

**Victor Cline, Ph.D. Witness Statement:
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My name is Victor Cline¹. I am a clinical psychologist and psychotherapist specializing in marital and family counseling and the treatment of sexual compulsions and addictions. I also work with the victims of sexual abuse and assault. Additionally I'm a behavioral scientist with approximately 85 publications, some of which are in the area of "media and pornography effects." In the last 26 years I have treated approximately 350 male sexual addicts or compulsives including many pedophiles and their victims. I also treat rapists, voyeurs, fetishists; those making obscene phone calls, those compulsively promiscuous, plus many other types of paraphilias. These sexual illnesses all have a common core and dynamic base. They are sexual in nature, highly addictive, compulsive and repetitive, very difficult to treat, and self-control and self-discipline don't stop their occurrence.

In the case of pedophiles; the overwhelming majority, in my clinical experience use child pornography and/or create it to stimulate and whet their sexual appetites which they masturbate to then later use as a model for their own sexual acting out with children. I find that the use of child pornography in time desensitizes the viewer to its pathology no matter how aberrant or disturbing. It becomes acceptable and preferred. The man always escalates to more deviant material, and the acting out continues and escalates despite very painful consequences such as destruction of the family, loss of spouse, children, job, health, or incarceration after committing criminal acts.

Some also use it to seduce children into engaging in sexual acts with themselves. When they introduce it to the children the suggestion is that this is normal behavior and many other young people, like themselves, also use it and do these things. Pedophiles often trade, lend, or sell the pictures they make of the young people nude and having sex through an informal network. Some of the pornography they accumulate is of females fully developed anatomically but made to look young and immature by dressing them in children's clothes and arranging their hair –such as with a pony tail –to suggest to the viewer that they are underage minors when in fact they may not be. While the producers of this material may claim that no underage children were used in producing this pornographic material the viewer this is irrelevant because they are perceived as minors by the psyche.

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Some of my patient perpetrators and sexual predators are teenage males who sexually abuse younger sisters or other younger more vulnerable children in the neighborhood. With most of them, I find, any kind of pornography, child or adolescent (or even adult) can act as an incitement to imitate it in real life with someone they have access to and can intimidate not to tell. Many of my perpetrators are also themselves victims with a history of being sexually abused by older pedophiles at a previous time in their life. With a large majority of them an underlying thread is the use of child, adolescent, or adult pornography to stimulate appetite and provide models of sexual abuse as well as be used as tools to seduce new victims. In my experience it's the child pornography that is the most malignant.

Child pornography is particularly pernicious because the child victims (whether sexually abused while being photographed, or exposed to it as part of their seduction) are relatively powerless (due to their young age and immaturity) as well as not fully understanding the harmful potential. Their frequent willingness to trust an older person who appears to be kind and accepting of them makes more easy prey.

The best evidence to date suggests that most or all sexual deviations are learned behaviors, usually through inadvertent or accidental conditioning. There is no convincing evidence, to date, suggesting the hereditary transmission of any pathological sexual behavior pattern such as pedophilia, rape, incest, exhibitionism, etc. In fact one British psychologist, Stanley Rachman² demonstrated in the laboratory using live subjects how easy it is to repeatedly condition normal males into a sexual illness or addiction. Another psychologist/researcher, R.C. McGuire³ explains a man repeatedly masturbates to a vivid sexual fantasy as his exclusive sexual outlet (introduced by a real life sexual experience or possibly pornography) the pleasurable experiences endow the deviant fantasy (rape, molesting children, etc.) with increasing erotic value. The orgasm experienced then provides the critical reinforcing event for the conditioning of the fantasy preceding or accompanying the act. McGuire indicates that any type of sexual deviation can be acquired in this way, that it may include several unrelated deviations in one individual and that it cannot be eliminated even by massive feelings of guilt. His paper cites many case histories to illustrate this type of conditioning. Other related studies by D.R. Evens⁴ and B.T. Jackson⁵

² Rachman, S. "Experimentally induced sexual ftishism" *Psychological Records*, 1968, vol 18, p.25.

³ McGuire, R.J., et al. "Sexual Deviations as Conditioned Behavior: A Hypothesis." *Behavior Research & Therapy*, 1965, vol2, p. 185.

⁴ Evans, D.R. "Masturbatory Fantasy and Sexual Deviation". *Behavioral Research & Therapy*, 1968 vol 6, p. 17.

⁵ Jackson, B.T. "A Case of Voyeurism Treated by Counter Conditioning." *Behavior Research & Therapy*. 1969, vol 7. p. 133.

support his thesis. They found that deviant masturbatory fantasy very significantly effected the habit strength of the subject's sexual deviation.

In my treatment of hundreds of primarily male patients with paraphalias (sexual pathology) I consistently have found that most men are vulnerable to the effects of masturbatory conditioning to pornography with a consequence of sexual ill health because we are all subjects to the laws of learning with few or no exceptions. Not everyone gets addicted immediately, but if they persist in this behavior they will.

Researcher Patrick Carnes found that of 932 sex addicts studied 90% of the males said that pornography was significant to their addiction. (p. 57, "Don't Call it Love", Bantom Books, 1991.)

In my experiences as a sexual therapist, any individual who regularly masturbates to pornography is at risk of becoming in time a sexual addict, as well as conditioning himself into having a sexual deviancy. In time the "high" obtained from masturbating to pornography becomes more important than real life relationships. It makes no difference if one is an eminent physician, attorney, minister, athlete, corporate executive, college president, unskilled laborer, president of the U.S. or an average 16 year old boy. All can be self-conditioned into deviancy.

The process of masturbatory conditioning is inexorable and does not spontaneously remiss. The course of this illness may slow and is nearly always hidden from view. It is usually a secret part of the man's life, and like a cancer it, keeps growing and spreading. It rarely ever reverses itself, and it is also very difficult to treat and heal. Denial on the part of the addict and refusal to confront the problem are typical and predictable. The presence of child pornography creates the potential of many types of harms in the community including helping to create sexual predators or pedophiles and later their victims.

The Internet represents, in my experience, an area of significant risk for many children. Where parents have neglected to protect them with filters on their home computers or with frequent access to computers in public libraries (most of which lack protecting filters) this makes it exceedingly easy for children to pursue via the internet literally thousands of explicit depictions of child-adult sexual molestation, rape, incest, bestiality, plus cyber warehouses filled with depictions of sexual aberrations. I see too many patients of minor age who are stimulated to practice or try out in real life the things they see in the material. In my judgement this represents a significant health hazard.