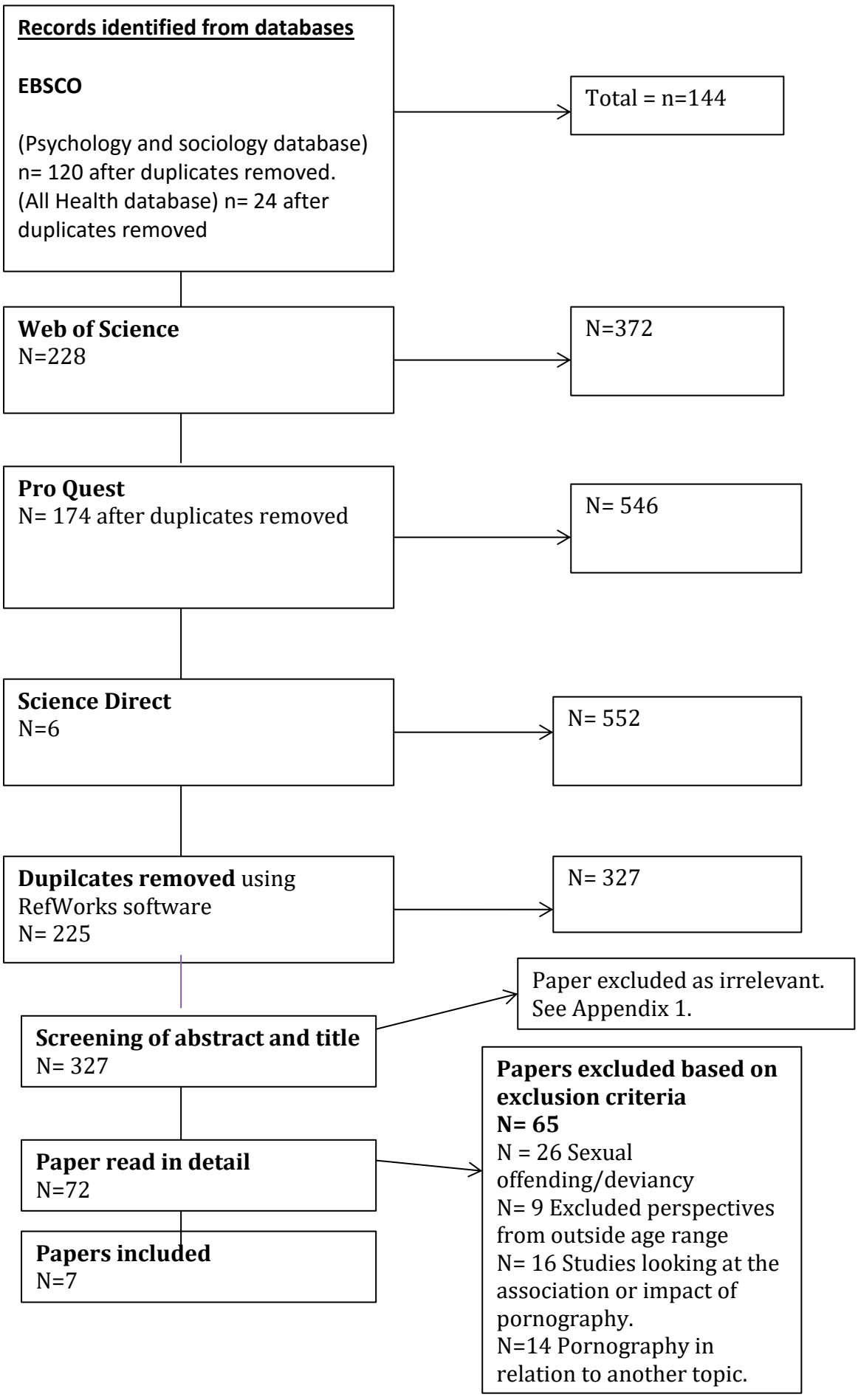
Exclusion criteria

- Studies looking at sexual offending/deviancy.
- Attitudes and opinions towards pornography from perspectives of teachers, parents or health care providers.
- Studies that focus on the impact of pornography use on young people. For example the impact pornography has on sexual attitudes.
- Attitudes/opinions towards pornography use in relation to another topic, for example, HIV/abortion.

Search results

Seven hundred and sixty papers were identified from the search. Two hundred and fifty-five duplicates were removed using Refworks software, leaving 505 items to be screened and reviewed. During the first stage of screening, titles and abstracts were reviewed for their relevance to the review questions. Seventy-seven were identified papers for full review, of which, following further screening, seven were appropriate for detailed review. See Appendix one for a table of reasons for exclusion. The reference lists of the included papers were hand searched and 29 additional titles were identified as possibly relevant. Seven of these papers were duplicates and none of the remaining 22 papers met the inclusion criteria. Table 3 shows a summary of included papers.

Figure 1. Flow chart of screening process


Records identified from databases
EBSCO
(Psychology and sociology database) n= 120 after duplicates removed. (All Health database) n= 24 after duplicates removed
Total = n=144
Web of Science
N=228
N=372
Pro Quest
N= 174 after duplicates removed
N= 546
Science Direct
N=6
N= 552
Dupilcates removed using RefWorks software
N= 225
N= 327
Paper excluded as irrelevant. See Appendix 1.
Screening of abstract and title
N= 327
Papers excluded based on exclusion criteria
N= 65
N = 26 Sexual offending/deviancy
N= 9 Excluded perspectives from outside age range
N= 16 Studies looking at the association or impact of pornography.
N=14 Pornography in relation to another topic.
Paper read in detail
N=72
Papers included
N=7

Assessment of Quality

Qualitative studies were critically evaluated using the Critical Appraisal Skills Programme (CASP) for qualitative studies, which is taken from the Public Health Resource Unit (PHRU, 2006). The qualitative CASP consists of ten questions to review; the aims, design, sample, data collection method, analysis, ethics and value of the findings. As the qualitative CASP does not provide a quality score, the author devised a scoring criterion for each question. This ranged from; 0 (did not meet this), 1 (partially met) and 2 (met). This gave each paper a total possible score of 20. It is important to note that this system is not properly standardized, but is intended to be an initial indication of quality.

Table 2 shows the scoring system devised for qualitative papers.

Table 2

Scoring System for Qualitative Papers

Score	Quality Rating
0-7	Low
8-14	Moderate
15-20	High

The quantitative studies were critically appraised using the Evaluation Tool for Quantitative Research Studies (Long, Godfrey, Randall, Brettle & Grant, 2002). Consisting of six sub-sections, the tool reviews; study overview, setting, sampling, ethics, measurement and implications. This tool has its own rating system for each sub-section; weak, medium or strong. Each quantitative paper was given an overall rating. Appendix 4 and 5 show the critical appraisal ratings for each paper.

Data extraction

Data was extracted from all included studies. The following information has been included in Table 2 for all relevant studies; setting, study focus, design and analysis, participants and findings. A brief summary of strengths and weakness of each study has also been included.

Table 3: Data extraction table

Author and date	Setting	Focus	Design and Analysis	Participants	Findings	Strengths and Weaknesses	Quality score
1.Haggstrom-Nordin, Tyden, Hanson, & Larsson. (2009).	Sweden High school	Consumptions and attitudes toward pornography in relation to demographic factors, such as study type. It was hypothesized that those studying practical subjects (hair dressing) will have more favorable attitudes towards pornography than theoretical students (sciences).	Cross sectional survey. SPSS:Chi Square, t tests and Mann Whitney U.	Random sample of 718. Average age: 18 years (range 17–21 years).	More practical students than theory students were influenced by pornography. Males held more favorable attitudes towards pornography than females. A higher number of females held the belief that pornography can cause pressure to imitate acts seen in pornography.	Weakness: part of larger study and limited information about this is provided. Limited discussion of data collected. Strength: clear and readable paper. Utilizes psychological theory – social learning theory. Utilized a modified measure but piloted this first to ensure validity.	Moderate
2. Johansson and Hammarén, (2007).	Sweden High school	Explores attitudes young people have on the topic of sexuality and attitudes towards pornography.	Part of an extensive Swedish survey. Quantitative analysis: Chi-	1331 school children, 48% male, 52% female. Aged 14-18.	Males are the general consumers of pornography, but many young men also hold negative views about pornography. Many	Weakness: part of larger study – details of larger study not provided. Strength: discuss potential change	Weak

			Square		young women report using pornography and enjoying the use.	in attitudes towards sexuality and pornography within the context of social change. Transparent with data - levels of significance are reported in the tables	
3. Cameron, Salazar, Bernhardt, Burgess-Whitman, Wingood, & DiClemente (2005).	USA online	To discover internet users experience of and opinion towards sexually explicit websites.	Four online focus groups Qualitative. Specific method not reported.	N=40, 14-17 year olds. Members of online market research organization.	Females found sexually explicit websites to be distasteful, but participants believed that sexually explicit websites caused no harm.	Strengths: participants placed in online groups according to age. Reflected on researcher's role and potential bias. Weakness: did not specify how they selected participants. Online focus group – did not state if and how they verified the participant's identity. Did not provide account of how data was analyzed.	Moderate

4. Lofgren-Martenson, & Mansson, (2010).	Sweden High School	To examine attitudes towards sexuality gender and pornography.	22 individual interviews and 7 single gender focus groups. The authors state a 'Qualitative phenomenological approach' was used.	51 participants aged 14-20.	Themes: 1. Gendered Aspects of Pornography 2. Reasons for Pornography Consumption (viewers. 3. ''Pornographic script'' for physical appearances and sexual Pornography. 4.Navigation in the Pornographic Landscape	Weakness: No discussion as to why they have selected this method. Do not discuss how they selected participants for e-invite. Do not discuss analysis in detail, saturation of data or how they arrived at the results. Strengths: Discuss implication on policy and future research needs.	High
5. Mattebo, Larsson, Tyden, Olsson, & Haggstrom-Nordin, (2012).	Sweden Youth centre, two high schools	How young women and men reflect on and discuss pornography.	Six focus groups (3 with females, three with males). Inductive grounded theory approach	17 females and 18 males School aged 16-19.	Themes Core category: 'A discriminatory sexuality': which describes the male as dominant and female as subordinate. Pornography described by participants as	Strengths: justified use of inductive grounded theory approach. Clear recruitment strategy. Clear discussion of data collection, appropriate use of focus group, stated the themes which were discussed.	High

					'fiction'. Participants discussed pornography as something to inspire during sex.	Triangulated data with individual interviews. Clear analysis. Weakness: potential research bias, as only those comfortable/confident would have taken part.	
6. Olmstead, Negash Pasley, & Fincham (2013).	USA College Online	Opinions on use of pornography. Gender differences in opinions on pornography use in relationships.	Online open ended questionnaire Analyzed comments using a modified form of grounded theory analysis.	202 men and 202 women. Aged 18-21. Most (67.8 %) were White, followed by African American (13 %)	1.Pornography use is acceptable in a relationship. 2.Pornography use is not necessary. 3. Pornography use is not acceptable in any context. 4. I don't expect to use pornography, but my partner can	Strength of this study is the use of a social desirability scale that allowed the authors to conclude that participants were not responding in a socially desirable manner. Weakness: it would have been beneficial to provide the reader with the questions posed to participants. University sample which is non generalisable to general population.	High

7. Rothman, Kaczmarsky, Burke, Jansen, & Baughman (2015).	USA Pediatric hospital department	Attitudes and opinions towards pornography in low-income BEM groups: (1) What types of pornography do youth report watching (2) Do youth feel that pornography exposure has an impact on their own sexual behaviours?	Convenience sample. Semi structured interview. Qualitative coding using qualitative software 'ATLAS'.	Low income BEM groups 16-18 years 14 female 9 Male	1. Participants reported watching pornography. 2. Access pornography. 3. Reasons for watching pornography. 4. Pressure to make or to imitate pornography was an element of some unhealthy dating relationships. 5. Parents were generally described as unsupportive of young people's use of pornography	Strengths: research fills gap in literature as no previous study has focused on views of black and Hispanic young people. Weaknesses: Location of data collection (hospital) poor and inappropriate. Did not specify method of analysis. Results are questionable due to methodological concerns and poor analysis.	Moderate

Results

Brief overview of studies

Cameron et al. (2005) aimed to discover internet users' experience of, and opinion towards sexually explicit websites. This study was carried out in the USA using online focus groups with 40 participants, with ages ranging from fourteen to seventeen years old. The authors used a qualitative method of analysis, but no specific method was stated. Results showed that females found sexually explicit websites to be distasteful. However, participants believed that sexually explicit websites caused no harm.

Haggstrom-Nordin et al. (2009) explored attitudes towards pornography and was carried out in a Swedish high school using a cross sectional survey design with 718 participants, aged between seventeen and twenty-one years old. Data was analysed using factor analysis and chi-square tests, and showed that students studying more practical subjects (such as hairdressing or mechanics) were influenced by pornography to a greater degree than students studying theoretical subjects (such as science or mathematics). Males held more favourable attitudes towards pornography than females. A higher number of females expressed the belief that pornography could cause pressure to re-enact what has been seen in pornography.

Johansson et al. (2010) investigated young people's attitudes towards pornography focusing on gender differences. Data was collected as part of a previous large scale study, which involved a Swedish high school survey with 1331 participants, aged fourteen to eighteen years. Data was analysed using Chi Square analysis and the results found that males are the general consumers of pornography, and many young men have negative views about pornography. Many young women reported using pornography for either education or sexual gratification.

A study by **Lofgren-Martenson et al. (2010)** aimed to gain insight into young peoples' experiences and attitudes towards sex, gender and pornography.

This study utilised single gender focus groups and individual interviews. Fifty-one participants aged fourteen to twenty were recruited from Swedish schools. The data was analysed using a phenomenological approach and found four main themes; 'Gendered aspects of pornography,' 'Reasons for pornography consumption', 'Pornographic script for physical appearances' and 'Navigation in the pornographic landscape'.

Mattebo et al. (2012) aimed to identify young peoples' views on pornography and how it has impacted on society. Thirty-five participants were recruited from Swedish high schools, aged between fourteen to nineteen years old. Data was collected using six focus groups and was analysed using a grounded theory approach. A core category was found; 'A discriminatory sexuality', which describes how pornography portrays males as dominant and females as subordinate. Participants often viewed pornography as fiction, yet found it inspiring.

Olmstead et al. (2013) aimed to identify gender gaps in attitudes towards pornography and relationships. Two hundred and twenty-two participants from the United States of America (USA) completed an open-ended online questionnaire. The age of participants ranged from eighteen to twenty-one years of age. Grounded theory was used to analyse written comments. Four themes were found: 'Pornography use is acceptable in relationships', 'Pornography use is not necessary in a relationship', 'Pornography is not acceptable in any context' and 'I don't expect to use pornography-but my partner can'.

Rothman, Kaczmarsky, Burke, Jansen and Baughman (2015) explored the perception of pornography in a Black and Ethnic Minority population (BEM) in the USA. A convenience sample of 23 sixteen-to-eighteen year old participants was obtained from a paediatric emergency department. Data was collected via a thirty minute interview protocol and was analysed using qualitative software. However, the exact method of analysis was not specified. Five themes were found; Watching pornography,

Accessing pornography, Reasons for watching pornography, Pressure to imitate pornography and Parents as unsupportive towards pornography.

Quality of evidence

Methodological considerations

The findings of this review should be interpreted with caution, as a number of methodological concerns exist with the included studies. These will now be explored.

Recruitment and data collection

There were methodological issues with the majority of studies. Four studies lacked appropriate details about their design or analysis: Cameron et al. (2005) did not state the specific qualitative design used. Haggstrom-Nordin et al. (2012) and Lofgren-Martenson et al. (2010) used data from larger studies which they did not reference or provide the details of. Haggstrom-Nordin et al. (2009) also did not provide a detailed account of data collection, other than that it was collected on one occasion. In addition, as there was no validated measure that covered the range of topics in question, the researchers modified an existing questionnaire. This was not validated so may have limited the credibility of results. Johansson et al. (2010) did not provide information regarding how participants were recruited, nor whether it was mandatory. Finally, Cameron et al. (2005) carried out online focus groups and sent out e-invitations to participants, but the paper does not report how and why these participants were selected other than they were members of a market research organisation.

Sample bias may have been present in four studies due to their method of recruitment. The method used by Olmstead et al. (2013), could be deemed as coercive because participants were encouraged to take part in exchange for course credit. This study also has limitations in that an online open-ended questionnaire was used. Arguably, participants are less likely to provide rich detailed comments in writing when compared to a face to face interview. The authors do state that to overcome this they recruited a larger number of participants than is generally required for qualitative studies. However, this will not necessarily increase the richness of data.

Mattebo et al. (2012), used a method of recruitment that may have lead to sample bias as only those who were comfortable with the topic may have taken part. It is also a concern that Rothman et al. (2015) collected data from an emergency department. Not only does this raise ethical concerns regarding the appropriateness of recruiting when participants are in a potential medical crisis, it is also a probable that participants may not have been in the psychological mind-set to discuss pornography. This may mean the data collected may not have been a true representation of their views. The authors also do not provide details of the questions asked, which would have been useful in order to determine the quality of the interview. Cameron et al. (2005) used online focus groups, which complicates data collection as this does not allow the researcher to verify if the participant is in fact who they claim to be.

Analysis

Olmstead et al. (2013) stated that a modified version of grounded theory was used, but they did not state how this was modified. This makes it difficult to assess the quality of analysis. Cameron et al. (2005) do not state the method of qualitative data analysis which makes it impossible to assess the quality, rigour and appropriateness of the method used. Haggstrom-Nordin et al. (2009) give clear and appropriate details of their quantitative analysis. However, the authors do not discuss how they managed size differences between the groups of students. Unequal group size makes between-group comparisons challenging and needs to be accounted for.

Johansson et al. (2010) give a poor explanation of their data analysis, and do not report significance levels; therefore, it is difficult to ascertain if results are statistically significant. A more detailed account would have been useful. In a study by Rothman et al. (2015) the method of qualitative analysis used was not explicit, which again makes the quality difficult to assess. However, the researchers did use multiple coders and measured inter-rater reliability during their analysis, which adds rigour and increases confidence in findings. Similarly, Lofgren-Martenson et al. (2010) state that a ‘qualitative phenomenological’ approach was used but do not provide a detailed

discussion of the process of data analysis. The authors do not discuss data saturation or how they arrived at their results. This makes it difficult to judge the quality of the analysis and results. Finally, Mattebo et al. (2012) was judged to be a study of high quality as the authors justified the use of an inducted grounded theory approach. The authors provide a clear discussion of the analysis process and focus group data was triangulated with individual interview data. This provides the reader with confidence in the analysis and results of the study.

Critique of study findings

The results of Mattebo et al. (2012) study have limitations as they are not discussed using a theoretical framework, which impacts on scientific background and utility. The results of Rothman et al. (2015) study are questionable, as they cannot actually be described as themes. They resemble a list of the questions they asked and various responses provided which suggests the findings are poor quality. Johansson et al. (2010) has limitations as the authors may have gone beyond the data in deciding categories. For example, one category is titled ‘porno-enthusiast’; the participants did express a positive attitude towards pornography but did not label themselves as ‘porno enthusiasts’. Although a level of interpretation is required in quantitative research it is argued that in this paper, the authors may have gone too far beyond the data.

Reflexivity in qualitative studies

Reflexivity is an important aspect of qualitative research and involves the researcher considering their own perspective. Through reflection the likelihood of the researcher introducing bias and prejudice into the analysis and findings is reduced (Tracy, 2010). Both Olmstead et al. (2013) & Mattebo et al. (2012) have limitations in this respect as they do not discuss personal bias, which may have been brought into the study. Similarly, Cameron et al. (2005) did not discuss the relationship between researcher and participants during data collection or analysis. It is therefore difficult to ascertain if the researcher introduced bias into the study and how they managed this, if at all.

Ethics

Rothman et al. (2015) raised ethical concerns as no parental consent was obtained, despite the age of the participants. Lofgren-Martenson et al. (2010) did obtain parental consent for participants who were under the age of legal consent (15 years and under). However, although discussing a sensitive topic with children they did not address any potential problems, such as what the protocol would be if participants became distressed during the interview. Finally, Johansson et al. (2010) made no reference to ethical matters, ethical approval or informed consent. It is therefore difficult to assess the ethical rigour of the study.

Summary of findings

The findings of each paper will now be discussed based on the aims of the literature review.

Do young people find any benefits in Pornography use?

The papers included in this review reflected that young people identify some positive aspects of pornography, particularly as a source of education. Some young people found that this gave them a sense of confidence within their sexual relationships. Participants in the Lofgren-Martenson et al. (2010) study stated that pornography provided sexual knowledge that they did not have beforehand, which they could take forward and use within their own sexual experiences. This was also found by Mattebo et al. (2012) whereby participants found pornography to be inspiring and provided ideas for new things to try sexually. Participants in the study by Rothman et al. (2015) said that they had copied things that they witnessed in pornography and that this was viewed as a positive experience. In fact, almost every participant (N=21 out of 23) reported learning how to have sex by watching pornography. Specifically, they reported that from pornography they had learnt sexual positions and what partners might enjoy sexually. Similarly, in Johansson and Hammarén's (2007) study, participants found pornography to have a positive effect on their lives and did not find it to be degrading in any way. Participants also commented that pornography was inspirational and that they had

experimented with what they had seen in pornography. The views of participants in Haggstrom-Nordin et al.'s (2009) study matched this. In the study by Olmstead et al. (2013) the most frequent were comments were made in regards to pornography enhancing the sexual relationship by adding ''spice'' or ''a spark' 'to the relationship. Most participants talked about using pornography as a teaching aid to learn new sexual techniques or positions, and introducing novelty to the couple's sexual encounters. However, it is a concern that some young people expressed a pressure to imitate what is seen in pornography, which they felt could lead to coercion and pressure to act in ways that they may not feel comfortable with. This is discussed in further detail below.

Do young people have concerns about pornography?

Participants discussed some concerning aspects of pornography use. In Lofgren-Martenson et al. (2010) study several participants (both male and female) identified pornography as 'rough' and 'violent' and felt that this could be a harmful portrayal of sexuality and could lead some individuals to act in an abusive way. Participants identified that male consumers of pornography would be at the highest risk of becoming abusers. This was similar in Haggstrom-Nordin et al. (2009) study, where participants felt that pornography created uncertainty and could result in partners placing sexual demands within relationships. Mattebo et al. (2012) found that participants acknowledged a harmful approach to sexual health, as actors within pornography never seemed to protect themselves from sexually transmitted diseases. It was suggested that this glamourises a relaxed approach to engaging in casual sexual relationships. This was identified by participants as something that was a harmful message to young people. Viewing pornography whilst in a relationship was viewed as harmful and unhealthy, as it may lead to an addiction and unrealistic sexual expectations (Olmstead et al., 2013). Similarly, two female participants in Rothman et al. (2015) study made reference to pornography resulting in sexually coercive behaviour, and reported pressure from boyfriends to perform acts they had witnessed in pornography.

Finally, other concerning views expressed by participants related to the body ideals portrayed within pornography, and the messages young people receive regarding these. This view was reported by both young males and females. This resulted in young people comparing themselves unfavourably to the actors and actresses. Participants in Lofgren-Martenson et al.'s (2010) study, and Mattebo et al.'s (2012) study, discussed being tired of stereotypical body ideals portrayed in pornography; the male ideal tended to be large and muscular and the female ideal tended to be thin with large breasts; 'Barbie' and 'Hercules' body types. Some participants expressed insecurity about their own bodies and about whether they would be seen as adequate in the eyes of their sexual partner. Similarly, Mattebo et al. (2012) found that participants considered pornographic messages to be '*everywhere*', and that the body ideals portrayed in pornography were discriminatory and difficult to achieve.

Participants in two papers discussed how gender scripts played out in pornography. These gender scripts are typically of the male as dominant and strong, whereas the female is subservient to the male actor. Participants in Lofgren-Martenson et al. (2010) study commented that pornography was '*made by men for men'* and that gender roles were often evident, as the male was more often portrayed as the stronger character. This led some female participants to have insecurities about being able to satisfy their partner. Mattebo et al. (2012) male and female participants described the pornographic script as one of male dominance and female submission, and females as being always 'ready for sex', which was considered a dangerous message. Female participants also disapproved of females being portrayed as weak within pornography.

Do young people take pornography literally?

Although pornography can affect young people's perception of sexuality, many young people have the skills to protect themselves. Five of the papers included in the review suggested that participants took a critical stance on what they observed in pornography. Studies reported that

participants had the reflective ability to challenge what they had seen, which may counteract the potential negative efcts of pornography. Lofgren-Martenson et al. (2010) found participants to be critical about the content of pornography, describing it as '*exaggerated, distorted and false'*. The young men in this study commented that although pornography portrays the female body in a certain way, the reality is that many young men do not find this sexually appealing. Similarly, participants in the Mattebo et al. (2012) study described pornography as '*fiction*', and were ambivalent towards the portrayal of sexuality in pornography. Johansson et al. (2007) found that young women tended to be the primary critics of pornography, but young men also questioned the content; many believed it was degrading and some felt that pornography should be banned. Some participants expressed that they did not like pornography; younger girls cited explicit material as being ''*dumb*'' or ''*gross*" (Cameron et al., 2005). Older girls expressed the idea that pornography was '*not real'* and found pornography to be demeaning. Boys also showed similar attitudes with some describing it as '*sick*'. Lofgren et al. (2010) argued that many young people managed to avoid psychological harm because of this reflective and critical capacity.

Discussion

The findings of this review suggest that young people find both positive and negative aspects regarding pornography use. Pornography can give information about sex and this can provide confidence, but it can also promote harmful ideas and gender scripts. It was evident that some young people were able to critically appraise pornography, in that they did not think pornography was always a valid representation of sexuality.

The findings are in keeping with previous research which have reported negative effects of pornography; such as negative self-image (Tylka, 2015), increased sexual promiscuity (Carroll et al., 2008) and increased violent attitudes towards women (Lim, Carrotte & Hellard, 2016). The findings in this review highlight that young people are at a potentially heightened risk of being negatively affected by pornography as they are still developing their own sexual identity.

However, the results show that some young people and emerging adults believe that there are positive effects of pornography. It is unsurprising that young people find pornography to be a source of education and inspiration. This can be understood in the context of emerging adulthood as a period of sexual development, whereby individuals will experience a natural sense of curiosity and seek information regarding sexuality (Tolman & McClelland, 2001). Gannon and Simon's Sexual Script theory (1986, 1987, 2003) has a central premise that ideas about sexuality are learnt from social and cultural messages. These social and cultural factors provide messages about what sexuality is, how to identify potential sexual encounters and how to act or perform (Frith & Kitzinger, 2001). It is argued that such messages are adopted by individuals in given contexts and then internalised to inform future beliefs and behaviours (Gannon & Simon, 1986). Further to this, scripts about sexuality are developed from shared beliefs within social groups (Wiederman, 2005). Therefore, this theory could explain how young people develop sexual scripts and identities from the dominant social influences, including pornography. This might explain why some young people in this review found pornography to provide information and messages regarding body ideals, how to act, and at times to give them confidence, whilst other times made them feel insecure. However, there would be concerns with this given that some young people and emerging adults found pornography to be 'violent' and 'rough', and said it could lead to abuse.

Previous research suggests that pornography is dangerous, provides degrading messages and can have negative effects on young people's sexual development (Sun, Bridges, Johnson, & Ezzell, 2016). While this cannot be disputed, the current review suggests that young people and emerging adults are able to look at pornography critically and rationalise that not everything seen in pornography is realistic. This suggests that some research may not give young people enough credit for their own ability to reflect and counteract some of the potential negative messages pornography portrays. Including pornography in sexual education could contribute to the development of young people's critique of pornographic content. The studies which found that

young people can critically appraise pornography were all carried out in Sweden. It may be that young people are more reflective and critical of pornography because the Swedish culture is open and liberal about sexuality (Ekstrand, Engblom, Larsson, & Tydén, 2011). This may create an environment in which young people feel able to have discussions about pornography and sexuality in general. Future research should aim to identify if people with LD are also critical of pornographic content.

Limitations

The review has several limitations. Firstly, the review was only able to obtain seven papers due to the limited published research. This limits the potential breadth of finding in this review. Five of the papers were based on research carried out in Sweden; this may have introduced a biased cultural view and results may not be generalisable to other countries. Sweden has liberal attitudes towards sexuality and was one of the first countries in the world to provide sexual education, making it compulsory in all schools in 1955 (Ekstrand, Engblom, Larsson, & Tydén, 2011). The liberal society may also promote opportunities to reflect on sexualised media and pornography. In addition, this paper only includes one study investigating Black and Ethnic Minority group opinions (Rothman, Kaczmarsky, Burke, Jansen, & Baughman, 2015), and therefore a cultural bias may be present in the review, as mainly white populations have been included. Given that all of the papers carried out in Western societies, the results will not be generalisable across cultures.

The review has further limitations due to the quality of papers included. All the studies used interviews, focus groups or surveys. These types of studies are judged as lower quality research when compared to other methods, such as randomised control trails, according to the hierarchy of evidence (Evans, 2003). In addition, the included studies were individually quality assessed as ranging from poor quality to high quality; therefore, validity of the findings in this review are variable. Therefore the results should be interpreted cautiously.

Implications and future research

The findings of this review may be helpful to teachers who facilitate sexual education within school settings. It has highlighted how young people reflect on pornography and suggests that it can have a negative effect on young people's self-confidence and self-esteem. Given that some young people reported pressure to imitate scenes in pornography in their own sexual encounters, it is important for those who deliver sexual education with young people to consider the impact this may have on sexual safety and consider the need to minimise the potential for abuse. This could occur through facilitating a broader discussion in sexual education and by encouraging young people to become more critical of what is seen in pornography. This would involve encouraging young people to think about the messages pornography portrays, and that pornography can represent extreme views of sexuality. It is possible that people with LD, who may be at a similar developmental stage in terms of exploring their sexuality, could also benefit from such broader discussions.

Clinically, the main aim of this literature review was to identify whether there were any parallels that could be drawn from young people to people with LD. Namely, young people identified benefits to pornography use, such as providing information about sex, and providing confidence. It would be intersting to identify if people with LD share these positive viewpoints. It would also be interesting to identify if those who work with people with LD are more focused on risks and identify fewer benefits. Other findings suggest that young people identify that pornography can have a negative effect on their self confidence, namely body image and sexual ability. It would be useful to identify if people with LD are equally as affected by the messages delivered in pornography. It is most likely that those who work with people with LD would have some concerns about this and the messages pornography portrays. This review found that young people did not take pornography literally and were able to think critically about the content. It would be useful to consider if people with a LD are able to think critically about pornography. This is an under researched area which is in need of exploration.

Conclusion

This review has highlighted that young people identify a range of negative aspects of pornography as well as some positive aspects. Young people can view pornography with a critical stance, and display an awareness of the unrealistic nature of pornography. It is suggested that people with LD may be vulnerable to these negative messages and research is needed to explore how people with LD think about pornography use.

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Appendices

Appendix 1: Reasons for paper exclusion

Reason for exclusion	Number	Accumulative total excluded
Sex education/knowledge	14	14
Not an empirical paper	81	95
Non English Language	6	101
Law/crime	5	106
Internet filter	2	108
Violence	6	114
Teen culture	2	116
Gender issues	4	120
Marriage	1	121
'Sexting'	3	124
Offending/assault	26	150
Religious	2	152
Homosexuality	4	156
Abortion	1	157
General Sexuality	43	200
Prostitution	2	202
Sexual safety/health/contraception	25	227
Online safety/problematic internet use	25	252
Pornography impact/association study	46	298
Over age range	9	307
Misc.	20	327

Appendix 2. CASP for qualitative papers

Yes =2, maybe = 1, no =0

	COMMENTS	Yes, maybe, no	Score
1. Was there a clear statement of the aims of the research? HINT: Consider • What was the goal of the research? • Why it was thought important? • Its relevance			
2. Is a qualitative methodology appropriate? HINT: Consider • If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants • Is qualitative research the right methodology for addressing the research goal?			
3. Was the research design appropriate to? HINT: Consider • If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?			
4. Was the recruitment strategy appropriate to the			

aims of the research? HINT:Consider • If the researcher has explained how the participants were selected • If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study • If there are any discussions around recruitment (e.g. why some people chose not to take part)			
5. Was the data collected in a way that addressed the research issue? HINT: Consider • If the setting for data collection was justified • If it is clear how data were collected (e.g. focus group, semi-structured interview etc.) • If the researcher has justified the methods chosen • If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)? • If methods were modified during the study. If so, has the researcher			

explained how and why? • If the form of data is clear (e.g. tape recordings, video material, notes etc) • If the researcher has discussed saturation of data			
6. Has the relationship between researcher and participants been adequately considered? HINT: Consider • If the researcher critically examined their own role, potential bias and influence during (a) Formulation of the research questions (b) Data collection, including sample recruitment and choice of location • How the researcher responded to events during the study and whether they considered the implications of any changes in the research design			
7. Have ethical issues been taken into consideration? HINT: Consider • If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained			

• If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study) • If approval has been sought from the ethics committee			
8. Was the data analysis sufficiently rigorous? HINT: Consider • If there is an in-depth description of the analysis process • If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data? • Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process • If sufficient data are presented to support the findings • To what extent contradictory data are taken into account • Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation			

9. Is there a clear statement of findings? HINT: Consider • If the findings are explicit • If there is adequate discussion of the evidence both for and against the researchers arguments • If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst) • If the findings are discussed in relation to the original research question			
10. How valuable is the research? HINT: Consider • If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy?, or relevant research-based literature? • If they identify new areas where research is necessary • If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used			

Appendix 3 Quantitative assessment tool

1) STUDY OVERVIEW

Purpose

Key Findings

Evaluative Summary

1 What are the aims of the study?

2 If the paper is part of a wider study, what are its aims?

3 What are the key findings of the study?

4 What are the strengths and weaknesses of the study and theory, policy

and practice implications?

(2) STUDY, SETTING, SAMPLE AND ETHICS

Phenomena under Study

Context I: Theoretical Framework

Context II: Setting

Context III: Sample (events, persons, times and settings)

Context IV: Outcomes

(3) ETHICS

Ethics

5. What is being studied?

6. Is sufficient detail given of the nature of the phenomena under study?

7. What theoretical framework guides or informs the study?

8. In what ways is the framework reflected in the way the study was done? 9. How do the authors locate the study within the existing knowledge base?

10. Within what geographical and care setting is the study carried out?

11. What is the rationale for choosing this setting?

12. Is the setting appropriate and/or sufficiently specific for examination of the research question?

13. Is sufficient detail given about the setting?

14. Over what time period is the study conducted?

15. How is the sample (events, persons, times and settings) selected? (For example, theoretically informed, purposive, convenience, chosen to explore contrasts)

16. Is the sample (informants, settings and events) appropriate to the aims of the study?

17. Is the sample appropriate in terms of depth (intensity of data collection - individuals, settings and events) and width across time, settings and events (For example, to capture key persons and events, and to explore the detail of inter-relationships)?

18. What are the key characteristics of the sample (events, persons, times and settings)?

19. What outcome criteria are used in the study?

20. Whose perspectives are addressed (professional, service, user, carer)?

21. Is there sufficient breadth (e.g. contrast of two or more perspective) and depth (e.g. insight into a single perspective)?

22. Was Ethical Committee approval obtained?

23. Was informed consent obtained from participants of the study?

24. Have ethical issues been adequately addressed?

(4) DATA COLLECTION, ANALYSIS AND POTENTIAL RESEARCHER BIAS

Data Collection

Data Analysis

Researcher's Potential Bias

25. What data collection methods are used to obtain and record the data? (For example, provide insight into: data collected, appropriateness and availability for independent analysis)

26. Is the information collected with sufficient detail and depth to provide insight into the meaning and perceptions of informants?

27. Is the process of fieldwork adequately described? (For example, account of how the data were elicited; type and range of questions; interview guide; length and timing of observation work; note taking)

28. What role does the researcher adopt within the setting?

29. Is there evidence of reflexivity, that is, providing insight into the relationship between the researcher, setting, data production and analysis?

30. How were the data analysed?

31. How adequate is the description of the data analysis? (For example, to allow reproduction; steps taken to guard against selectivity)

32. Is adequate evidence provided to support the analysis? (For example, includes original / raw data extracts; evidence of iterative analysis; representative evidence presented; efforts to establish validity - searching for negative evidence, use of multiple sources, data triangulation); reliability / consistency (over researchers, time and settings; checking back with informants over interpretation)

33. Are the findings interpreted within the context of other studies and theory?

34. Are the researcher's own position, assumptions and possible biases outlined? (Indicate how those could affect the study, in particular, the analysis and interpretation of the data)

(5) POLICY AND PRACTICE IMPLICATIONS

Implications

35. To what setting are the study findings generalisable? (For example, is the setting typical or representative of care settings and in what respects? If the setting is atypical, will this present a stronger or weaker test of the hypothesis?)

36. To what population are the study's findings generalisable?

37. Is the conclusion justified given the conduct of the study (For example, sampling procedure; measures of outcome used and results achieved?)

38. What are the implications for policy?

39. What are the implications for service practice?

(6) OTHER COMMENTS

Appendix 4 Assessment of qualitative study quality using the CASP tool

Paper	*Aims*	*Appropriate method*	*Research design*	*Recruitment strategy*	*Data collection*	*Relationship considered*	*Ethics*	*Analysis*	*Findings*	*Value of findings*	*Total score*
1. Cameron (2005).	*2*	*2*	*2*	*1*	*1*	*0*	*1*	*0*	*1*	*1*	*12/20 Moderate*
2. Lofgren-Martenson (2010).	*2*	*2*	*2*	*2*	*2*	*1*	*1*	*0*	*2*	*2*	*16/20 High*
3. Mattebo (2012).	*2*	*2*	*2*	*2*	*2*	*0*	*2*	*2*	*2*	*2*	*18/20 High*
4. Olmstead, (2013).	*2*	*2*	*2*	*1*	*1*	*0*	*2*	*2*	*2*	*2*	*16/20 High*
5. Rothman (2015).	*2*	*2*	*1*	*1*	*1*	*0*	*1*	*1*	*1*	*2*	*13/20 Moderate*

Appendix 5 Quality assessments of quantitative papers using Evaluation Tool for Quantitative Research Studies (Long, Godfrey, Randall, Brettle & Grant, 2002).

Paper	Evaluative Summary	Setting and sample	Ethics	Data collection and analysis	Policy/practice implications	Total rating
6. Haggstrom-Nordin (2009)	Moderate	Moderate	Weak	Strong	Moderate	Moderate
7. Johansson, (2007).	Moderate	Weak	Weak	Weak	Weak	Weak

Empirical paper
Attitudes towards pornography use and men with Learning Disabilities: A Q methodological study.

Word count: 8,973

Abstract

Introduction

There is a lack of published research regarding pornography use in males who have a learning disability, despite this being a presenting problem in learning disability (LD) services.

Aims

The aim of the research was to identify the views and attitudes of male service users who use pornography and clinical staff around the issues of pornography use in men who have a learning disability.

Method

This study utilised a Q Methodological approach and structured interviews to explore this topic. One service user and 16 staff members completed the Q sort. The 17 completed Q sorts were subjected to principle components analysis and varimax rotation.

Findings

Four factors were found in this study. The factors were: '*It shouldn't be a taboo, what's the problem?', 'Freedom of choice is important but there are risks to consider', 'Pornography is beneficial' and 'Overall I don't agree with it'.*

Conclusions

This study has found a range of views on the topic, including liberal views, concerns about risk, the benefits of pornography and views on restricting pornography from men with LD.

Implications

Services would benefit from training and supervision on the topic as well as more robust policies to guide staff. Further research is needed in this area including ascertaining the views of service users, and research into staff training needs.

Introduction

Some men with a Learning Disability (LD) may choose to utilise pornography. Little is known about the attitudes and opinions towards pornography use in the LD population. Unfortunately, this is not helped by the fact that there is currently no published empirical research on the topic.

Learning Disability

The three accepted criteria for diagnosis of a LD are a significant impairment in intellectual functioning, significant impairment in social and adaptive functioning and onset of difficulties prior to the age of 18 (British Psychological Society [BPS], 2000). This study will focus specifically on males, aged 18 and above, who have a diagnosed LD.

Attitudes towards sexuality in people with a LD

There appear to be two schools of thought at the present time with regards to people with LD and their sexuality. The first being that people with LD are seen to be in a permanent child-like state (Young, Gore, & McCarthy, 2012). Those with LD can often be viewed as asexual, thus not having the same sexual drives that those without a LD have. Carers often 'over-pathologise' an individual's sexuality, and restrict access to sexual relationships or sexual material such as pornography (Saxe & Flanagan, 2014). These viewpoints reflect historical attitudes towards the sexuality of people with LD as sexually dangerous and incapable of taking sexual responsibility for themselves (Stevens, 1988). Many people with LD still do not have access to sexual experiences, and those that do, often keep their sexual activity from carers in fear of their reaction (Hollomotz, 2009).

The second view reflects a normalising view, that people with LD should have access to the same sexual resources and experiences as the general population (Swango-Wilson, 2008). Some argue that denying people with LD access to sexuality is denying them a right to self-fulfillment (Swango-

Wilson, 2008). Such viewpoints have roots in normalisation theory, which was introduced in the 1960s by Nirje (1962). Nirje advocated against the stigmatisation of people with disabilities and emphasised the importance of an ordinary life that matched the lives of those without disabilities, in keeping with what was the cultural norm (Nirje, 1969). This principle can be applied to the sexuality of people with LD by assuming the same needs and rights as those without LD. Research does show that attitudes towards the sexuality of people with LD appear to be more liberal in younger people than older people, which suggests some societal shifts in thinking (Murray & Minnes, 1994). Although the sexual needs and rights of individuals with LD are becoming more recognised, there are some areas of sexuality and LD that are still considered contentious (Cuskelly & Bryde, 2004), and it is still a taboo for some professionals and carers supporting people with LD (Franco, Cardoso & Neto 2012).

Pornography

Mosher (1988) defined pornography as commercial products designed to enhance sexual arousal. However, this definition is not entirely valid in the current social climate, given that a great deal of pornography is currently available online and is freely accessible. The manner in which pornographic content is disseminated has changed due to increasing advances in technology. Segan (2005) defined pornography as; sexually explicit texts, pictures or other material whose purpose is to cause sexual arousal, better reflects these contextual changes. In this study, pornography is defined as sexually explicit material in either picture, written or video form.

Pornography use and men with LD

Due to cognitive difficulties and deficits in adaptive functioning, some men with LD require assistance in their daily living needs (Foundation for people with Learning Disabilities, 2013). For some men with LD, this may extend to assistance in accessing pornography, and education regarding its safe use. From the researcher's own clinical experience, males with LD often present to services after engaging in risky sexual behavior, often as a result of what they have observed in pornography. This often results in an intervention

by a qualified health care professional (psychologist, sexual therapist, LD nurse), who provides education on what is acceptable sexual behaviour in different contexts.

The topic of pornography use in those with LD is often not attended to by services due to discomfort or embarrassment (Ward, Trigler, & Pfeiffer 2001). It is a major concern that services often fail to acknowledge this aspect of service users' lives, which leaves the day to day management of pornography use down to social care staff who may be not appropriately trained. Thus, personal beliefs and values may be used to determine the appropriateness of sexuality in those with disability (Ward et al., 2001). From the researcher's own clinical experience, support staff often feel unable to facilitate appropriate and safe pornography use in this population, due to fear of retribution or 'damaging' the client; often this stems from the lack of clear guidance on the topic. Research by Yool, Langdon and Garner (2003) found that care staff would like training to develop skills to discuss and manage sexuality in a safe manner with service users with LD. The study also highlighted the need for training to contain information beyond basic sexual relationships and it was suggested that information regarding pornography would be useful.

Current policy

Current policy on pornography use and individuals with LD varies across organisations. Policies often respect that the individual has a choice to access pornography if they wish but often fail to be explicit in staff roles and duties with regards to this topic. The Westminster NHS trust outlines a specific policy on pornography use and individuals with LD.

"*Pornography is regarded by some people as offensive and degrading. However, some pornographic material is publicly available and service users cannot readily be denied something that is available to others; it is their choice if they wish to use it. Those people with learning disabilities who use pornographic materials must be helped to understand that: most people do not behave as the people in the magazine/videos. It must be kept and used in*

private and not brought into any public part of the establishment. A bedroom is usually considered the most appropriate place for such material. Service users may be able to access pornography online via the internet. This can be a growing problem for some establishments. In law, any online extreme pornography is considered illegal" (National Health Service, 2010, p.10).

Although this is a detailed policy on pornography, many organisations do not offer such specific guidelines, leaving responses open to the discretion of staff. Policies such as this require a great deal from staff, such as ensuring the service user is aware that '*most people do not behave as the people in the magazine/videos*' (National Health Service, 2010, p.11). This is a difficult concept to discuss for staff without receiving training on this difficult and sensitive topic.

Parallel research

It is difficult to comment on the effects pornography may have on males with LD. However, parallel research exploring pornography use in young people can provide some insight as to the concerns and benefits of pornography in the LD population. This is because young people are beginning to develop their sexuality and are usually sexually inexperienced at this stage of their lives. Pornography is often used as a tool to learn about sex and sexual relationships (Albury, 2014). Similarly, it is presumed that men with LD seek pornography to understand sex and sexual relationships and due to the limited social opportunities, individuals with LD typically start sexual relationships later than those who not have LD (Gallagher & Jennings, 2015). Therefore, there may be some parallels that can be drawn from understanding the ways young people relate to pornography. Many studies have commented on the potentially unrealistic attitudes towards sex and relationships which can develop from pornography use (Tsitsika et al., 2009). Other studies have found a link between pornography use and increased likelihood of engaging in sexually risky behaviours (Braun-Courville & Rojas, 2009; Wright & Randall, 2012). Other findings show links between pornography use and negative attitudes towards women (Hald, Malamuth, & Lange, 2013), poor sexual health precautions (Sinković, Štulhofer, & Božić, 2013), and lower body image

satisfaction (Tylka, 2015). As mentioned, these findings are from studies involving young people, but it can be hypothesised that similar effects will occur with the LD population. Brown, Keller and Stern (2009) found that witnessing high-risk sexual practices in the absence of education led some young people to engage in high-risk sexual behaviours. This is particularly relevant to LD practice, as those with LD may internalise what is witnessed in pornography and may be more likely than the general population to act upon this. Young people without a LD have the opportunity to restructure their beliefs about sexuality from personal experiences and from peer support, whereas many people with LD have less opportunity for this to take place.

A further concern is how those with LD may interpret and take pornography literally. It has been found that some young people view pornography with a critical stance, whereby they can acknowledge that what is seen in pornography is not always typical within a relationship (Lofgren-Martenson et al., 2010). However, these findings are based on a small number of studies and therefore findings should be interpreted cautiously. It is possible that males with LD are not able to think critically about pornography due to their cognitive difficulties. It is also important to highlight that many people with LD do not have sufficient sexual knowledge to keep themselves safe from sexual exploitation (McCabe & Cummins, 1996; Szollos & McCabe, 1995). This may leave people with LD at risk of exploitation after watching pornography, because what is witnessed in pornography may become an expectation in sexual relationships.

However, other research has found a range of positive attitudes towards pornography, for example, that it was a good source of sexual education and provided a sense of confidence during intimate relationships for some young people (Mattebo, Larsson, Tyden, Olsson, & Haggstrom-Nordin, 2012; Mattebo et al., 2014). Participants in Johansson and Hammarén's (2007) study held the opinion that pornography had a positive effect on their lives and similarly others held the view that pornography use within a relationship provided inspiration (Olmstead, Negash, Pasley, & Fincham,

2013). Therefore, although pornography can have some concerning affects it may also be beneficial for some men who have LD.

Rationale

There is an absence of published research into pornography use in males who have LD. In terms of sexuality more broadly, Grieveo, McLaren and Lindsay (2006) failed to find sufficient research into the sexuality of people with LD. This lack of research causes several problems in clinical practice. These problems include a lack of information about where and how males with LD access pornography, and a lack of empirical guidance to support staff that work with males with LD who wish to use pornography. The lack of research on this topic also can reflect discrimination, as there is a wealth of research investigating the attitudes of other populations towards pornography. It may be that, because this topic can cause discomfort and embarrassment it is often overlooked, as historically the sexuality of people with LD has not been attended to. It is important to explore people's attitudes about this for several reasons. It may lead to reducing the pathologising attitude towards the sexuality of people with LD. Secondly, this study offers the opportunity to reflect on how services approach issues of sexuality and pornography for those with LD, and if the same rights and opportunities are given to people with LD. This study makes an attempt to consider current practices regarding the sexuality of people with LD, and consider if restricting access to sexual material, such as pornography, is acceptable in line with normalisation theory and how risks can be balanced. This study, therefore, explores the views of men with learning disabilities and professionals who work with them on the topic of 'pornography use in men with Learning Disabilities'.

Aims

Due to the limited existing research into the sexuality of males with LD, it is important to understand how people make sense of the use of pornography in the LD population. This study will seek to identify attitudes, beliefs and concerns about pornography use in men who have a LD. It will also aim to explore how confident staff feel when discussing pornography with

service users. The findings may highlight areas of service development, and/or offer insight as to how safer management strategies can be developed in services for males who have LD wishing to use pornography. The study will aim to answer the following question: what are the attitudes, beliefs and concerns towards pornography use in men with learning disabilities? What are the concerns with this topic?

Method

Ethical approval

Full ethical approval was gained from University Peer Review Committee (Appendix 1), NHS Research Ethics Committee (Appendix 2) and Local NHS Trust Research and Development approval (Appendix 3).

Design - Q methodology

This study used Q methodology. Q methodology is an objective way to measure an individual's unique viewpoint on a given topic (Brown, 1993). Q methodology uses a set of statements known as a 'Q set' to represent the full range of views on a given topic. The statements within the Q set are collected via interviews, focus groups, literature, media and online material. All participants are presented with the same Q set and are asked to rank each statement along a distribution matrix, which represents the degree to which a participant agrees or disagrees with each statement. This process is known as the 'Q sort', and is an active process that requires each participant to provide his or her own subjective view on the topic in question. Finally, Q sorts are subjected to factor analysis to identify Q sorts that group together, which are then labelled as 'factors'. Each factor can be used to facilitate understanding of shared viewpoints of the topic in question (Watts & Stenner, 2012). Q methodology is useful to identify the dominant narrative within a topic, but also to identify the minority voice, which other methods often miss. It is beneficial to use Q methodology for topics that can be potentially daunting or embarrassing, as it does not require participants to articulate their views, but rather consider and arrange a set of pre-determined statements.

Therefore it was the most appropriate method to capture views on a potentially embarrassing and sensitive topic.

Participants

It is typical in Q methodology to select participants whom you believe will have an interesting viewpoint on the topic in question (Watts & Stenner, 2012). A range of staff groups were included in order to purposefully select a group of participants that was diverse, in an attempt to capture as many view points as possible. In Q methodology large numbers of participants are not required. It is sufficient to include approximately one participant per two statements to ensure that an adequate number of participants can load onto each anticipated factor (Watts & Stenner, 2012). This would suggest that not more than eighteen participants were required for this study. In total seventeen participants were recruited for this study, the details of which will be discussed below.

Recruitment of service users

One service user was recruited in this study. Clinicians' in three community LD teams were contacted via email and were provided with information sheets (Appendices 4 and 6), the study inclusion/exclusion criteria, and were asked to consider if they knew of any suitable participants.

Inclusion criteria

- Males with a diagnosis of a Learning Disability.
- Participants required a formal diagnosis of a learning disability in accordance with BPS guidelines.
- Over the age of 18.
- Client has previously disclosed that they use pornography. This could be paper format (magazine) or film (DVD, TV or on-line).
- Deemed to have mental capacity to consent to participate in the research by the staff member who knew the service user.

Exclusion criteria

- Known to engage in any form of illegal pornography use.

- Service users engaged in any legal proceedings due to sexual offending or safeguarding issues.

If a service user who met the criteria was identified he was asked to meet with the researcher to discuss the study in more detail. The researcher met with the service user in a community LD team building, and presented and explained the participant information sheet (Appendix 4). Once it was considered that the participant had fully understood what was involved in taking part, consent was gained using a consent form (Appendix 5). An appointment was then arranged to carry out step two of the procedure (Q sort). The appointment was one week after the initial meeting to provide enough time for the service user to reconsider and withdraw if they wished to do so.

Recruitment of staff

An email was sent to staff members within three NHS community LD teams, which asked if they were interested in taking part. The email addresses of staff were obtained through the team manager. This email provided the participant information sheet (Appendix 6) to explain the rationale and what was involved in the study and the inclusion criteria to determine suitability to take part.

Staff

Inclusion criteria

- Over the age of 18.
- Over six months' experience working with men with LD in a professional capacity. This was to ensure staff members had sufficient experience and an understanding of working with men who have LD.

Staff provided consent using a consent form (Appendix 7). A total of five participants were recruited to take part in step one (developing the Q set). These participants also took part in stage two (the Q sort). The researcher continued to request participants until seventeen participants had been recruited to take part in stage two (the Q sort).

Study population

Recruitment yielded one service user and sixteen staff. This was comprised of four clinical psychologists, nine LD nurses, one occupational therapist, one psychiatrist and one support worker. Nine participants were female, and seven were male. The range of staff experience in working with people with LD was between 14 months to 32 years (m=14.8 years).

Table 1

Demographics table of included participants

Participant Number	Gender	Age	Profession	Duration in profession
1	Female	22-34	Clinical Psychologist	5 years
2	Male	45-54	LD nurse	32 years
3	Female	45-54	LD nurse	29 years
4	Male	35-40	Associate practitioner	15 years
5	Male	35-40	Service user	-
6	Male	22-34	LD Nurse	10 years
7	Female	35-44	Clinical Psychologist	8 years
8	Female	22-34	Nurse	6 years
9	Male	45-54	Psychiatrist	15 years
10	Female	22-34	LD nurse	8 years
11	Female	45-54	LD nurse	14 months
12	Male	55-64	Support worker	3.5 years
13	Male	45-54	LD Nurse	17 years
14	Female	45-54	LD Nurse	30 years
15	Female	35-44	Occupational Therapist	16 years
16	Female	35-44	Clinical Psychologist	20 years
17	Male	45-54	Clinical Psychologist	14 years

Procedure

Step 1: Producing the Q set

In order to develop the Q set, five participants were interviewed (one clinical psychologist, one psychosexual therapist, two support workers and one LD nurse). The interviews followed a semi-structured interview (Appendix 10).

Additionally, five online pornography resources were used. The interviews and online data were coded to identify statements within the text that reflected an opinion or belief on pornography and men with LD. This process was repeated until all possible statements had been extracted. An example of an online resource and coding can be found in Appendix 13. One hundred and thirty nine statements were identified, and similar statements were grouped together creating nine themes. The four most commonly occurring statements from each theme were selected for inclusion in the Q set. To ensure the statements were readable by people with LD they were adjusted to a Flesh-Kinkaid score of 4.4. This is a tool used to assess the readability of text, and it is suggested that to be accessible for people with LD, text is required to be between a score of 4.0 to 5.0.

The Q set was reviewed by a Q methodology specialist and clinical supervisor to ensure the Q set was a valid representation of ideas and suitable for those with LD (Watts & Stenner, 2012). The Q set and participant instructions were piloted with a trainee clinical psychologist to ensure the statements and instructions were comprehensible, which led to further refinement prior to the commencement of data collection. These steps were an attempt to ensure rigour in the final Q set, which can be found in Appendix 8.

Example statements from each theme as follows:

- Liberal view: *Men with LD should be able to access porn like everyone else*.
- Restrictive view: *Staff should restrict access to porn for men with LD.*
- Mixed view: *If porn is introduced in a sensible way to men with LD it is OK.*
- Dangers: *Men with LD find it hard to understand what is legal and illegal porn.*
- Positives: *Porn can help men with LD know that their sexual feelings are normal.*

- Consequences: *Men with LD understand the difference between porn and real life.*
- Relationships*: Men with LD who watch porn have unrealistic expectations about relationships.*
- Access: *There are ways men with LD can access porn safely.*
- Safety: *Staff should be trained about issues associated with men with LD accessing porn.*

Step two

The Q sort

Each statement was printed on a separate piece of card and a distribution grid was drawn onto a large A1 piece of card. The grid was arranged with -5 (most disagree) to the left, O (neutral) +5 to the right (most agree). The distribution grid can be found in Appendix 9.

The researcher explained how to carry out the Q sort to participants. The 36 statements and distribution grid were provided, and participants were asked to arrange the cards into three piles (agree, neutral/unsure and disagree). Participants were then instructed to start with the 'agree' pile, and place the cards on a continuum based on how much they agreed and disagreed with the statements in relation to the topic of 'pornography use in men with learning disabilities'. They were then asked to do the same with the disagree pile, and the neutral pile. The researcher supported the participant with LD with the Q sort by reading the statements aloud, to assist in understanding, and to explain any uncertainties. Once all statements had been placed, participants were invited to make any changes to their final sort. A 'post sort interview' was then conducted, using open-ended questions (Appendix 10). This was to determine how and why participants had placed the statements as they did. The researcher recorded the answers on an interview schedule (Appendix 10). Finally, participant's demographic details were recorded (Appendix 12), as well as the participant's Q sort distribution on a standardised matrix.

Results

Data Analysis

Data was analysed using PQ method software (Schmolck, 2002), which is specially designed for Q methodological studies. It allows Q sorts to be added according to the data matrix used for the study, as this can be different for each Q study. The software provides inter-correlations between each Q sort, to reflect the level of agreement or disagreement between each Q sort. PQ method also provides the option of performing a factors analysis to identify factors which represent groupings of similar viewpoints. Finally, a detailed report is provided which includes factor loadings (how each Q sort loads on to a factor) and factor arrays, which show the typical Q sort of participants in each factor. This is used to interpret the meaning of each factor.

Correlation

Seventeen Q sorts were entered into PQ method software. The first step in analysis was to perform an inter-correlation between Q sorts (Appendix 14). Inter-correlation was used to determine the level of similarity and difference between each Q sort. This found that several Q sorts correlated with one another. Specifically that the Q sorts of a service user and member of staff correlated. This shows that some professionals are likely to have similar opinions to service users, however given that only one service user was recruited the inferences that can be drawn from this are limited. The viewpoints of many staff correlated which suggested they shared similar views. It also revealed that one participant (support worker) represented a different view amongst participants.

Identifying factors

Principal Component Analysis (PCA) was used to identify potential factors within the study. PCA attempts to find the fewest number of factors which account for the most study variance, this is known as the most mathematically sound solution (Watts & Stenner, 2012). PCA identified eight potential factors, with each factor representing a different viewpoint. The

eigenvalues of these potential factors were examined to identify which were likely to be significant. To identify each potential factor's statistical strength, the Kaiser-Guttman criterion was applied. Applying this suggests that factors with an eigenvalue of less than one are not deemed to be significant (Watts & Stenner 2012). This rule suggested that four factors were likely to be significant in this study with a total variance of 72% accounted for. A total variance of between 35-40% is considered satisfactory in a Q study (Watts & Stenner, 2012). Eigenvalues and associated variance are shown in Table 2.

Table 2

Factors and associated eigenvalues and variance

	Eigenvalue	**Variance**
Factor 1	6.3	37
Factor 2	3.09	18
Factor 3	1.86	11
Factor 4	1.05	6

Factor Extraction and Varimax Rotation

Four factors were extracted on the premise that the eigenvalue was above one using a varimax rotation. A total of 16 out of 17 sorts loaded significantly onto the factors. Q sorts which load onto a factor are given a correlation to indicate how much each sort is associated with the factor it has loaded onto. The correlations range from .567 to .965, all of which are significant. According to Cohen's strength of relationship correlations, .5 and above are considered a large effect size (Cohen, 1988). Correlations were significant at $p < 0.05$. Factor 4 has one sort loaded onto this at .965. Usually at least two sorts are required to load onto a factor; however, factor four represented a minority voice that differs radically from the other factors and a decision was made to keep this factor. This was because it was important that minority voices were heard especially with such a contentious issue. Following the varimax rotation the variance accounted for by the four factor solution was 73%. Table 3 displays factor loading and variance accounted for

Table 3

Factor loading and variance accounted for following Varimax rotation.

Participant	Factor 1	Factor 2	Factor 3	Factor 4
1 Psychologist Female	0.1900	0.0459	**0.9645***	0.0819
2 LD Nurse male	**0.8661***	0.0174	-0.0129	0.0053
3 LD Nurse Female	**0.7365***	0.1575	0.2382	0.2164
4 LD Nurse Male	0.1589	**0.8310***	0.0682	-0.0611
5 Service User Male	-0.1900	-0.0459	**-0.9645***	-0.0819
6 LD Nurse Male	**0.8660***	-0.1276	0.1469	0.0304
7 Psychologist Female	**0.6854***	0.3615	0.1514	0.0606
8 LD Nurse Female	0.3575	**0.6851***	0.1530	0.1553
9 Psychiatrist Male	0.5214	**0.5741***	-0.1054	0.1515
10 LD Nurse Female	**0.8368***	0.0726	0.1059	-0.0891
11 LD Nurse Female	**0.8135***	0.1999	0.3191	-0.0338
12 Support worker Male	-0.0737	0.0511	0.1085	**0.9147***
13 LD Nurse male	0.2228	0.5213	0.0834	0.5121
14 LD Nurse Female	0.3963	**0.5672***	-0.1504	0.2034
15 Occupational therapist Female	**0.7266***	0.0564	0.0169	-0.0105
16 Psychologist Female	-0.0875	**0.8279***	0.1054	-0.0571
17 Psychologist Male	-0.3685	**0.7726***	-0.0579	0.1566
Number significantly loaded	7	6	2	1
% Variance post rotation	31	21	13	8

*Note: * indicated significant loading.*

Factor arrays and interpretation

PQ method software output provides factor arrays for use with interpreting the meaning of each factor. Factor arrays represent the 'average' Q sort of a factor, and so represent the typical point of view of participants that load onto the factor (Appendix 15). The statement patterns within the factor arrays, and the participant's comments from the post sort interviews are used to interpret the meaning of each factor. Descriptions of each factor, along with details of participants whose sorts loaded significantly onto that factor are reported below.

Findings

Factor one: '*It shouldn't be a taboo, what's the problem?'*

Overview

Factor one indicates no concern with men with LD and pornography use. This indicates a liberal attitude. Factor one had an eigenvalue of 6.3 and accounted for 31 % of the study variance. This was the largest factor in the study with 7 Q sorts loading onto it (participants 2, 3, 6, 7, 10, 11, 15). These participants consisted of five LD nurses, one psychologist and an occupational therapist. The factor is made up of two males and five females.

Characterising statements

Participants in this factor expressed the viewpoint that; '*men with LD should access porn like everyone else'* (1: +5), '*openness was important when considering pornography and this population'* (2: +4), and that *'it is possible for men with LD to access pornography safely*' (29: +3). Participants in this factor disagree that '*pornography is dangerous for men with LD'* (5: -5), and that '*pornography can negatively affect the attitudes of men with LD towards women'* (23: -4). Participants in the factor also considered that '*pornography did not lead men to get in trouble with the police'* (13: -4), or *'that pornography should not be restricted for men with LD*' (6: -3).

Distinguishing statements

This factor had two distinguishing statements, one of which was also a characterising statement. Participants in this factor strongly disagreed with statement 13 (-4) '*porn causes men with LD to act in ways that get them into trouble with the police'*. Conversely, statement 35 (-1), '*support workers should help men with LD to access porn'* was agreed with by participants in this factor.

Discussion

Overall this theme appears to represent values around equal opportunities for men with LD and their ability to access pornography like others can. Participants who loaded onto this factor appear to view themselves as 'open-minded' and argue for de-stigmatisation around pornography use and people with LD. It appears that individuals in this factor have the opinion that services overreact when a person with LD wants access to pornography. Post-sort interview comments suggested values around being open about the topic of pornography, and concerns that this is currently a taboo within some services. Several participants commented on the reaction of staff and carers in regards to pornography. This factor reflected values around equal opportunities and the idea that men with LD should not be treated differently to those who do not have LD. Comments from post sort interviews supported this.

"*It is important to acknowledge it (pornography use) it shouldn't be taboo like it is now…it needs to be more open so men with LD don't feel embarrassed about it…I'm open minded about it…I think there is still a stigma about people with LD or any disability accessing porn, we are forced to put things in a box but we shouldn't*" (participant 15 female nurse).

"People with LD have equal opportunities; people get anxious about porn use and people with LD. They start to talk about risk assessment, pathologise it and make it so it's not private. It is private for men without LD and there are times when it would have been clinically helpful for a service user to access porn." (Participant 7 female psychologist).

Factor 2: *"Freedom of choice is important but there are risks to consider"*

Over view

Factor two has an eigenvalue of 3.09 and accounts for 21% of the variance in the study. This factor had six participants load onto it (4, 8, 9, 14, 16 and 17). The participants consisted of two psychologists, three nurses and one psychiatrist (three females and three males).

Characterising statements

Participants in this factor agreed with the statements; '*men with LD need help to understand what they see in porn'* (9: +5), '*staff should be trained about issues associated with men with LD accessing porn'* (33: +4), '*men with LD who watch porn have unrealistic expectations about relationships*' (26: +4), '*men with LD find it hard to understand what is legal and illegal porn*' (14: +3), and '*it is important to be open about porn use in men with LD*' (2:+3). Participants disagreed with the statements '*porn shows that males and females are equal* (27: -5), '*if we don't talk about porn, men with LD are less likely to access it'* (8: -4), '*men with LD understand the difference between porn and real life'* (21: -4), and '*porn teaches men with LD about sex'* (25: -3).

Distinguishing statements

Factor two had six distinguishing statements: '*Men with LD need help to understand what they see in porn'* (9:+5), '*Porn makes men with LD feel bad about themselves'* (22:-4), '*I don't see a problem with men with LD accessing porn'* (4: -1), '*You can't protect people with LD from seeing porn'* (36: -2), '*Porn teaches men with LD about sex*' (25: -3), '*Porn shows that males and females are equal'* (27: -5).

Discussion

As with Factor 1, this factor appears to be open-minded, but has more focus on concerns about potential risk, for example, developing unrealistic expectations, and that men with LD may find differentiating between pornography and real life difficult. This factor appears to suggest the belief

that this can be buffered by support and education, which is evidenced by agreement with "*men with LD need help to understand pornography and ideas that staff should be trained in the topic"*. The participants in this group do not agree that men with LD will be less likely to be interested in pornography if the topic is not discussed, and prefer an open way of working. However, participants appeared more concerned with the potential risk associated with pornography use than factor one, and appeared torn between their personal views on general pornography and promoting equal rights for people with disabilities. This ambivalence between personal moral opinion and the professional passion for equal access could account for the theme's mix of 'access' and 'risk' and was described as 'tension' by one participant. Some participants commented on the difficulties a man with LD may encounter in understanding pornography. Overall, this factor is against restricting pornography for men with LD, but shows awareness and concerns with risk and issues around understanding the messages delivered in pornography. Participants were aware of tension between their own personal views and those they hold as a professional. This is supported by qualitative information from post sort interviews.

"*My view is based on my personal dislike for pornography, but I also have a strong belief in human rights and access for all. It's about finding a balance…there is lots of disagreement with pornography use in the general population and in LD it is even more complex. If men with LD are to access it (pornography) they need help to think about it and understand the difference between fantasy and reality, legal and illegal.*" (Participant 16, female psychologist).

"*I do agree that men with LD need help to understand because it's everywhere and it's only going to increase…it's also about context…'soft porn' can still be difficult to understand…so it might have police, family, nuns, school girls in it…this is confusing for someone with LD…they think, so if I look at a school girl I'll get into trouble but I can watch it in porn? That's a challenge to understand for someone with LD. Lots of people will be negative but it (pornography) can be created in a correct way and be useful and*

positive…like an 'easy read' porn for people with LD." (Participant 4 male, associate practitioner).

Factor three: *"pornography is beneficial"*

Overview

Factor three has an eigenvalue of 1.86 and accounts for 13% of the study variance. Two participants loaded onto this factor (1 and 5). This factor was made up of a service user and a female psychologist.

Characterising statements

The factor array showed that the views endorsed in this factor are the following; '*I don't see a problem with men with LD accessing porn'* (4: +5), '*Men with LD should be able to access porn like everyone else'* (1:+4), '*porn teaches men with LD about sex'* (25:+4), '*It is important to be open about porn use in men with LD'* (2: +3), and '*staff should be trained about issues associated with men with LD accessing porn'* (33: +3). The participants in this factor disagreed with the following statements; '*Staff should restrict access to porn for men with LD'* (6: -5), '*most men with LD are not interested in porn'* (7: -4), '*support workers should help men with LD to access porn*' (35: -4), and '*porn use is dangerous for men with LD'* (5: -3).

Distinguishing factors

This factor had one distinguishing factor: '*Most men with LD are not interested in porn'* (7: -4).

Discussion

This factor suggests that participants are again open to the idea of pornography use in men with LD, and that it is something that should not be restricted. As with factor one, it suggests that pornography should be accessed by the LD population because it is accessible for other people. However, this factor differs from factor one as participants said that pornography can teach about sex, which is beneficial. This highlights that some people hold the belief that men with LD can use pornography and may

find some benefit in its use, such as learning about sex, and potentially preventing offending. This differs to factor two, where risk factors where highlighted. Participants in this factor did not believe that restricting pornography from men with LD was acceptable, but held some different views about staff discussing pornography with men with LD.

'I think it can teach about sex if done sensitively, some of it can, it doesn't teach about relationships though but it could have benefits…if someone wants to watch porn, let them watch it, everyone else can so can't stop them just because they have an LD" (Participant 1, female psychologist).

" Staff should not restrict it, it's up to the person…if you're doing it in your room what's the problem? …people don't need staff to help them, they can find it on their own and might not want help…you can get it on the internet or from Ann Summers. Only men staff should talk to men about it if they do" (Service user)

Factor four:

"Overall I don't agree with it"

Factor four has an eigenvalue of 1.05 and accounts for 8% of the variance in the study. This factor represents the view of a support worker. This factor represents a unique voice within the study.

Characterising statements

Factor four endorsed the following statements; '*Staff should be trained about issues associated with men with LD accessing porn'*(33: +5), '*porn causes men with LD to act in ways that get them into trouble with the police'*(13: +4), '*it is easy for men with LD to progress from 'soft porn' into watching 'bad porn*'(16: +4), '*men with LD find porn by accident'*(30: +3), and '*you can't protect people with LD from seeing porn'*(36: +3). The participant disagreed with the following statements; '*men with LD who watch porn are vulnerable to exploitation'* (15: -5), '*support workers should help men with LD to access porn'* (35: -4), '*men with LD need support from other people to help them access porn'* (31: -4), '*men with LD understand the difference between*

porn and real life' (21: -3), '*all men with LD should be spoken to about porn use'* (34: -3), and '*If we don't talk about porn, men with LD are less likely to access it'* (8: -3).

Distinguishing statements

This factor had four distinguishing statements; '*It is easy for men with LD to progress from 'soft porn' into watching 'bad porn'* (16+:4), *'Men with LD find porn by accident* '(30:-3), *'It is important to be open about porn use in men with LD'* (2:-2), and '*Men with LD who watch porn are vulnerable to exploitation'* (15-5).

Discussion

This factor differs significantly from the other three factors and portrays a more restrictive attitude towards men with LD and pornography. This participant expressed concerns about men with LD progressing into illegal pornography, as this was an experience he had had with a service user. This also differed to factors one, two and three, suggesting that men with LD are not interested in pornography, and can come across it accidentally. However, this factor also suggested that men with LD should not be supported to access pornography and should not be spoken to about the topic. This again differs from other factors, which have suggested safe and supported use. The participant felt that overall they did not agree with men with LD accessing pornography.

"I do think some men find it by accident or aren't really interested in it…but I have worked with some lads who have an LD but they find it (pornography) and it's not like they don't have a clue…but most of them (service users) don't bother with it'

"I know people I've worked with and it has progressed into ..like.. child porn ..so they do get up to things and that's why I don't agree with it…I do think it can lead to things and overall I don't agree with them seeing it (pornography)"

Discussion

The differing factors in this study highlight the varying views on the topic of pornography use and men with LD. This study found these views to range from liberal views, conflicted views, and restrictive views. As this is the first study to attempt to investigate the views on this topic, it covered a broad range of opinions. The findings of this study will now be explored.

The dominant narrative within the study was linked to advocacy of human rights; particularly in factor one, which suggests that men with LD should access pornography like others members of the population can. Due to the historical treatment of those with disabilities, many who work in these settings are conscious to ensure fair and equal treatment for those with LD, ensuring human rights are not impinged. Often, when material such as pornography is restricted, conversations arise regarding human rights. Certainly, it was clear that some participants in this factor held very strong opinions on this topic. It may be that some staff who work in the LD field view themselves as advocates for those with disabilities. Advocacy refers to a member of a community providing support to a person who may feel vulnerable, isolated or disempowered (Foundation for People with Learning Disabilities, 2016). It is possible that those who work with people with LD wish to advocate for the rights of those with LD; who are often seen as holding less power in society and less able to promote their own rights and needs. These ideas can be understood within the framework of normalisation theory, which as discussed earlier, is the philosophy of promoting a life that is considered ‘normal’ for those with disabilities (Nirje, 1969). This principle can be applied to the sexuality of people with LD by assuming the same needs and rights as those without LD, which may include pornography use.

In contrast to this, many participants in factor two were aware of pornography use as a potential negative activity for men with LD, which could in some circumstances present problems. Although many participants were against restriction, many were also against free access and considered that pornography use can only be safe when presented carefully and thoughtfully

to men with LD. However, many participants described tension between promoting equal rights for those with LD and ensuring the safety of service users. The tension described by some participants reflected the bridge between personal dislike for pornography and views as a professional, passionate about equality and access for people with disabilities. The mixed views participants described can be explained with cognitive dissonance theory (Festinger, 1957). Festinger (1957) argues that when two opinions or beliefs are in conflict with each other, this inconsistency produces cognitive dissonance. This dissonance will create discomfort and there will be an innate pressure to reduce this. This is done by either attempting to change one of the conflicting views; making an attempt to acquire new information to assist in developing evidence for one view point, thus reducing the alternative; or by reducing the importance of one of the viewpoints. This could explain the moral difficulty staff experience in managing their personal values and their enthusiasm for promoting equal rights at work, which may be the reason some participants discussed feeling 'torn'. This cognitive dissonance can reflect the difficult position between being a thoughtful professional, who aims to keep service users safe, and the desire to promote human rights, freedom of choice and equal opportunities for people with LD. It was clear that some staff struggled with these ideas and it was evident that there was not a simple solution to this. This dissonance does not only occur on an individual level, but can also result in splitting within teams between those who hold liberal views as seen in factor one and those who are more risk conscious. This can prove difficult for staff to navigate.

The findings of this study also bring attention to ideas around sex and gender that are promoted in pornography. Participants in factors two and four expressed the opinion that pornography did not reflect helpful narratives around masculinity and sex. It is well documented in non-LD populations that higher levels of pornography use is linked to men engaging in more aggressive and degrading acts during sexual activity (Bridges, Sun, Ezzell, & Johnson, 2016). Some expressed concerns that consumption of pornography may lead some men with LD to act in sexually aggressive ways. Concerns such as these may be explained using the Confluence Model of sexual

aggression (Malamuth, Addison, & Koss, 2000). The authors of this model propose that pornography which promotes female submission and an image of hostile masculinity, can be a risk factor in sexual aggression against women. Many participants in this study discussed concerns that viewing pornography portrays sexual aggression in men as a positive trait, and that some men with LD may take this literally and act this out in sexual relationships. It was also a concern for some participants, that pornography shows sex in the absence of providing a contextual understanding of relationships and consent. Issues such as consent within relationships can be complex and is often minimised in pornography, which can be difficult for men with LD to understand.

Concerns such as this, and the environmental context may play an important role in understanding why some participant's attitudes were risk focused, and why some promoted restricting pornography from men with LD. Many of the participants work in settings that reflect people with a LD as needing a high level of support, such as residential homes or community LD teams, which deal with episodes of crisis. It is unsurprising, therefore, that a staff member who works in this setting would see people with LD as requiring protection from risk. Perhaps these views can be explained through social role valorisation (SVR) (Wolfensburger, 1983), which outlined that society de-values a person with a disability and this difference leads to the treatment of people with LD as atypical, less able and different. This could offer an explanation as to why some participants believed that men with LD do not have the same sexual drive and are unable to use pornography without associated risks. For example, as it may be the role of a support worker to ensure the safety of service users on a daily basis, it is understandable that they may view a service user as 'different' and in need of keeping safe. Reducing access to potentially harmful material, such as pornography, may be one way to achieve this. It is important to also consider that, unlike other staff members such as psychologists and nurses, support workers do not have the same opportunities for reflective practice groups and supervision, and therefore do not have the same sense of 'shared responsibility'. This highlights the fact that staff who work in the most intensive roles are often

those with the least amount of support. It may be useful to consider ways of implementing supervision and reflective space for this important part of the workforce.

Limitations of the study

This study is not an exhaustive list of all opinions on the topic of men with LD and pornography use. It is highly likely that this study represents a recruitment bias, which may have affected the results. During early recruitment, some care homes and staff stated that they did not wish to discuss this topic; it may have been anxiety producing and embarrassing for them to do so. This research is also limited as it only recruited one male with a LD and only one member of front line staff (Support worker). Recruitment of men with LD was hampered, as safeguarding concerns prevented participants taking part. Further research into this topic should use a greater number of statements to gather views on the subtle nuances on the topic. The study did not consider people's views on the level of LD and pornography use, females with LD, religious or cultural perspectives. The current study is based entirely on White British participants, due to the geographical area in which the study was conducted being a homogenous area. It would be useful to attempt to gain the views of those who have different backgrounds, cultures and religions. Given that this was carried out across three community LD teams, within one NHS Trust in the UK, it may be that these views in the study are not generalisable outside of this area. Further research could focus on exploring the views of staff and service users in different trusts and from different cultural populations

Clinical Implications

This study highlights that the topic of men with LD using pornography can be contentious, and presents a range of opinions and concerns about the issue. This study presents the need for further staff training on the topic of pornography use in this population of service users. All four factors suggested that staff at all levels should be thinking about this, and all members of staff should be trained in this area. The topic of pornography use is one aspect of sexuality and does present as an issue for some service users. This can

create anxiety in some staff and at present there are no clear guidelines to support staff in making informed decisions about this topic. It may be useful for services to have clearer guidelines to support staff when this topic arises in services.

There appears to be a dilemma between personal views on pornography and the professional's role to promote choice and independence. This study reflects that this is a topic that needs to be discussed more openly in services, and is an area for further development to assist service users to make sense of the area of pornography. Clinical Psychologists are well placed within clinical teams to encourage reflection and provide training in the area of sexuality and pornography to those who work within LD services. One reason clinical psychologists are well placed to do this is that psychologists emphasise reflective practice. They are also trained in leadership and managing group dynamics. The ability to manage group dynamics would be particularly important when delivering training on pornography as it could easily polarise a group. It is also important for psychologists to encourage staff to consider how service users may feel about staff 'deciding' if a service user can have access to pornography. The service user in this study was clear that it was acceptable for men with LD to use pornography and that it should be a private choice; as it would be for those in the general population. It would be helpful for clear policies to be developed with the assistance of service users as they have a strong and unique viewpoint. Clear policies and guidelines may help staff to feel more able to have open discussions about pornography, with less embarrassment, if they feel supported by official documentation to guide their decision making. Ultimately this could lead to more positive outcomes for service users who wish to use pornography.

Conclusion

Four factors were found to represent participants' opinions on pornography use and men with LD. A range of views on the topic were found including; liberal views, concerns about risk, the benefits of pornography, and views on restricting pornography from men with LD. Further research is needed to develop a more thorough understanding of this topic. Services

would benefit from training and reflection on the topic as well as more robust policies to guide staff.

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Appendix 1: Peer review ethical approval

STAFFORDSHIRE UNIVERSITY

Date: 28.04.15

To whom it may concern

Application for Independent Peer Review Approval

Researcher: Lisa Gusciora

Study Title: Men with Learning Disabilities who access pornography

I can confirm that Staffordshire University supports this research project proposal being put forward by the above research project applicant, and that the University is willing to act as sponsor of the project if it received LREC approval.

Our support for this project takes account of the outcome of an independent peer review of its scientific merit undertaking within the University.

I can also confirm that the University has generic indemnity/insurance arrangements in place as stated on the attachment to this letter, that arrangements will be in place before the study starts for the research team to access resources and support to deliver the research as proposed, that arrangements to allocate responsibilities for the management, monitoring and reporting of the research will be in place before the research starts and that the duties of sponsors set out in the NHS Research Governance Framework for Health and Social Care will be undertaken in relation to this research.

Professor Nachi Chockalingam
Chair,
University Academic Ethics Sub-Committee

CREATE THE **DIFFERENCE**

Appendix 2: NHS ethical approval

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

A Keele University Teaching Trust

R&D Department
Block 7
St George's Hospital
Corporation Street
STAFFORD ST16 3AG

Telephone: 01785 783170

Our Ref: AB/R327

Date: 28 September 2015

Dear Lisa

Study title: Pornography use in men with Learning Difficulties

We have considered your application for access to patients and staff from within this Trust in connection with the above study.

On behalf of the Trust and the Responsible Care Professionals within the Learning Disabilities Directorate have now satisfied themselves that the requirements for Research Governance, both Nationally and Locally, have been met and are happy to give approval for this study to take place in the Trust, with the following provisos:

- That all researchers coming into the Trust have been issued with either a letter of access or honorary contract by ourselves
- That you conform to the requirements laid out in the letters from the REC dated 24 September 2015, which prohibits any changes to the agreed protocol
- That you keep the Trust informed about the progress of the project at 6 monthly intervals
- If at any time details relating to the research project or researcher change, the R&D department must be informed.

Your research has been entered into the Trust database and will appear on the Trust website.

As part of the Research Governance framework it is important that the Trust are notified as to the outcome of your research and as such we will request feedback once the research has finished along with details of dissemination of your findings. You will be asked to provide a copy of the final report and receive an invitation to present final feedback via our research seminar series. To aid dissemination of findings, copies of final reports are placed on our Trust Website. To this end, please contact me towards the completion of the project to discuss the dissemination of findings across the Trust and a possible implementation plan.

If I can help in any other way please do not hesitate to contact me.

Yours sincerely

pp Kim Thompson

Ruth Lambley-Burke
Head of R & I

Cc Melanie Watson, Head of Specialist Learning Disability Directorate, Stafford

Appendix 3: Trust approval

South Staffordshire and Shropshire Healthcare NHS

NHS Foundation Trust

A Keele University Teaching Trust

Our Ref: AB/R327

Date: 28 September 2015

R&D Department
Block 7
St George's Hospital
Corporation Street
STAFFORD ST16 3AG

Telephone: 01785 783170

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If I can help in any other way please do not hesitate to contact me.

Yours sincerely

pp Kim Thompson

Ruth Lambley-Burke
Head of R & I

Cc Melanie Watson, Head of Specialist Learning Disability Directorate, Stafford

Appendix 4: Participant information sheet for participants with a learning disability

PIS LD Version 1:2 June 2015

Pornography use in Men with Learning disabilities

What's involved in the study?

We would like to talk to men with learning disabilities that use pornography

Pornography might also be called (Insert clients own language here)

We want to try and understand how and why men with learning disabilities use pornography

Right now, there is little information about how we can make pornography use safer for people with learning disabilities

We hope our research will help to make pornography use safer for people with learning disabilities

What will I do in the study?

We would like to talk to you about pornography use

There are two parts to the study

Part one:

We will ask you some questions about

pornography and have a chat

We will meet you at

Diamond Jubilee House or Mytton Oak

You can bring someone with you is you want

The chat will take no longer than 1 hour

The chat will be recorded on a digital recorder

It will be confidential.

This means it will be private and only those involved with the research can listen to it

Part two:

You will be invited to another session at Diamond Jubilee House
Or Mytton Oak

We will look at some sentences together

The sentences will be people's ideas about pornography and people with learning disabilities

You will be asked which sentences you agree with and which sentences you don't agree with

This will be the end of the study

You will have time to ask questions

How will I benefit from taking part?

You might not benefit from taking part

But taking part might help us understand pornography use and men with learning disabilities better

You can choose to take part in the study if you want

You can choose not to take part in the study too

It's your CHOICE

You can ask questions before you decide

Thank you for talking with us about this study

If you have any questions, the numbers below might be helpful: Ask for **Lisa Gusciora**, Gail Thomas or Jo Thacker.

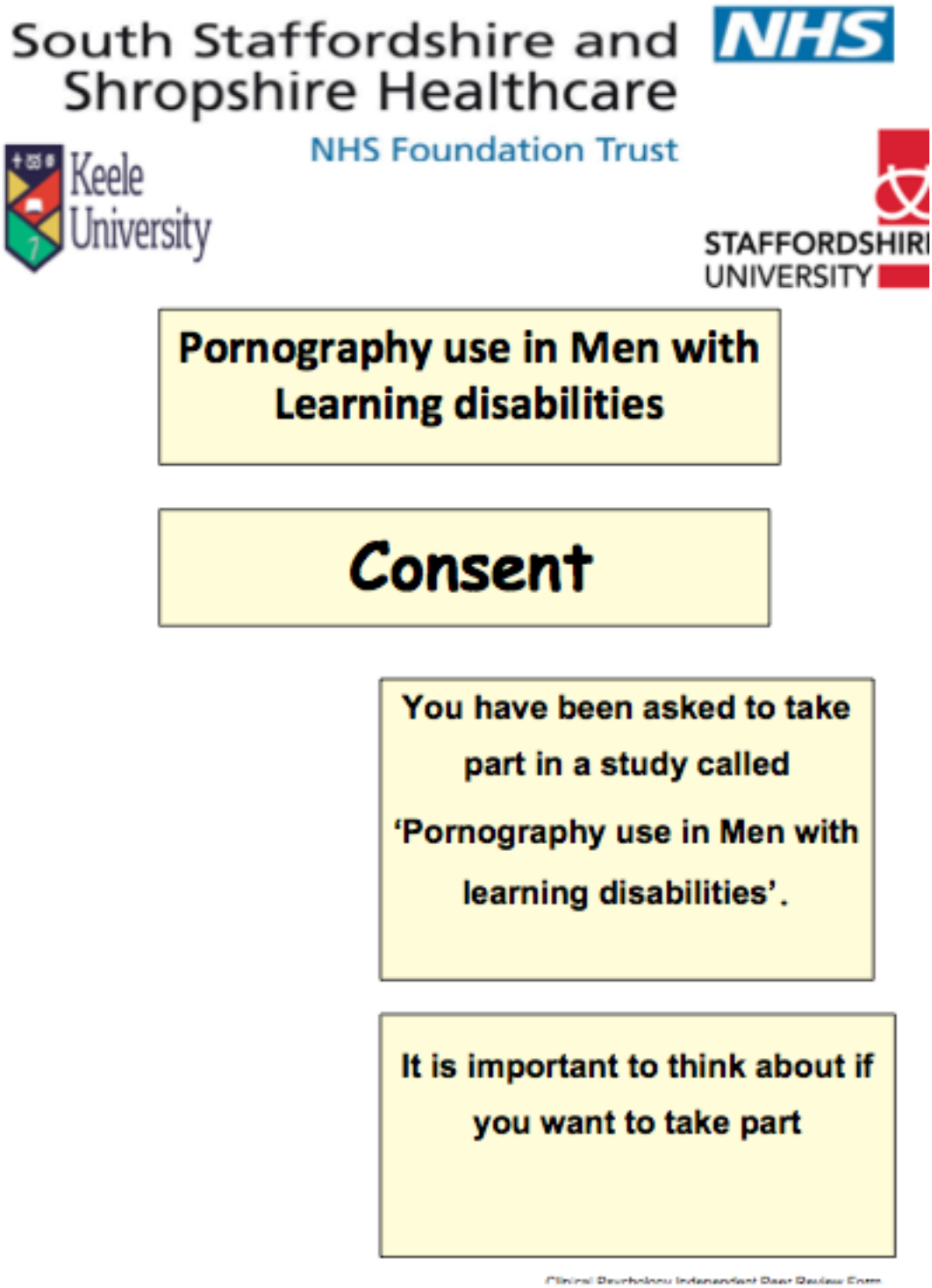
OR

Lisa Gusciora: Trainee
Clinical Psychologist
Department of Clinical Psychology
Staffordshire University
College Road
Stoke on Trent
Staffordshire
ST4 2DF
01782 294007

Reviewed: 18.06.14

Appendix 5: Consent form for participants with a learning disability

Consent LD Version 1:3 August 2015



Before you decide, you can ask as many questions as you want.

You can take your time to think about taking part

If you want to take part—you can say YES

If you do not want to take part—you can say NO

Remember, giving consent is up to you

Saying NO is your choice and it is alright to say NO

If you do say yes to taking part, you can say STOP at anytime

It will be OK to say stop at any time

If you say Yes and take part in the study. What you say will be kept confidential.

This means what you say will be kept private and won't be shared with anyone.

But we will have to tell someone if:

Someone is hurting you

You are hurting someone else

You are in danger

This is to keep everyone safe

We will need to tell the police about anything thing that is against the law

Now that you have had time to think about taking part in the study

And we have had time to talk, would you like to take part?

Yes, I would like to take part in the study 'Pornography use in Men with learning disabilities'.

☐

No, I would not like to take part in the study 'Pornography use in Men with learning disabilities'

☐

My name is

I would like to take part in the study:
'Pornography use in Men with learning disabilities'

I understand I can say NO if I do not want to take part in the study

I understand I can say STOP at any time

Signature:

Date:

Researcher Signature:

Thank you for talking with us about this study

Consent LD Version 1:3 August 2015

If you have any questions or have any worries after taking part, you can contact

Lisa Gusciora, Dr Gail Thomas or Dr Jo Thacker.

[redacted]

OR

Lisa Gusciora: Trainee
Clinical Psychologist
Department of Clinical Psychology
Staffordshire University
College Road
Stoke on Trent
Staffordshire
ST4 2DF
01782 294007

Reviewed: 17.06.14

Clinical Psychology Independent Peer Review Form

Appendix 6: Participant information sheet for staff

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

Keele University

STAFFORDSHIRE UNIVERSITY

Developmental Neurosciences and
Learning Disabilities Directorate
Diamond Jubilee House
Doseley Road, Dawley
Telford, Shropshire, TF4 3AL
01952 632 121

Pornography use in men with learning disabilities: towards an Understanding

Participant Information Sheet

Dear potential participant,

We would like to invite you to take part in our research study. *Joining the study is entirely up to you, before you decide we would like you to understand why the research is being done and what it would involve for you. One of our researchers will go through this information sheet with you, to help you decide whether or not you would like to take part and answer any questions you may have. Please feel free to talk to others about the study if you wish.*

What is the study about?

We are carrying out research to map the opinions and beliefs of the support staff who work with men with learning disabilities on the topic of

pornography use. We will also be seeking the opinions and beliefs of men with learning disabilities who use pornography. We are carrying out this research as pornography use is a common presenting issue in community learning disability teams and we would like to know more about it. **We identified you as a potential participant because you are a social care professional working in a residential service for adults with learning disabilities in Shropshire or Telford & Wrekin and think your opinions and experience would be relevant to the study.**

What will I have to do?

If you decided that you would like to take part in the study you will have the option of taking part in two stages of the study.

- Phase 1

  During phase1 of the study you will be invited to take part in a short interview which will take approximately one hour. For your convenience we will carry out the interview at your work place. During the interview we will ask you about your beliefs and opinions of men with learning disabilities that use pornography.

- Phase 2

  At phase two of the study you will be invited to complete an exercise that takes approximately 45 minutes, the exercise is called a Q sort. During the Q sort you will be asked to rate your level of agreement with a range of statements, based on the topic "*pornography use in men with LD*". After you have completed the Q sort we ask for your opinions on your ratings as well as a few things about yourself, such as your age and the length of time you have worked with men with learning disabilities.

You may choose to take part in phase 1 only, phase 2 only or you can take part in both phases if you wish. Your participation in the study would be voluntary at all stages, and we will ensure your contribution

will be anonymous. If you choose to take part in the study, you are free to withdraw at any time and you do not need to explain your decision.

What risks are involved in the study?

If you decide to take part in the study we expect the risks to be minimal.

We don't expect you to feel distressed as a result of participation and we will do our best to make you feel comfortable, however there is a small chance of distress by the subject matter. If you do become distressed we can discuss this with you as required.

What should I do if I feel distressed?

If you do feel distressed please inform a member of the research team, Lisa Gusciora, Dr Gail Thomas or Dr Jo Thacker and we will provide you with support. Our contact details are given at the end of this information sheet.

What will happen to my information?

If you decide to take part in the study, we will only use the information you provide for the purposes of this study. We will not include your name on any documentation that is published as a result of this study. We will store your information securely according to data protection regulations and it will be destroyed according to Staffordshire University procedures. If you decide to take part you can ask to have your data removed from the research up to two weeks after you have completed your interview, after this point it will be combined with the rest of the data and we will be unable to remove it. This is because we will anonymize data and therefore we will be unable to determine which participants have made specific statements.

What are the benefits of taking part in the study?

If you decide to take part in the research it is unlikely that you will benefit directly from taking part**.** However, there is currently no research looking into this topic and we hope to prompt a shared understanding of the needs of men with learning disability who use pornography. It hoped that this would lead to an increased awareness of the needs of this group of men encouraging safer use in this group of people.

Will I be notified about the results of the study?

If you decide to take part and you would like to know the findings we are happy to send you a summary of the results after we complete the research. We will ask if you would like the findings and we will ask you to provide contact details for these purposes. If you chose to do provide contact details, we will keep your personal details separate from the research data and destroy them securely once we have sent you the results. We will aim to publish the study in a peer-reviewed journal that will be accessible if you wish to read the full article.

Who has reviewed the study?

Prior to identifying you as a potential participant we have ensure we have full ethical approval. This study has reviewed by Staffordshire University peer review Ethics Committee and South Staffordshire and Shropshire NHS Foundation Trust Research and Development Department.

Who is responsible for the study?

If you would like to talk about this study further the persons responsible for this study are Lisa Gusciora (Trainee Clinical Psychologist), Dr Gail Thomas (Consultant Clinical Psychologist) and Dr Jo Thacker (Clinical Psychologist) employees of South Staffordshire and Shropshire NHS Foundation Trust. Dr Helena Priest and Dr Helen Combes at the University of Staffordshire academically supervise the study.

Who should I contact if I have questions or complaints about the study?

If you have any questions or complaints, please feel free to contact the principal investigator, Lisa Gusciora on:

Email: Lisa.Gusciora@sssft.nhs.uk

You can also contact the Clinical supervisors of the study,
Dr Gail Thomas Jo Thacker and Dr at:

Tel: 01952 632 121 or email: Gail.Thomas@sssft.nhs.uk

Dr Jo Thacker at:

Tel: 01952 632 121 or email: Jo.Thacker@sssft.uk

What should I do if I want to participate?

If you would like to participate then please contact Lisa, Gail or Jo.

Thank you sincerely for your time and contribution.

Lisa Gusciora
Trainee Clinical Psychologist
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Appendix 7: Consent form for staff

ConsentStaff Version 1:2 August 2015

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

Keele University

STAFFORDSHIRE UNIVERSITY

Pornography use in men with learning disabilities: towards an Understanding

Participant Consent Sheet

Principal investigator: Lisa Gusciora, supervised by Dr Gail Thomas, Dr Jo Thacker and Dr Helena Priest.

Please initial all boxes \

1. I confirm that I have read and understood the participating information sheet dated (/ /) ☐
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my job role or legal rights being affected. ☐
4. I understand that data will be anonymised and data collected during the study will be looked at by the Principal Investigator and supervisors. ☐
5. **(If appropriate) I understand that relevant sections of my data collected during** ☐

the study, may be looked at by individuals from Staffordshire University, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

6. I agree to take part in the above study ☐

Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
_____	_____	_____

Appendix 8: The Q set

Theme	Q statement
Liberal view **1**	1 Men with LD should be able to access porn like everyone else.
2	2 It is important to be open about porn use in men with LD
3	3. People overreact to the idea of porn use by men with LD
4	4 I don't see a problem with men with LD accessing porn
Restrictive view **1**	5 Porn use is dangerous for men with LD
2	6 Staff should restrict access to porn for men with LD
3	7 Most men with LD are not interested in porn
4	8 If we don't talk about porn, men with LD are less likely to access it.
Mixed view **1**	9. Men with LD need help to understand what they see in porn
2	10 I have mixed views about men with accessing LD and porn
3	11 If porn is introduced in a sensible way to men with LD it is OK
4	12 My views towards men with LD and porn depends on the type of porn in question e.g. soft/violent
Dangers **1**	13 Porn causes men with LD to act in ways that get them into trouble with the police
2	14 Men with LD find it hard to understand what is legal and illegal porn
3	15 Men with LD who watch porn are vulnerable to exploitation

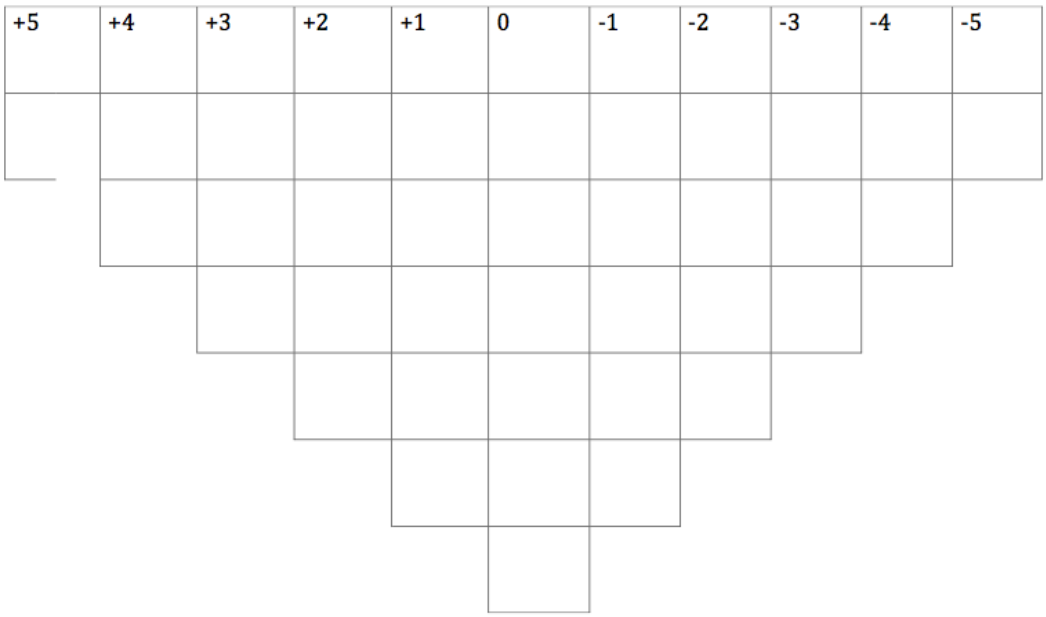
4	16 It is easy for men with LD to progress from ‘soft porn’ into watching ‘bad porn’
Positives **1**	17 Porn use can prevent a male with LD offending
2	18 Porn can help men with LD know that their sexual feelings are normal.
3	19 Porn can help men with LD understand their sexuality
4	20 porn is good for men with LD who are not in a relationship
Consequences **1**	21 Men with LD understand the difference between porn and real life
2	22 Porn makes men with LD feel bad about themselves
3	23 Men with LD who watch porn have negative attitudes towards females
4	24 We don’t know what porn does to men with LD because there is no research.
Relationships **1**	25 Porn teaches men with LD about sex
2	26 Men with LD who watch porn have unrealistic expectations about relationships
3	27 Porn shows that males and females are equal
4	28 Men with LD can tell the difference between a porn star and other women
Access **1**	29 There are ways men with LD can access porn safely
2	30 Men with LD find porn by accident.
3	31 Men with LD need support from other people to help them access porn.
4	32 Men with LD mainly access porn online
Safety **1**	33 Staff should be trained about issues associated with men with LD accessing porn

2	34 All men with LD should be spoken to about porn use.
3	35 Support workers should help men with LD to access porn.
4	36 You can’t protect people with LD from seeing porn.

Appendix 9: 36 item distribution grid.

Participant Number
Date

Most Agree Neutral Most Disagree



Appendix 10: Semi structured interview (stage 1 collecting discourse)

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

Pornography use in men with learning disabilities: towards an Understanding

Semi Structured interview (Service user)

1. What do you think about men with a learning disability using pornography?
2. Where do you get pornography?
3. How do you look at pornography (e.g. computer, magazine, TV, DVD)?
4. Why do you look at Pornography?
5. What are the good things about men with LD using pornograpghy?
6. Are there any bad things/dangers about men with LD using pornography?
7. Have you ever been in trouble because of watching pornography? E.g. with staff/carer
8. Does anyone help you choose pornography?
9. Have you ever talked to anyone about using pornography? E.g. staff/carer?
10. Do others try to stop pornography use in men with LD?
11. Do you have any worries about watching pornography?
12. What would help to make using pornography safer for you?
13. Would it be helpful to talk to staff/carers about using pornography?

THANKYOU FOR YOUR PARTICIPATION IN THIS STUDY

Appendix 11: Post Q sort questions

Project Title: Pornography use in men with learning disabilities: towards an understanding.

Participant number

Date

Post sort interview questions

1. **How did you find the experience of completing the Q-sort?**

2. **What made you place the cards in the +5 and -5 positions?**

3. **Were there any statements that you found hard to sort or that you moved around more than others?**

4. **Were there any statements that you were surprised to see included?**

5. **Did you get the sense that there was anything missing from the statement set – e.g. a belief that you may hold about older adult sexuality that was not included?**

6. **Is there anything else that you would like to add about the experience?**

Appendix 12: Demographic form

DemoQstaff Version 1:1 June 2015

Keele University

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

STAFFOI
UNIVERS

Pornography use in men with learning disabilities: towards an Understanding

Demographics Questionnaire (Staff)

Please select the appropriate responses

What gender are you? **Male** **Female**

What is your age?

[ ] 21 and Under
[ ] 22 to 34
[ ] 35 to 44
[ ] 45 to 54
[ ] 55 to 64
[ ] 65 and Over
[ ] Decline

What is your profession? .....

How long have you been worked with men with Learning disabilities?

.....

Appendix 13: example of online extract coding

Source: http://www.fightthenewdrug.org/porn-leads-to-violence/

Online Excerpt	Code
To make matters worse, when porn shows the victims of violence accepting or enjoying being hurt, the person watching is learning that people want and like to be treated that way, giving viewers added permission to act that way themselves. [11] That education leads to behavior changes that range from being more likely to verbally harass women, [12] to problems as serious as rape. The scary truth is that both non-violent and violent porn make users more likely to support violence against women and to believe that women enjoy being raped, [13] and those beliefs have been found across several research studies to be predictive of a person being sexually aggressive in real life. [14] With violent and rape porn, the associations get particularly strong. [15] In fact, one study found that those who reported higher past exposure to violent porn were six times more likely to report having raped someone than those that had low past exposure. [16] Of course, not every porn watcher is going to turn into a rapist, but that doesn't mean pornography use isn't still associated with a wave of violence on a massive scale. The vast majority of the porn viewed by millions of people every day is teaching that humiliation and violence are a normal part of what sex is supposed to be [17]—and that education is changing what happens in bedrooms around the world. [18] It's making it harder for many men to feel aroused unless they can do the things they've seen in porn [19], and it's leaving women feeling like they can't express the pain it's causing them. [20] And the more porn teaches us that aggression is a part of sex, the more that violence is being made invisible. [21]	Learning from porn/ Dangers of acting on what is seen. Dangers of acting on what is seen. Threat towards women Education about sex. Unrealistic ideas about sex?

Appendix 14: 17x17 correlation matrix

Correlation Matrix Between Sorts

SORTS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	RP1_PF	100	16	38	9	-100	30	30	23	9	25	42	15	18	5	17	11	-7
2	RP2_ASM	16	100	57	11	-16	78	53	33	39	73	66	-8	28	31	55	0	-24
3	RP3_NF	38	57	100	24	-38	60	66	42	47	47	70	7	37	43	51	-1	-9
4	RP4_APM	9	11	24	100	-9	6	40	63	40	23	40	7	44	44	16	62	49
5	RP5_SUM	-100	-16	-38	-9	100	-30	-30	-23	-9	-25	-42	-15	-18	-5	-17	-11	7
6	RP6-APM	30	78	60	6	-30	100	47	22	40	78	75	1	12	23	44	-10	-38
7	RP7_PF	30	53	66	40	-30	47	100	55	57	44	63	2	29	49	55	11	4
8	RP7_NF	23	33	42	63	-23	22	55	100	47	36	43	17	51	37	38	42	45
9	RP9_DM	9	39	47	40	-9	40	57	47	100	41	46	8	43	61	36	41	30
10	RP10_NF	25	73	47	23	-25	78	44	36	41	100	78	-4	20	32	54	10	-29
11	RP11_NF	42	66	70	40	-42	75	63	43	46	78	100	4	25	29	55	15	-13
12	RP12_SWM	15	-8	7	7	-15	1	2	17	8	-4	4	100	34	12	-4	5	22
13	RP13_NM	18	28	37	44	-18	12	29	51	43	20	25	34	100	35	18	49	23
14	RP14_NF	5	31	43	44	-5	23	49	37	61	32	29	12	35	100	27	36	33
15	RP15_OTF	17	55	51	16	-17	44	55	38	36	54	55	-4	18	27	100	-2	-27
16	RP16_PF	11	0	-1	62	-11	-10	11	42	41	10	15	5	49	36	-2	100	57
17	RP17_PM	-7	-24	-9	49	7	-38	4	45	30	-29	-13	22	23	33	-27	57	100

Appendix 15: Factor arrays

Factor Scores -- For Factor 1

No.	Statement	No.	Z-SCORES
1	Men with LD should be able to access porn like everyone else	1	2.267
3	People overreact to the idea of porn use by men with LD.	3	1.737
2	It is important to be open about porn use in men with LD.	2	1.647
29	There are ways men with LD can access porn safely	29	1.201
4	I donít see a problem with men with LD accessing porn.	4	1.178
33	Staff should be trained about issues associated with men wit	33	1.070
35	Support workers should help men with LD to access porn.	35	0.756
11	If porn is introduced in a sensible way to men with LD it is	11	0.739
19	Porn can help men with LD understand their sexuality	19	0.704
18	Porn can help men with LD know that their sexual feelings ar	18	0.630
9	Men with LD need help to understand what they see in porn	9	0.611
31	Men with LD need support from other people to help them acce	31	0.501
12	My views towards men with LD and porn depends on the type of	12	0.496
36	You canít protect people with LD from seeing porn.	36	0.441

Factor 1

24	We donít know what porn does to men with LD because there is	24	0.423
21	Men with LD understand the difference between porn and real	21	0.214
14	Men with LD find it hard to understand what is legal and ill	14	0.195
28	Men with LD can tell the difference between a porn star and	28	-0.001
20	Porn is good for men with LD who are not in a relationship	20	-0.102
25	Porn teaches men with LD about sex	25	-0.267
8	If we donít talk about porn, men with LD are less likely to	8	-0.358
26	Men with LD who watch porn have unrealistic expectations abo	26	-0.382
10	I have mixed views about men with accessing LD and porn	10	-0.402
17	Porn use can prevent a male with LD offending	17	-0.506
32	Men with LD mainly access porn online	32	-0.522
7	Most men with LD are not interested in porn	7	-0.592
34	All men with LD should be spoken to about porn use.	34	-0.603
15	Men with LD who watch porn are vulnerable to exploitation	15	-0.614
16	It is easy for men with LD to progress from ësoft porní into	16	-0.777
30	Men with LD find porn by accident.	30	-0.942
27	Porn shows that males and females are equal	27	-1.043
6	Staff should restrict access to porn for men with LD	6	-1.360
22	Porn makes men with LD feel bad about themselves	22	-1.384
13	Porn causes men with LD to act in ways that get them into tr	13	-1.432
23	Men with LD who watch porn have negative attitudes towards f	23	-1.557
5	Porn use is dangerous for men with LD	5	-1.965

Factor Scores -- For Factor 2

No.	Statement	No.	Z-SCORES
9	Men with LD need help to understand what they see in porn	9	2.020
33	Staff should be trained about issues associated with men wit	33	1.661
26	Men with LD who watch porn have unrealistic expectations abo	26	1.551
14	Men with LD find it hard to understand what is legal and ill	14	1.180
2	It is important to be open about porn use in men with LD.	2	1.066
29	There are ways men with LD can access porn safely	29	0.975
15	Men with LD who watch porn are vulnerable to exploitation	15	0.876
12	My views towards men with LD and porn depends on the type of	12	0.863
31	Men with LD need support from other people to help them acce	31	0.768
11	If porn is introduced in a sensible way to men with LD it is	11	0.612
23	Men with LD who watch porn have negative attitudes towards f	23	0.599
10	I have mixed views about men with accessing LD and porn	10	0.555
13	Porn causes men with LD to act in ways that get them into tr	13	0.539
3	People overreact to the idea of porn use by men with LD.	3	0.501
16	It is easy for men with LD to progress from ësoft porní into	16	0.245
5	Porn use is dangerous for men with LD	5	0.244
24	We donít know what porn does to men with LD because there is	24	0.214
34	All men with LD should be spoken to about porn use.	34	0.214
30	Men with LD find porn by accident.	30	-0.077
6	Staff should restrict access to porn for men with LD	6	-0.153
32	Men with LD mainly access porn online	32	-0.263
22	Porn makes men with LD feel bad about themselves	22	-0.392
1	Men with LD should be able to access porn like everyone else	1	-0.406
4	I donít see a problem with men with LD accessing porn.	4	-0.471
18	Porn can help men with LD know that their sexual feelings ar	18	-0.476
35	Support workers should help men with LD to access porn.	35	-0.498
19	Porn can help men with LD understand their sexuality	19	-0.567
7	Most men with LD are not interested in porn	7	-0.579
36	You canít protect people with LD from seeing porn.	36	-0.611
20	Porn is good for men with LD who are not in a relationship	20	-0.668
17	Porn use can prevent a male with LD offending	17	-1.145
25	Porn teaches men with LD about sex	25	-1.417
28	Men with LD can tell the difference between a porn star and	28	-1.469
21	Men with LD understand the difference between porn and real	21	-1.540
8	If we donít talk about porn, men with LD are less likely to	8	-1.711

Factor Scores -- For Factor 3

No.	Statement	No.	Z-SCORES
4	I donít see a problem with men with LD accessing porn.	4	2.041
1	Men with LD should be able to access porn like everyone else	1	1.633
25	Porn teaches men with LD about sex	25	1.633
2	It is important to be open about porn use in men with LD.	2	1.225
23	Men with LD who watch porn have negative attitudes towards f	23	1.225
33	Staff should be trained about issues associated with men wit	33	1.225
14	Men with LD find it hard to understand what is legal and ill	14	0.816
17	Porn use can prevent a male with LD offending	17	0.816
29	There are ways men with LD can access porn safely	29	0.816
36	You canít protect people with LD from seeing porn.	36	0.816
11	If porn is introduced in a sensible way to men with LD it is	11	0.408
13	Porn causes men with LD to act in ways that get them into tr	13	0.408
22	Porn makes men with LD feel bad about themselves	22	0.408
26	Men with LD who watch porn have unrealistic expectations abo	26	0.408
27	Porn shows that males and females are equal	27	0.408
18	Porn can help men with LD know that their sexual feelings ar	18	0.000
20	Porn is good for men with LD who are not in a relationship	20	0.000
12	My views towards men with LD and porn depends on the type of	12	0.000
24	We donít know what porn does to men with LD because there is	24	0.000
15	Men with LD who watch porn are vulnerable to exploitation	15	0.000
10	I have mixed views about men with accessing LD and porn	10	0.000
16	It is easy for men with LD to progress from ësoft porní into	16	-0.408
3	People overreact to the idea of porn use by men with LD.	3	-0.408
8	If we donít talk about porn, men with LD are less likely to	8	-0.408
34	All men with LD should be spoken to about porn use.	34	-0.408
21	Men with LD understand the difference between porn and real	21	-0.408
19	Porn can help men with LD understand their sexuality	19	-0.816
9	Men with LD need help to understand what they see in porn	9	-0.816
30	Men with LD find porn by accident.	30	-0.816
31	Men with LD need support from other people to help them acce	31	-0.816
28	Men with LD can tell the difference between a porn star and	28	-1.225
32	Men with LD mainly access porn online	32	-1.225
5	Porn use is dangerous for men with LD	5	-1.225
35	Support workers should help men with LD to access porn.	35	-1.633
7	Most men with LD are not interested in porn	7	-1.633
6	Staff should restrict access to porn for men with LD	6	-2.041

Factor Scores -- For Factor 4

No.	Statement	No.	Z-SCORES
33	Staff should be trained about issues associated with men wit	33	2.041
13	Porn causes men with LD to act in ways that get them into tr	13	1.633
16	It is easy for men with LD to progress from ësoft porní into	16	1.633
3	People overreact to the idea of porn use by men with LD.	3	1.225
30	Men with LD find porn by accident.	30	1.225
36	You canít protect people with LD from seeing porn.	36	1.225
11	If porn is introduced in a sensible way to men with LD it is	11	0.816

4	I donít see a problem with men with LD accessing porn.	4	0.816
5	Porn use is dangerous for men with LD	5	0.816
32	Men with LD mainly access porn online	32	0.816
12	My views towards men with LD and porn depends on the type of	12	0.408
14	Men with LD find it hard to understand what is legal and ill	14	0.408
19	Porn can help men with LD understand their sexuality	19	0.408
24	We donít know what porn does to men with LD because there is	24	0.408
25	Porn teaches men with LD about sex	25	0.408
7	Most men with LD are not interested in porn	7	0.000
27	Porn shows that males and females are equal	27	0.000
28	Men with LD can tell the difference between a porn star and	28	0.000
29	There are ways men with LD can access porn safely	29	0.000
10	I have mixed views about men with accessing LD and porn	10	0.000
6	Staff should restrict access to porn for men with LD	6	0.000
22	Porn makes men with LD feel bad about themselves	22	-0.408
26	Men with LD who watch porn have unrealistic expectations abo	26	-0.408
17	Porn use can prevent a male with LD offending	17	-0.408
9	Men with LD need help to understand what they see in porn	9	-0.408
1	Men with LD should be able to access porn like everyone else	1	-0.408
18	Porn can help men with LD know that their sexual feelings ar	18	-0.816
2	It is important to be open about porn use in men with LD.	2	-0.816
20	Porn is good for men with LD who are not in a relationship	20	-0.816
23	Men with LD who watch porn have negative attitudes towards f	23	-0.816
8	If we donít talk about porn, men with LD are less likely to	8	-1.225
34	All men with LD should be spoken to about porn use.	34	-1.225
21	Men with LD understand the difference between porn and real	21	-1.225
31	Men with LD need support from other people to help them acce	31	-1.633
35	Support workers should help men with LD to access porn.	35	-1.633
15	Men with LD who watch porn are vulnerable to exploitation	15	-2.041

Appendix 16: Distinguishing statements

Distinguishing Statements for Factor 1

(P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

		Factors					
		1		2		3	
No.	Statement	No.	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
35	Support workers should help men with LD to access porn.	35	2	0.76*	-1	-0.50	-4	-1.63
9	Men with LD need help to understand what they see in porn	9	1	0.61	5	2.02	-2	-0.82
27	Porn shows that males and females are equal	27	-3	-1.04	-5	-2.24	1	0.41
22	Porn makes men with LD feel bad about themselves	22	-3	-1.38	-1	-0.39	1	0.41
13	Porn causes men with LD to act in ways that get them into tr	13	-4	-1.43*	1	0.54	1	0.41

Distinguishing Statements for Factor 2

(P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

		Factors					
		1		2		3	
No.	Statement	No.	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
9	Men with LD need help to understand what they see in porn	9	1	0.61	5	2.02*	-2	-0.82
26	Men with LD who watch porn have unrealistic expectations abo	26	-1	-0.38	4	1.55*	1	0.41
15	Men with LD who watch porn are vulnerable to exploitation	15	-2	-0.61	2	0.88	0	0.00
4	I donít see a problem with men with LD accessing porn.	4	3	1.18	-1	-0.47*	5	2.04
35	Support workers should help men with LD to access porn.	35	2	0.76	-1	-0.50	-4	-1.63
36	You canít protect people with LD from seeing porn.	36	1	0.44	-2	-0.61*	2	0.82
25	Porn teaches men with LD about sex	25	0	-0.27	-3	-1.42*	4	1.63
27	Porn shows that males and females are equal	27	-3	-1.04	-5	-2.24*	1	0.41

Distinguishing Statements for Factor 3

(P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

		Factors					
		1		2		3	
No.	Statement	No.	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
4	I donít see a problem with men with LD accessing porn.	4	3	1.18	-1	-0.47	5	2.04
25	Porn teaches men with LD about sex	25	0	-0.27	-3	-1.42	4	1.63
17	Porn use can prevent a male with LD offending	17	-1	-0.51	-3	-1.14	2	0.82
3	People overreact to the idea of porn use by men with LD.	3	4	1.74	1	0.50	-1	-0.41

3 1.22
   7 Most men with LD are not interested in porn   7   -1 -0.59   -2 -0.58   -4
-1.63*   0 0.00

Distinguishing Statements for Factor 4

 (P < .05 ; Asterisk (*) Indicates Significance at P < .01)

Both the Factor Q-Sort Value (Q-SV) and the Z-Score (Z-SCR) are Shown.

		Factors					
		1		2		3	4
No.	Statement	No.	Q-SV	Z-SCR	Q-SV	Z-SCR	Q-SV	Z-SCR
13	Porn causes men with LD to act in ways that get them into tr	13	-4	-1.43	1	0.54	1	0.41	4	1.63
16	It is easy for men with LD to progress from ësoft porní into	16	-2	-0.78	1	0.25	-1	-0.41	4	1.63*
30	Men with LD find porn by accident.	30	-2	-0.94	0	-0.08	-2	-0.82	3	1.22*
32	Men with LD mainly access porn online	32	-1	-0.52	0	-0.26	-3	-1.22	2	0.82
2	It is important to be open about porn use in men with LD.	2	4	1.65	3	1.07	3	1.22	-2	-0.82*
15	Men with LD who watch porn are vulnerable to exploitation	15	-2	-0.61	2	0.88	0	0.00	-5	-2.04*

Appendix 17: Journal submission details

Journal information
Journal of sex research
Impact Factor now 2.695
Now ranked 1/95 in Social Sciences, Interdisciplinary and 28/119 in Psychology, Clinical
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Word count: 2,320

Introduction

The first paper consisted of a literature review examining the attitudes of young people towards pornography and the second paper was a Q methodology study investigating the attitudes and beliefs of service users and staff towards pornography use in men with LD. This paper provides a commentary on the process of completing these two papers, from topic generation, data collection through to implications. Reflections will also be made on the learning that has taken place during the development of these papers. Reflection is the process of considering ones practice and behavior in order to link new and existing knowledge to create new learning. Regular reflection can improve self-awareness and create opportunities for self-development (Mann & MacLeod, 2009). The British Psychological Society (2009) states that reflective practice is one of the core elements of being a competent practitioner.

Thesis topic

During the first year of training deciding on a thesis topic is a slightly overwhelming task, as it is important to select a topic that is personally interesting, new and useful to the profession of clinical psychology. During first year research method teaching, a list of topics that clinicians in the Trust were interested in researching was presented. The topic of pornography use and people with learning disabilities was included in this list, and this sparked an interest due to previous experience of working with people with LD who had used pornography. The experiences of running a group for men and working individually with men who had used pornography had stuck with me. This work was interesting and enjoyable, but it was surprising that the amount of published literature on the topic was non-existent, yet many papers on pornography in the general population had been published. Therefore, when the clinicians in my trust who had similar interests were brought to my attention a meeting with the clinicians was arranged. I referred to the literature and was once again unable to find any published literature on the topic and therefore decided that it was a novel area to pursue.

During this process concerns regarding the topic were raised, specifically whether it was overly taboo. There was also concern that it would prove difficult to gain ethical approval as pornography can be a contentious topic, and discussion with fellow trainees suggested that this might be a difficult topic to pursue. However, I realised that I have a genuine interest in the area from my clinical experience and felt that any concerns for choosing not to pursue the topic fed into some of my original frustrations with the topic. The embarrassment staff tend to feel when thinking about pornography leads to a lack of transparency and discussion which often leads to poor outcomes for service users. Therefore, I considered that if I opted out of this topic I would also be perpetuating this cycle. It is also hoped that by carrying out the research, and successfully publishing, it might encourage others to research this area and build upon it.

Initially Interpretative Phenomenological Analysis (IPA) was selected as a method. IPA is a method that involves seeking insight into how individuals make sense of a specific phenomenon (Biggerstaff & Thompson, 2008). This method usually involves in-depth interviews with a purposive sample. It was decided that in-depth interviews might not be suitable for individuals who have a LD as it requires participants to articulate their views verbally. It was also felt that it might be embarrassing or off putting for some people to give detailed accounts of their opinions on pornography. Q methodology was more suitable as it is less taxing for individuals with an LD. It is also less intrusive than a lengthy interview as participants simply have to rank already prepared statements.

Gaining ethical approval

Gaining ethical approval took longer than anticipated and proved an anxiety producing experience. The study was required to have University ethics approval, NHS Research Ethics Committee approval (NHS REC), and local Trust Research and Development approval. Initially I had thought I would be collecting data at the end of my second year, but I was not through the

ethics process until December of my final year. At times I found this very frustrating, particularly the NHS REC process, as during the meeting the study was approved, but a week later the panel informed me they did not wish to approve this as they had concerns with the methodology. I found this very frustrating as the panel was made up of medical professionals, and the only psychologist who was on the panel was absent. I felt that the panel did not have an understanding the complex social difficulties people with LD experience, or that sexuality in this population was an area that is under explored. External expert opinion was sought to reassure the panel that my methodology was sound (appendix A). Despite the time this took it did provide me with extra reassurance that my methodology was appropriate and provided extra rigor to my study. In addition, the ethics panel instructed me to remove pictures from my forms for participants with learning disabilities. This seemed unfair, as all documents in services for people with learning disabilities have pictures to facilitate understanding.

In retrospect it may have been easier to focus solely on staff views, as I was only able to recruit one service user and this would have shortened the ethical approval process. However, the one service user does provide an important insight into the topic and it was considered important to allow this voice to be heard. Literature supports the notion that research about people with Learning Disabilities should include their participation. The 'Nothing about us without us' document suggests marginalized groups such as those with disabilities should be represented and provided with a voice within all stages of research and of policy making (Department of Health, 2001). It is suggested that qualitative research can provide a voice to traditionally oppressed groups such as those with a learning disability because it can be made accessible and gives an opportunity for these groups to experience empowerment (Department of Health, 2001).

Reviewing the literature

It would have been preferable to carry out a literature review regarding the attitudes toward pornography use and people with LD, but given that I was unable to find any research looking into this, the decision was made to focus

on young people. It is proposed that the findings from a literature review on young people may be extrapolated to the learning disability population. This is not to compare adult men with a LD to young people. It was considered appropriate as young people are beginning their sexuality journeys and often people with LD begin their sexual experiences later in life, due to limited social opportunities. Therefore, it was considered that there might be some parallels between the two. This did prove useful as the literature review identified a range of positive effects of pornography on the adolescent populations, as well as negatives. This appeared to be consistent with the factors found in the empirical paper.

The literature review proved to be a lengthy and tedious task, and I had underestimated how long this process would take. I changed my literature review topic from one which focused on LD and sex education, to one that focused on pornography and young people. This was because one previous trainee had carried out a literature review on sex education and people with LD, and another trainee had focused on attitudes towards sexuality and people with LD. As explained in paper one and two, it was considered that drawing parallel literature from attitudes regarding pornography and young people might have some similarities with people with LD. This is as both populations are seeking sexual information and experience sexual curiosity.

Recruitment

Recruitment proved difficult at times. The early stages of recruitment were found to be particularly difficult, one care home manager said '*we don't talk about that kind of thing*' when asked if recruitment could take place within the home. This highlighted the taboo nature of pornography use and feelings of discomfort some people experience in discussing the topic. This also proved frustrating as this is an under researched area and men with LD do choose to use pornography and this cannot be avoided simply because we feel uncomfortable.

It also proved difficult to recruit service users. The study aimed to recruit five men with a LD who used pornography. At one point three potential

service users had been found; however due to arising safeguarding concerns or police investigation I could not recruit two of these service users. The one service user that did take part had very firm views and I was very pleased to have been able to recruit him in the study. I think if I had more time I may have been able to improve on this: however, it can be an opportunity for future research.

Epistemological position

Throughout developing this thesis a constructivist position has been taken. This position suggests that there is no objective truth and that knowledge arises from personal experience and interactions (Andrews, 2012). Constructionism takes that stance that knowledge is constructed and driven by human perception. This is particularly relevant to Q as it seeks to gain insight into different voices, especially ones from minorities whose views may not be captured by other research methods, and respects all voices equally.

The Q set

The Q set was developed through interviews as well as attending to online data. The interviews proved to be one of the most interesting aspects of the process. It was enjoyable having the opportunity to discuss the topic with a range of interesting people who were often equally as passionate about the topic. I was struck by one participant's views, which changed my entire perception on the topic. This was a consultant clinical psychologist who had very strong views on the topic, and was anti-pornography. Although I have not changed my views entirely, she did make me consider the risk for people with learning disabilities and that it '*should not just be given out because of equal rights*'. Although I don't fully agree with this viewpoint – it did make me reconsider my own views and give me food for thought.

Findings

Factors one, two and three are factors that I expected to find in the study. It is interesting how individual opinions can range from being liberal to solely focusing on risk. I was pleased to find a range of differing viewpoints in the study, which highlighted how the topic can polarize individuals. I was

pleased to find factor four, which suggests that pornography should be restricted in men with LD, as this is a viewpoint I have come across often and I wanted to capture this in the study. Given that I had an idea of the factors I might find, it was important to reflect on my expectations of the study and to reflect on the interactions I had with participants, to ensure I was not introducing bias into the study. This was done through keeping a reflective diary, and through discussion with supervisors.

Discussing pornography

Initially, I recall my research supervisor commenting on how it may feel to discuss this topic with men and how this might be awkward. I decided that because the majority of my work has been with offenders, I was comfortable discussing issues around sexuality. This remains true; I am comfortable discussing this topic in a clinical setting. I had not however, considered how I might feel discussing this topic with men who were also colleagues and that, in the process, people may personally disclose their own pornography habits. During the course of the study nothing was disclosed that required me to take action, however this was something I had not considered and at times I found myself feeling a very slight unease - something that I had not expected. This highlighted that there is a difference between discussing a topic in a professional capacity as client and therapist vs. colleague to colleague. There were times when I questioned why I found myself in a room with a man discussing pornography. This however did not put me off continuing the research and has not hampered my interest in further research in the area.

Learning

I cannot say that I have enjoyed the entire thesis process, as it has at time felt like a never-ending workload. It has been stressful, frustrating and all-consuming. I have however, enjoyed the research component more than I had anticipated, particularly having the opportunity to discuss an area of genuine interest with well-respected and experienced clinicians. At times I felt very inspired by their level of knowledge and passion when discussing the topic. I

have enjoyed the data collection, analysis and discovery when interpreting the results, which has inspired me to consider research in the future in the area of sexuality. This is a realization that has shocked me, as I never considered myself a ‘research person’.

I have also learnt that taking a risk can pay off. In my early conversations I was encouraged to consider a different topic, as my current topic might be taboo or overly difficult. However, I am pleased that I chose to take that risk as I have produced research that genuinely interests me, and the clinical supervisors and those who took part.

Final thoughts

Overall I am proud that I completed a project on a topic that I was passionate about, despite some opposition and that it sometimes pushed me out of my comfort zone. It had its challenges - data collection and ethical approval being particularly difficult, but I am aware that every trainee’s thesis journey becomes problematic at some point. As the first project to investigate the topic of pornography in LD, I hope that this research can be published in order to open up the conversation that is often taboo, and perhaps encourage others to investigate the area.

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Appendices

Appendix 1

Email for external opinion on methodology from Dr Paul Watts and Dr Stephen Jafferes both experts in Q methodology.

Re: Enquiry re: expert opinion on Q method for doctoral project

Paul.Stenner [paul.stenner@open.ac.uk]

Sent: 01 September 2015 16:44

To: GUSCIORA Lisa J

Attachments:

Dear Lisa,

There is no problem with using the participants who supplied concourse generation data as Q sort participants also (perhaps an advantage). Can I suggest you contact Simon Watts and East Anglia - only because I really am incredibly busy during this period.

Good luck,

Paul

On 26/08/2015 10:38, "GUSCIORA Lisa J" <g030779c@student.staffs.ac.uk> wrote:

>Hi Paul,
>
>I am a trainee clinical psychologist enrolled on the Staffordshire and
>Keele Doctorate in Clinical Psychology programme. I am currently in the
>process of gaining ethical approval for my doctoral research which will
>utilise a Q methodological approach. My study will be looking into a
>specific area of the sexuality in men with learning disabilities.
>
>I have gained independent peer review ethical approval from Staffordshire
>University and I am currently in the process of gaining NHS approval. My
>academic team consists of Dr Helena Priest (qualitative specialist) and

Stephen Jeffares [S.R.Jeffares@bham.ac.uk]

You replied on 26/08/2015 15:26.

Sent: 26 August 2015 12:17

To: GUSCIORA Lisa J

Hi Lisa

Sounds like an interesting project. Yes I am happy to review. It is methodologically sound - it sounds like you are employing a naturalistic design advocated by William Stephenson himself.

RE: request for expert opinion on Q method for doctoral project

Best wishes

Stephen

From: GUSCIORA Lisa J [g030779c@student.staffs.ac.uk]

Sent: 26 August 2015 11:59

To: Stephen Jeffares

Subject: request for expert opinion on Q method for doctoral project

Hi Stephen,

I am a trainee clinical psychologist enrolled on the Staffordshire and Keele Doctorate in Clinical Psychology programme. I am currently in the process of gaining ethical approval for my doctoral research which will utilise a Q methodological approach. My study will be looking into a specific area of the sexuality in men with learning disabilities.

I have gained independent peer review ethical approval from Staffordshire University and I am currently in the process of gaining NHS approval. My academic team consists of Dr Helena Priest (qualitative specialist) and Dr Helen Combes. However the NHS panel are unfamiliar with Q methodology and have requested an external peer opinion to review an aspect of my methodology. My discourse will be collected using participant interviews and via other sources (literature and media sources). In brief, they want to know whether it is methodologically sound to use the same participants to generate discourse and to complete the Q sort.

Would you be interested in reviewing the methodology of my study to provide an external peer opinion? I know that you are probably very busy but I would value any input you could offer.