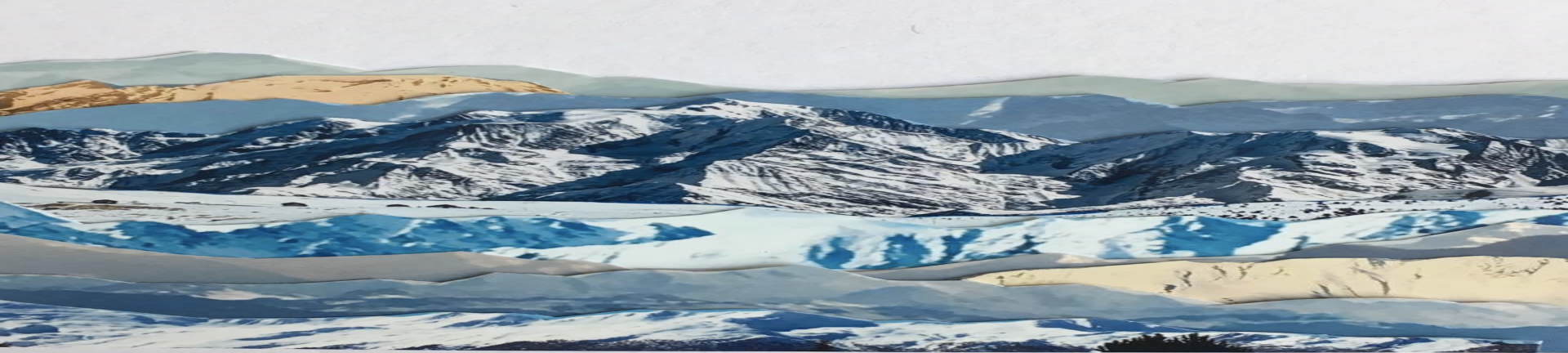




ÉVALUER ET TRAITER UNE ADDICTION A LA CYBERPORNOGRAPHIE

Yasser Khazaal^{1,2,3,4}

Yasser.khazaal@chuv.ch

Pas de conflits
d'intérêts

1. Université de Lausanne, Faculté de biologie et de médecine, Lausanne, Suisse
2. Service de médecine des addictions, Département de psychiatrie, CHUV, Lausanne, Suisse
3. Centre de recherche de l'institut universitaire en santé mentale de Montréal, Canada
4. Département de Psychiatrie et d'Addictologie, Université de Montréal, Canada

Image: Joelle Cababanne

Époque d'Edo 江戸時代

1603-1868



Estampe de Hiroshige

Unil

UNIL | Université de Lausanne
Faculté de biologie
et de médecine



• porno
Terme de recherche

• porn
Terme de recherche



France ▼

12 derniers mois ▼

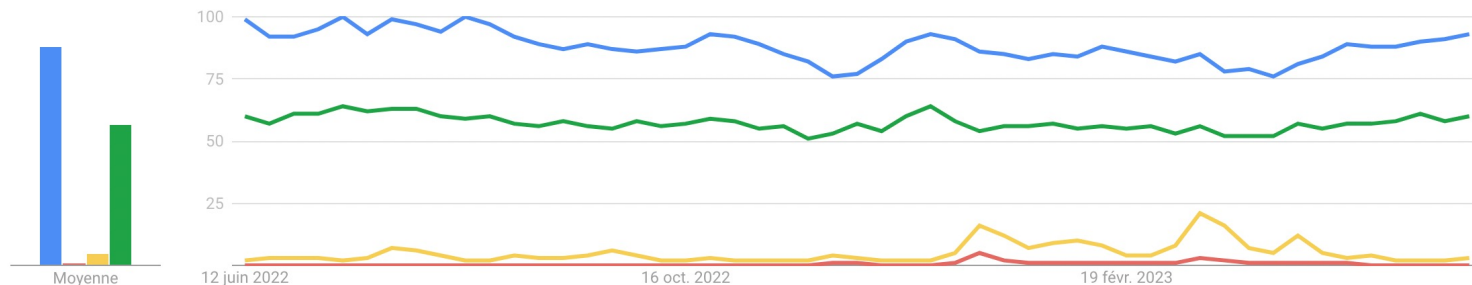
Toutes catégories ▼

Recherche sur le Web ▼

! **Remarque :** Cette comparaison contient à la fois des termes de recherche et des sujets, qui sont calculés différemment.

[EN SAVOIR PLUS](#)

Évolution de l'intérêt pour cette recherche ?



● PORN

Terme de recherche

● Restaurant

Type d'organisation

● Séisme

Type de catastrophe

+ Ajouter une comparaison

Maroc ▼

30 derniers jours ▼

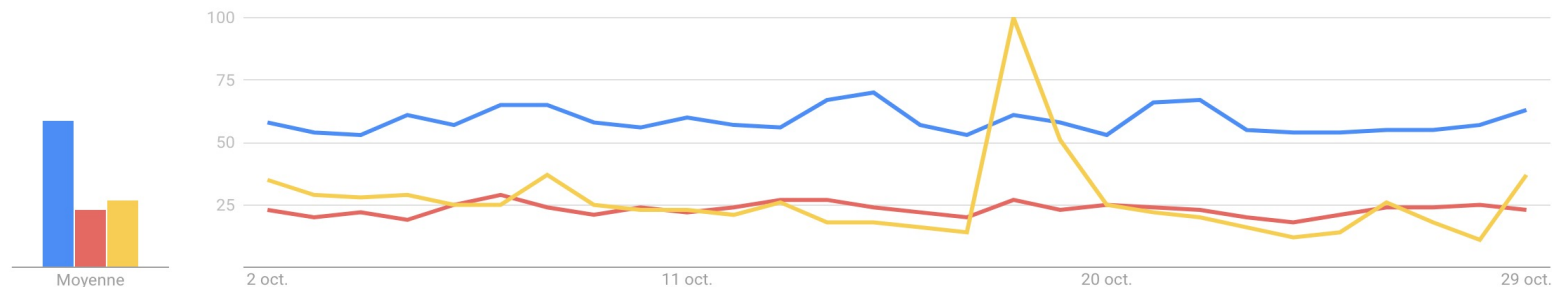
Toutes catégories ▼

Recherche sur le Web ▼

! **Remarque :** Cette comparaison contient à la fois des termes de recherche et des sujets, qui sont calculés différemment.

[EN SAVOIR PLUS](#)

Évolution de l'intérêt pour cette recherche ?

● porn

Terme de recherche

+ Comparer

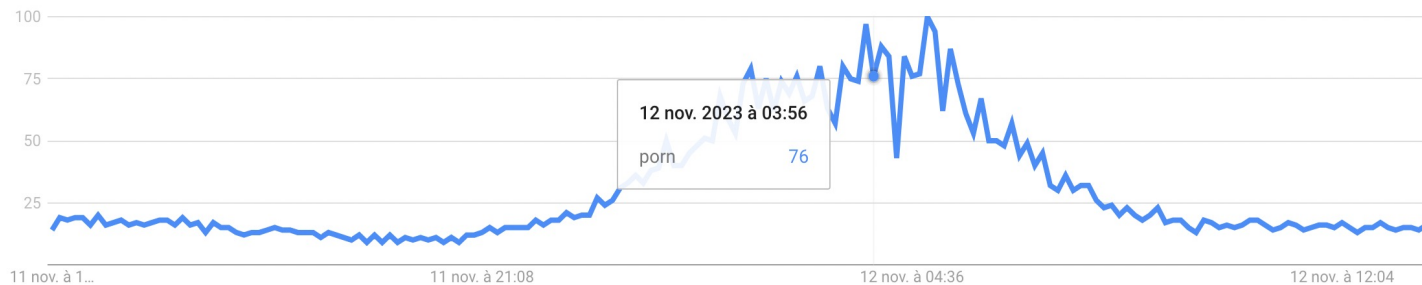
Suisse ▼

Moins d'un jour ▼

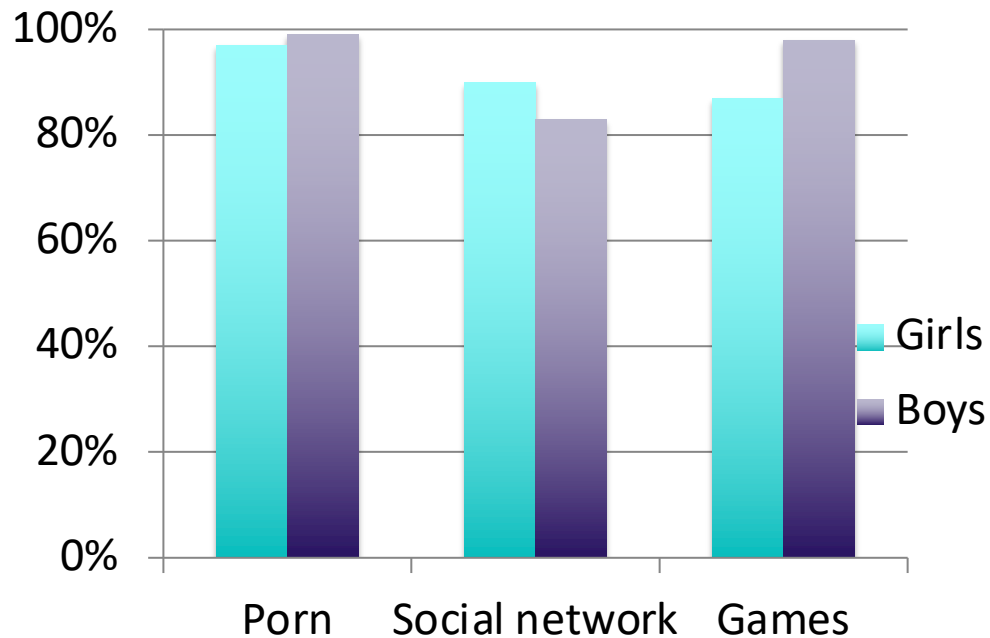
Toutes catégories ▼

Recherche sur le Web ▼

Évolution de l'intérêt pour cette recherche ⓘ



Montreal
N = 3938
High school students
56.3% Girls
Age range: 14-21



PORN S

YOU♥PORN

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★ Upgrade

Videos

Categories

Live Sex

ECHE HUREN

Live Cams

Pornstars

amateur couple

homemade

cock sucking

big boobs

blonde

doggystyle

point of view

creampie

big ass

brunette

deepthroat

amateur

big tits

blowjob

butt

ass fuck

big cock

cumshot

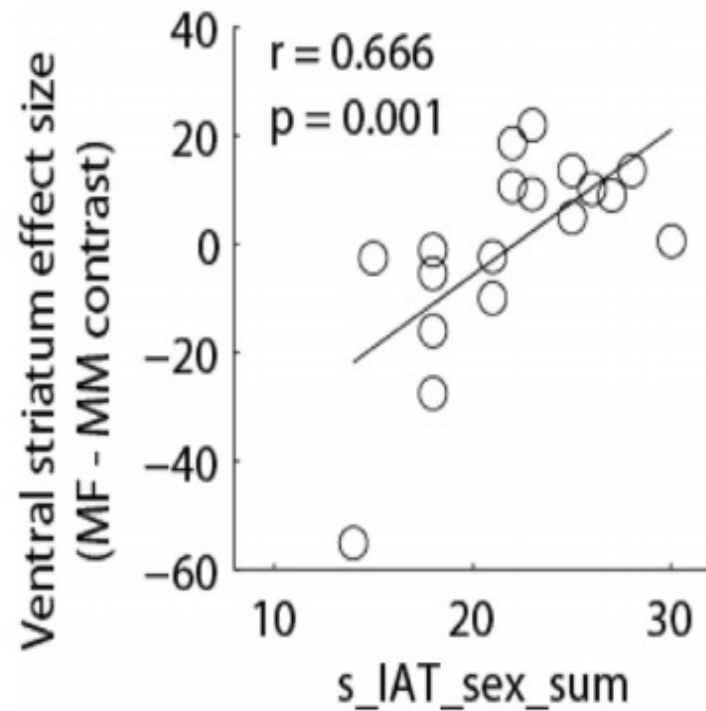
big natural tits

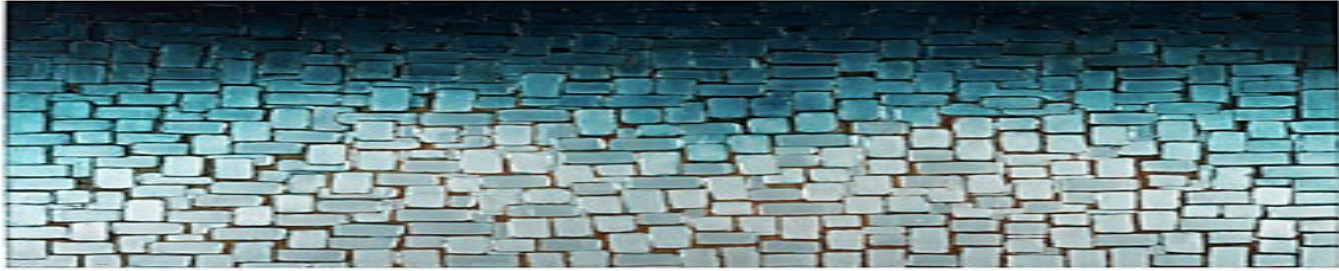
pov



- stories and dialogues.

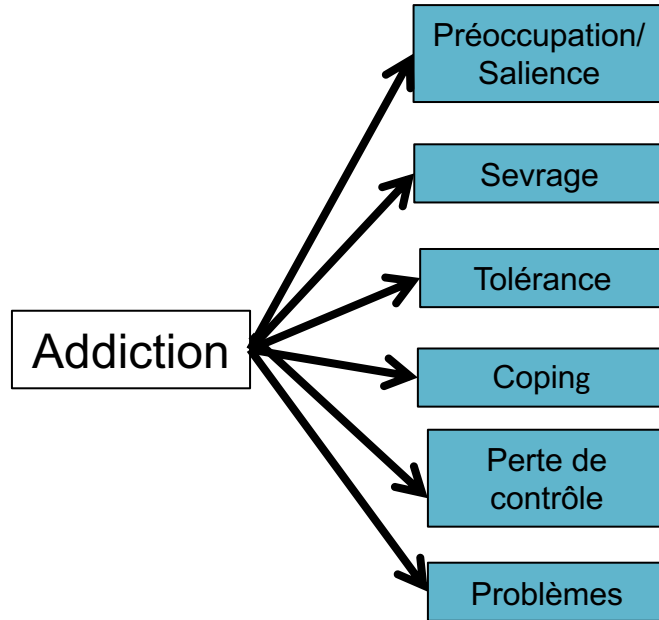
«I believe that pornography use is morally wrong”

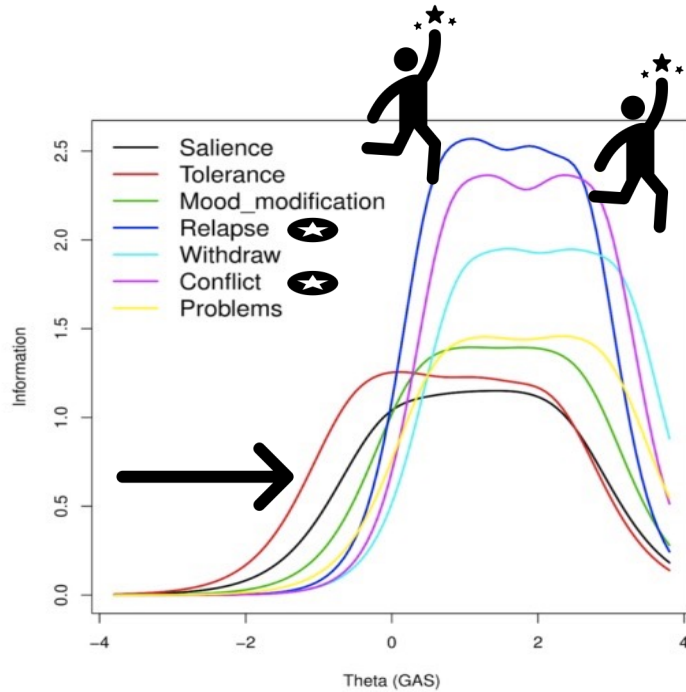




Beaucoup de temps, c'est combien ?
Beaucoup de temps, c'est quoi ?

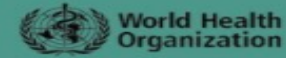
ADDICTION?





N = 5983
 Age: 20.0 years (SD = 1.2)
 Men: 100%

GAMING DISORDER
CODE 6C51



For the first time,
WHO is classifying
gaming disorder
as an addictive
behaviour disorder
– now we can
measure how many
people are affected



Addiction

Trouble lié au Jeu Vidéo (Gaming Disorder)

1. **Priorité donnée au jeu** (par comparaison aux tâches quotidiennes et autres loisirs)
2. **Perte de contrôle** sur les conduites de jeu vidéo
3. **Conséquences négatives liées au jeu** (sociales, personnelles, professionnelles...)
4. Altération significative du fonctionnement
5. Pendant au moins 12 mois



ICD-11 for Mortality and Morbidity Statistics

Search

 [Advanced Search]

▼ Impulse control disorders

6C70 Pyromania

6C71 Kleptomania

6C72 Compulsive sexual behaviour disorder

6C73 Intermittent explosive disorder



6C72 Compulsive sexual behaviour disorder

Parent

[Impulse control disorders](#)

Show all ancestors 

ICD-10 : F52.7



Description

Compulsive sexual behaviour disorder is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.

Exclusions

- Paraphilic disorders ([6D30-6D3Z](#))

ICD-11 for Mortality and Morbidity Statistics

Search compulsive sexual

 [Advanced Search]

- Compulsive sexual behaviour disorder

Hide index terms 

Diagnostic Requirements

Essential (Required) Features:

- A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour, manifested in one or more of the following:
 - Engaging in repetitive sexual behaviour has become a central focus of the individual's life to the point of neglecting health and personal care or other interests, activities and responsibilities.
 - The individual has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behaviour.
 - The individual continues to engage in repetitive sexual behaviour despite adverse consequences (e.g., marital conflict due to sexual behaviour, financial or legal consequences, negative impact on health).
 - The person continues to engage in repetitive sexual behaviour even when the individual derives little or no satisfaction from it.
- The pattern of failure to control intense, repetitive sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more).
- The pattern of failure to control intense, repetitive sexual impulses or urges and resulting repetitive sexual behaviour is not better accounted for by another mental disorder (e.g., Manic Episode) or other medical condition and is not due to the effects of a substance or medication.
- The pattern of repetitive sexual behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.



ICD-11 for Mortality and Morbidity Statistics

Search

 [Advanced Search]

Additional Clinical Features:

- Compulsive Sexual Behaviour Disorder may be expressed in a variety of behaviours, including sexual behaviour with others, masturbation, use of pornography, cybersex (internet sex), telephone sex, and other forms of repetitive sexual behaviour.
- Individuals with Compulsive Sexual Behaviour Disorder often engage in sexual behaviour in response to feelings of depression, anxiety, boredom, loneliness, or other negative affective states. Although not diagnostically determinative, consideration of the relationship between emotional and behavioural cues and sexual behaviour may be an important aspect of treatment planning.
- Individuals who make religious or moral judgments about their own sexual behaviour or view it with disapproval, or who are concerned about the judgments and disapproval of others or about other potential consequences of their sexual behaviour, may describe themselves as 'sex addicts' or describe their sexual behaviour as 'compulsive' or using similar terms. In such cases, it is important to examine carefully whether such perceptions are only a result of internal or external judgments or potential consequences or whether there is evidence that impaired control over sexual impulses, urges, or behaviours and the other diagnostic requirements of Compulsive Sexual Behaviour Disorder are actually present.



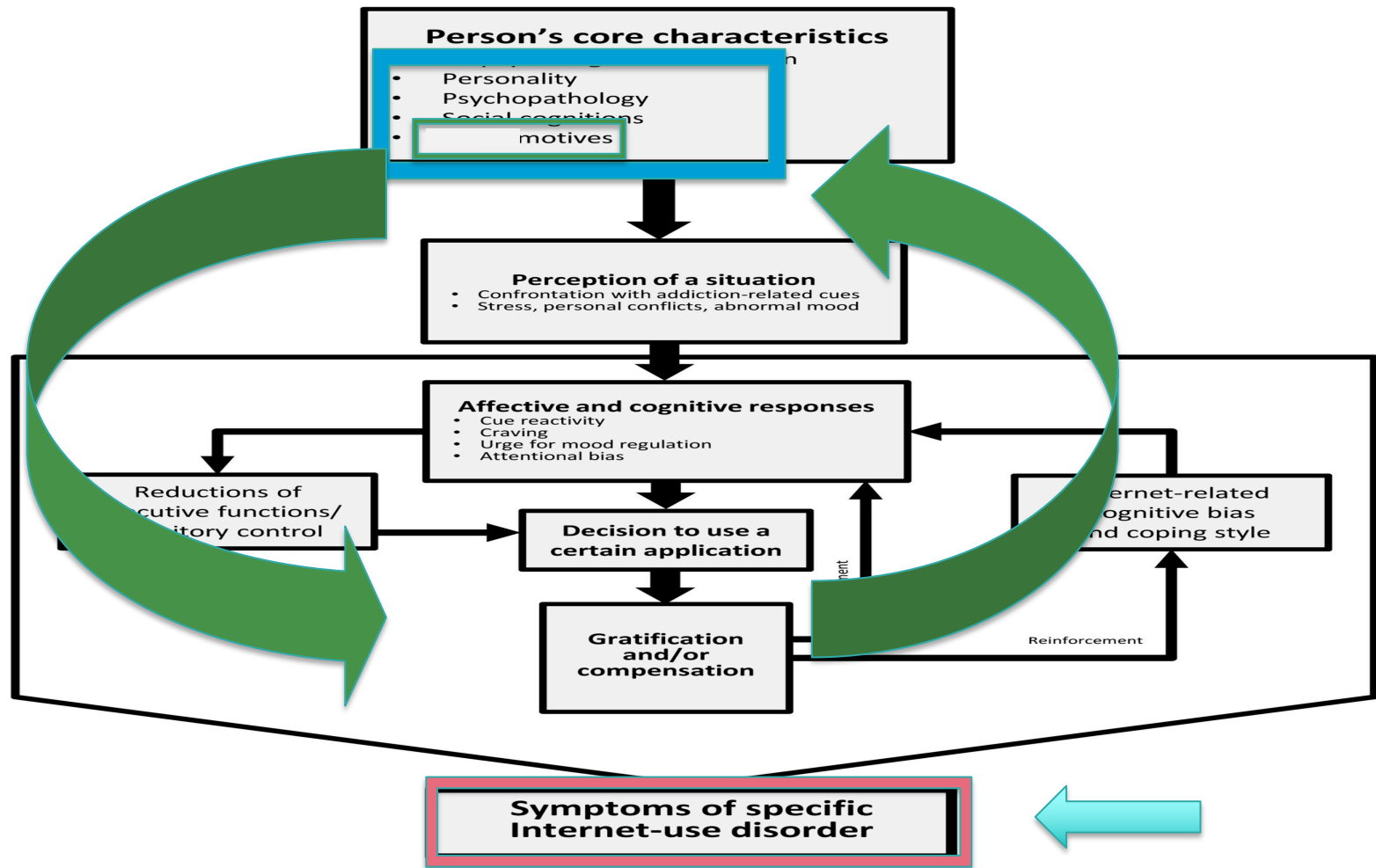


FIGURE 1 | Reduced version of the I-PACE model (Brand et al., 2016).

The development of the Compulsive Sexual Behavior Disorder Scale (CSBD-19): An ICD-11 based screening measure across three languages

- BEÁTA BÓTHE^{1,2*} , MARC N. POTENZA^{3,4,5}, MARK D. GRIFFITHS⁶, SHANE W. KRAUS⁷, VERENA KLEIN⁸, JOHANNES FUSS⁸ and ZSOLT DEMETROVICS¹



1 – 2 – 3 – 4 –
totally disagree somewhat disagree somewhat agree totally agree



	1	2	3	4
1. Even though my sexual behavior was irresponsible or reckless, I found it difficult to stop.	O	O	O	O
2. Sex has been the most important thing in my life.	O	O	O	O
3. I was able to resist my sexual urges for only a little while before I surrendered to them.	O	O	O	O
4. I had sex even when I did not enjoy it anymore.	O	O	O	O
5. My sexual urges and impulses changed me in a negative way.	O	O	O	O
6. I could not control my sexual cravings and desires.	O	O	O	O
7. I would rather have had sex than to have done anything else.	O	O	O	O
8. Trying to reduce the amount of sex I had almost never worked.	O	O	O	O
9. Although sex was not as satisfying for me as before, I engaged in it.	O	O	O	O
10. I did not accomplish important tasks because of my sexual behavior.	O	O	O	O
11. My sexual desires controlled me.	O	O	O	O
12. When I could have sex, everything else became irrelevant.	O	O	O	O
13. I was not successful in reducing the amount of sex I had.	O	O	O	O
14. Although my sex life was not as satisfying as it had been before, I had sex.	O	O	O	O
15. My sexual activities interfered with my work and/or education.	O	O	O	O
16. My sexual behaviors had negative impact on my relationships with others.	O	O	O	O
17. I have been upset because of my sexual behaviors.	O	O	O	O
18. My sexual activities interfered with my ability to experience healthy sex.	O	O	O	O
19. I often found myself in an embarrassing situation because of my sexual behavior.	O	O	O	O

Factors of the scale:

Control: 1., 6., 11.

Salience: 2., 7., 12.

Relapse: 3., 8., 13.

Dissatisfaction: 4., 9., 14.

Negative consequences:

5., 10., 15., 16., 17., 18., 19.

Scoring: Add the scores of the items. 50 points or more indicate high risk of compulsive sexual behavior disorder.



Assessment of Criteria for Specific Internet-use Disorders (ACSID-11): Introduction of a new screening instrument capturing ICD-11 criteria for gaming disorder and other potential Internet-use disorders

SILKE M. MÜLLER^{1,2} , ELISA WEGMANN¹ ,
ANDREAS OELKER¹, RUDOLF STARK^{3,4,5} ,
ASTRID MÜLLER⁶ , CHRISTIAN MONTAG⁷ ,
KLAUS WÖLFLING⁸, HANS-JÜRGEN RUMPF⁹  and
MATTHIAS BRAND^{1,2*} 

ACSID-11-IMPAIRED CONTROL

Item	Question
IC1	In the past 12 months, have you had trouble keeping track of when you started the activity, for how long, how intensely, or in what situation you did it, or when you stopped?
IC2	In the past 12 months, have you felt the desire to stop or restrict the activity because you noticed you were using it too much?
IC3	In the past 12 months, have you tried to stop or restrict the activity and failed with it?

ACSID-11-INCREASED PRIORITY

- IP1 In the past 12 months, have you given the activity an increasingly higher priority than other activities or interests in your daily life?
- IP2 In the past 12 months, have you lost interest in other activities you used to enjoy because of the activity?
- IP3 In the past 12 months, have you neglected or given up other activities or interests that you used to enjoy because of the activity?

ACSID-11- CONTINUATION/IMPAIRMENT/DISTRESS

- CE1 In the past 12 months, have you continued or increased the activity even though it has threatened or caused you to lose a relationship with someone important to you?
- CE2 In the past 12 months, have you continued or increased the activity even though it has caused you problems in school/training/work?
- CE3 In the past 12 months, have you continued or increased the activity even though it has caused you physical or mental complaints/diseases?
- FI1 Thinking about all areas of your life, has your life been noticeably affected by the activity in the past 12 months?
- MD1 Thinking about all areas of your life, did the activity cause you suffering in the past 12 months?

Items of the ACSID-11 screener for specific Internet-use disorders (proposed English translation).

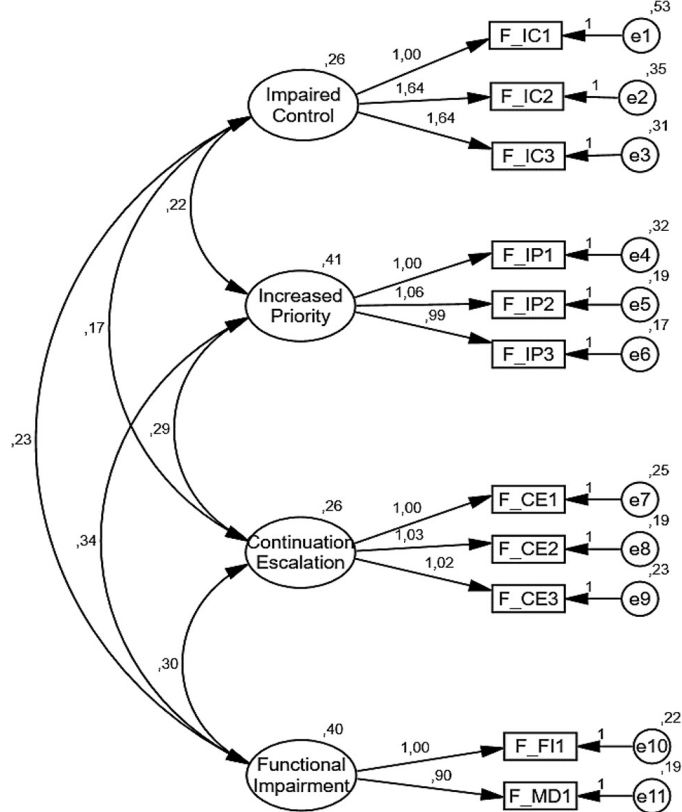
- | | |
|-----|--|
| IC1 | In the past 12 months, have you had trouble keeping track of when you started the activity, for how long, how intensely, or in what situation you did it, or when you stopped? |
| IC2 | In the past 12 months, have you felt the desire to stop or restrict the activity because you noticed you were using it too much? |
| IC3 | In the past 12 months, have you tried to stop or restrict the activity and failed with it? |
| IP1 | In the past 12 months, have you given the activity an increasingly higher priority than other activities or interests in your daily life? |
| IP2 | In the past 12 months, have you lost interest in other activities you used to enjoy because of the activity? |
| IP3 | In the past 12 months, have you neglected or given up other activities or interests that you used to enjoy because of the activity? |
| CE1 | In the past 12 months, have you continued or increased the activity even though it has threatened or caused you to lose a relationship with someone important to you? |
| CE2 | In the past 12 months, have you continued or increased the activity even though it has caused you problems in school/training/work? |
| CE3 | In the past 12 months, have you continued or increased the activity even though it has caused you physical or mental complaints/diseases? |
| FI1 | Thinking about all areas of your life, has your life been noticeably affected by the activity in the past 12 months? |
| MD1 | Thinking about all areas of your life, did the activity cause you suffering in the past 12 months? |
-

Notes. IC = impaired control; IP = increased priority; CE = continuation/escalation; FI = functional impairment; MD = marked distress;

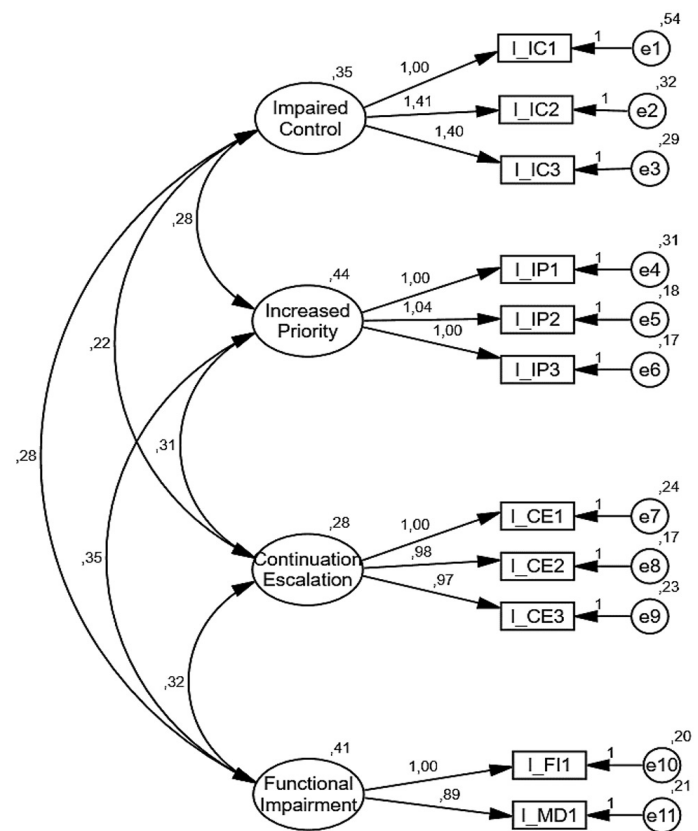
ACSID-11

- active cyberporn consumers (N = 1823)
 - the Problematic Pornography Consumption Scale (PPCS-6)
 - The original four-factorial structure was confirmed for cyberpornography use.
- ACSID-11 scores correlated with the PPCS-6,





(C) Cyberpornography use frequency.



(D) Cyberpornography use intensity.

ACSID-11 (INTENSITY/FREQUENCY)

Table 2. Pearson correlation between ACSID-F and ACSID-I symptoms

ACSID-F/ACSID-I	Impaired control	Increased priority	Continuation/escalation	Functional impairment	Marked distress
Impaired control	0.57	0.49	0.53	0.46	
Increased priority	0.90	0.68	0.62	0.55	
Continuation/escalation	0.67	0.91	0.65	0.64	
Functional impairment	0.61	0.63	0.84	0.58	
Marked distress	0.58	0.65	0.63	0.84	

ACSID-F = Assessment of Criteria Specific Internet-use Disorders - Frequency.
ACSID-I = Assessment of Criteria Specific Internet-use Disorders – Intensity.

N: 1823, Porn use

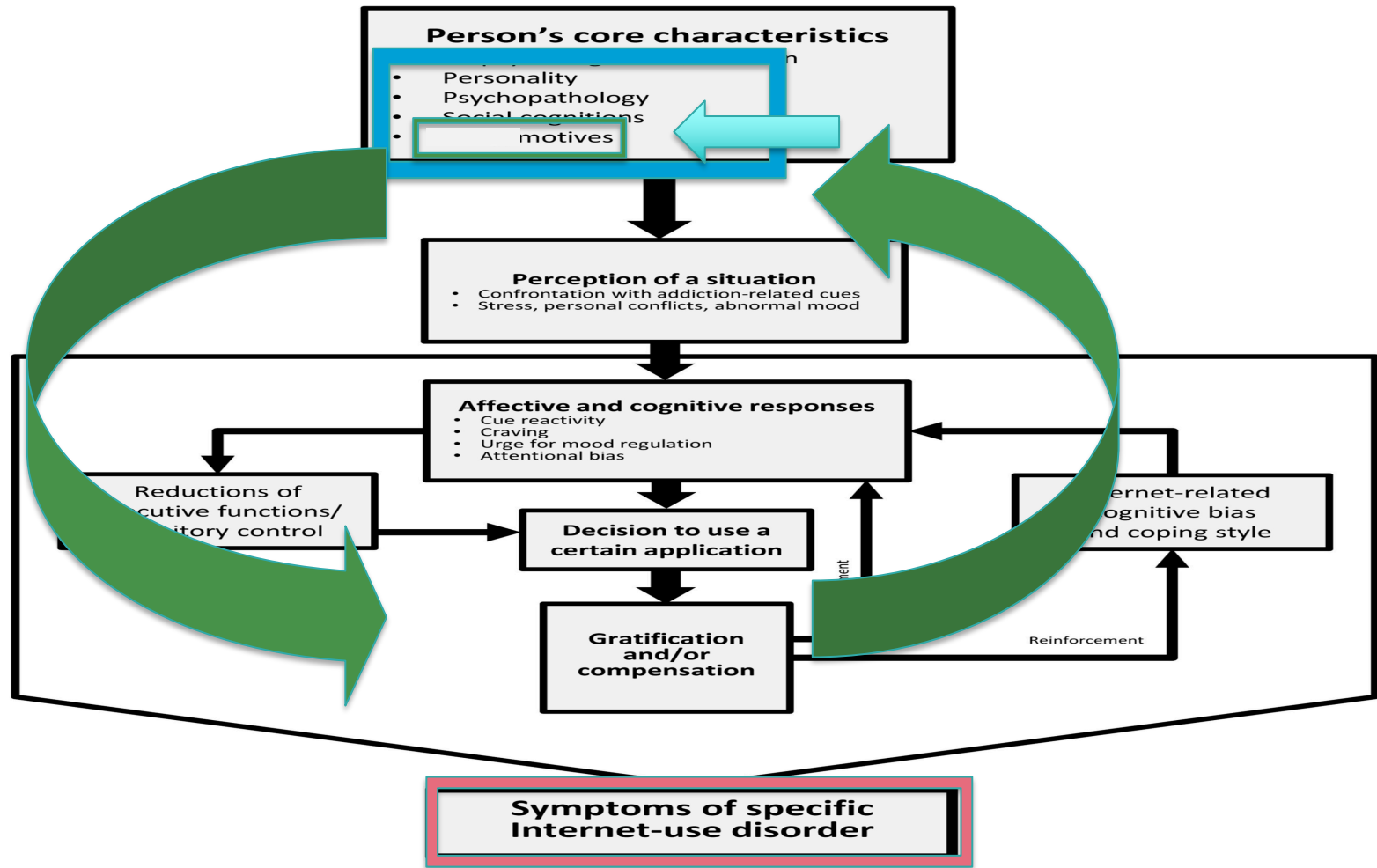


FIGURE 1 | Reduced version of the I-PACE model (Brand et al., 2016).

FULL-LENGTH REPORT

Journal of Behavioral Addictions 7(3), pp. 601–609 (2018)

DOI: 10.1556/2006.7.2018.67

First published online August 25, 2018

Factor structure of the Cybersex Motives Questionnaire

ELISABETH FRANC¹, YASSER KHAZAAL^{1,2,3*}, KATARZYNA JASIOWKA², THIBAUT LEPERS²,
FRANCESCO BIANCHI-DEMICHELI^{1,2} and STÉPHANE ROTHEN^{1,2}

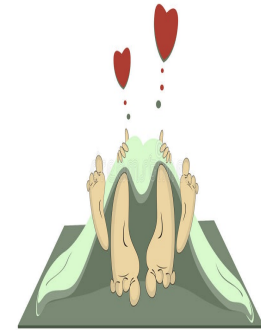
CYBERSEX MOTIVES

Enhancement
Motives

Coping Motives

Social Motives

Cybersex
Motives
Questionnaire



1. To get entertained

2. To relax

3. To meet somebody

Enhancement Motives Subscale

4. Because I like the feeling

5. Because I need to exchange with other people

6. In order to forget my problems or worries

7. Because it is exciting

8. For being sociable and appreciated by others

9. For watching

10. To get a « high » feeling

11. For masturbation

12. Because it helps when I'm depressed or nervous

13. Simply because it is fun

14. Because it makes a social gathering more enjoyable

15. It comforts me when I am in a bad mood

16. For feeling confident about myself and upgrading my self estimation

17. Because it makes me feel good

1. To get entertained

2. To relax

3. To meet somebody

Coping Motives Subscale

4. Because I like the feeling

5. Because I need to exchange with other people

6. In order to forget my problems or worries

7. Because it is exciting

8. For being sociable and appreciated by others

9. For watching

10. To get a « high » feeling

11. For masturbation

12. Because it helps when I'm depressed or nervous

13. Simply because it is fun

14. Because it makes a social gathering more enjoyable

15. It comforts me when I am in a bad mood

16. For feeling confident about myself and upgrading my self estimation

17. Because it makes me feel good

1. To get entertained
 2. To relax
 3. **To meet somebody**
 4. Because I like the feeling
 5. **Because I need to exchange with other people**
 6. In order to forget my problems or worries
 7. Because it is exciting
 8. **For being sociable and appreciated by others**
 9. For watching
 10. To get a « high » feeling
 11. For masturbation
 12. Because it helps when I'm depressed or nervous
 13. Simply because it is fun
 14. **Because it makes a social gathering more enjoyable**
 15. It comforts me when I am in a bad mood
 16. For feeling confident about myself and upgrading my self estimation
 17. Because it makes me feel good
- Social Motives Subscale**

Table 3. Spearman correlations between CysexMQ and SDI subscales

	CySexMQ Enhancement	CySexMQ Coping	CySexMQ Social
SDI Dyadic	0.45***	0.21***	0.18***
SDI Solitary	0.53***	0.19***	0.07

Note: CySexMQ: Cybersex Motives Questionnaire; SDI: Sexual Desire Inventory.

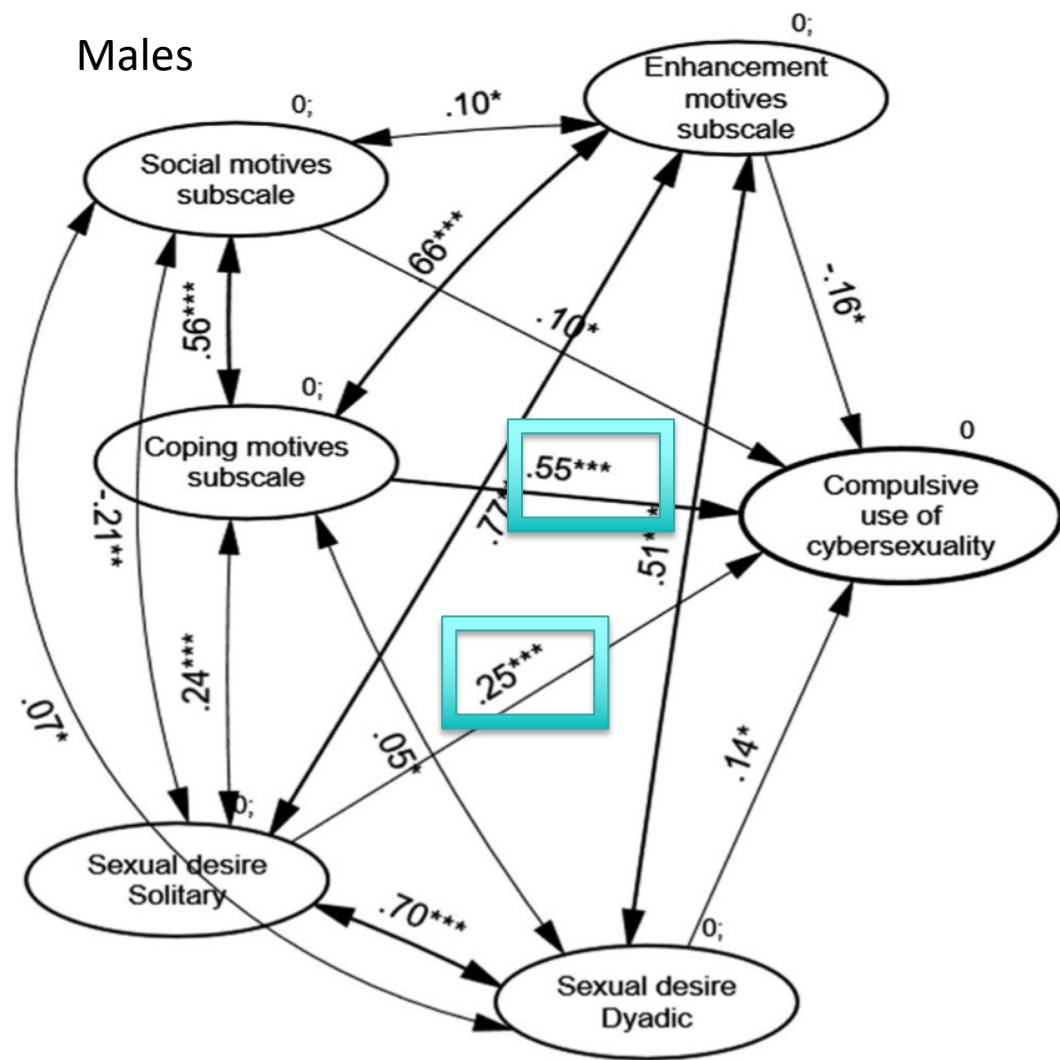
*** $p < .001$.



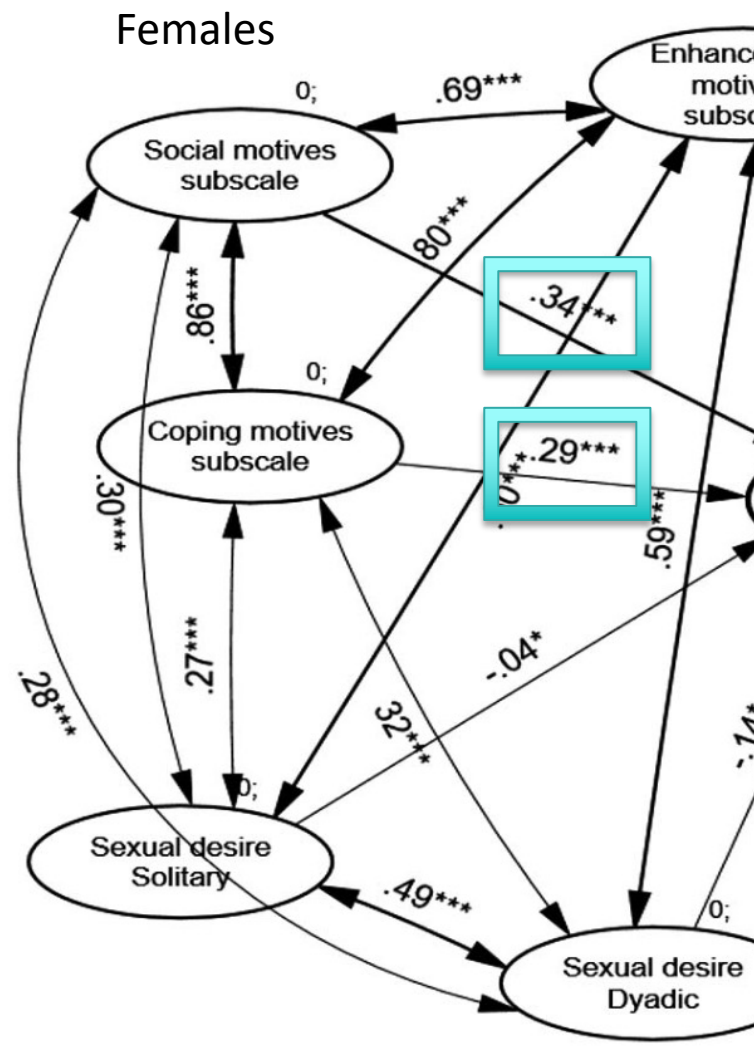
Contribution of sexual desire and motives to the compulsive use of cybersex

FARAH BEN BRAHIM¹, STEPHANE ROTHEN^{2,3}, FRANCESCO BIANCHI-DEMICHELI³, ROBERT COURTOIS^{1,4}
and YASSER KHAZAAL^{5,6*}

Males



Females



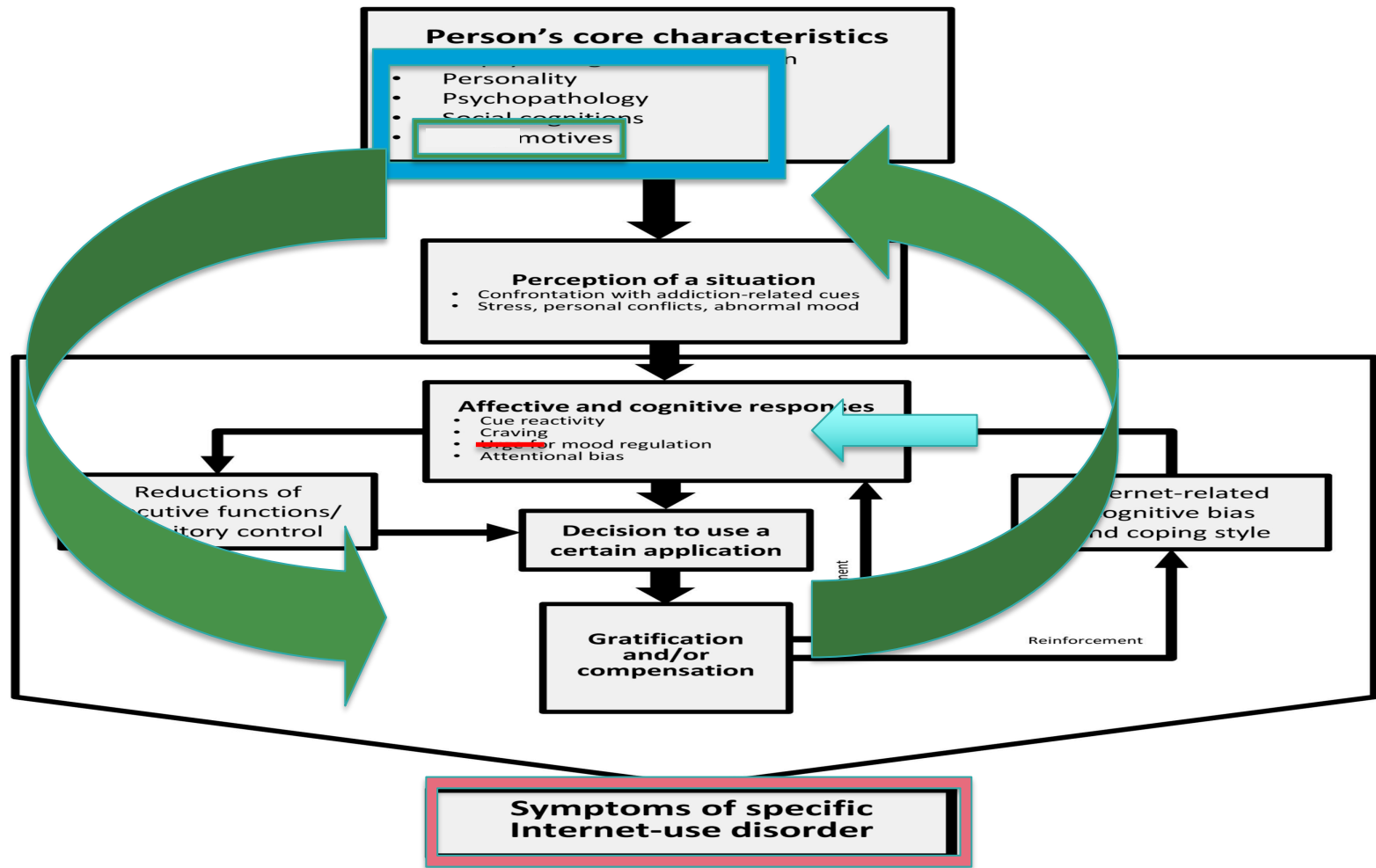


FIGURE 1 | Reduced version of the I-PACE model (Brand et al., 2016).



craving porn



 Tous

 Images

 Vidéos

 Actualités

 Livres

: Plus

Outils

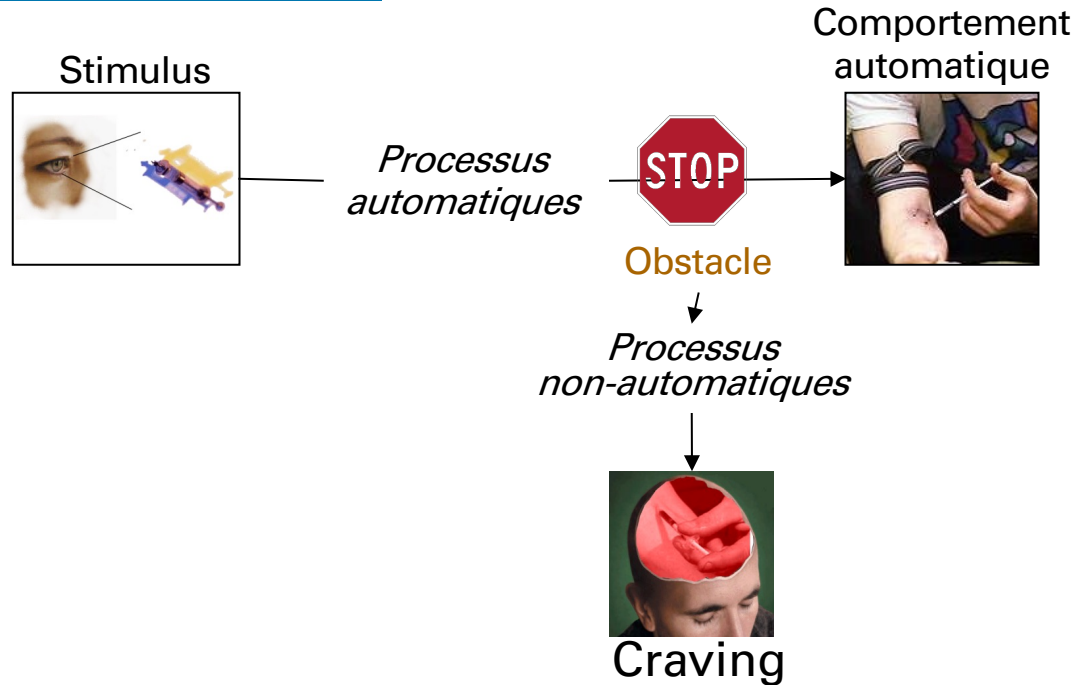


UNIL | Université de Lausanne
Faculté de biologie
et de médecine



AUTOMATISMES ET CRAVING

Tiffany, 2000



The pornography craving questionnaire: Psychometric properties

S Kraus, H Rosenberg - Archives of sexual behavior, 2014 - Springer

If I
watched
porn
right
now, I
would
have dif-
ficulty
stop-
ping.

I would
feel less
stressed
if I
watched
porn
right
now.

CRAVING EXPERIENCE QUESTIONNAIRE

- «The Elaborated Intrusion theory»
- "un phénomène cognitif et affectif qui implique :
 - une pensée intrusive initiale, apparemment spontanée (déclenchée par des indices provenant de l'environnement, de l'esprit et du corps),
 - suivie par des processus contrôlés d'élaboration, qui tendent à inclure la construction d'une imagerie multisensorielle"

The Craving Experience Questionnaire: a brief, theory-based measure of consummatory desire and craving

Jon May¹, Jackie Andrade¹, David J. Kavanagh², Gerald F. X. Feeney², Mathew J. Gullo^{4,5},
Dixie J. Statham⁶, Jessica Skorka-Brown¹, Jennifer M. Connolly², Mandy Cassimatis²,
Ross McD. Young^{3,7} & Jason P. Connor^{3,4,5}

Adaptation du
Craving Experience
Questionnaire au cyberporn

Intensité: Pensez au moment du mois dernier où vous avez eu le plus envie de regarder un film porno. À ce moment-là... **à quel point le vouliez-vous ?**

Imagerie: A ce moment, Avec quelle vivacité **vous êtes-vous imaginé le faire?**

Intrusion: A ce moment, A quel point cela a été **difficile de ne pas y penser?**



Traduction provisoire

Items	Facteurs		
Pensez au moment du mois dernier où vous avez eu le plus envie de regarder un film porno : A ce moment-là :	Imagerie	Intensité	Intrusion
<u>item 4</u> : Avec quelle vivacité, vous imaginiez-vous le faire ?	.82		
<u>item 5</u> : A quel point, vous êtes-vous entendu en train de le faire ?	.73		
<u>item 6</u> : Avec quelle vivacité, avez-vous imaginé vos émotions pendant que vous le faisiez ?	.75		
<u>item 7</u> : A quel point avez-vous imaginé les sensations physiques que vous ressentiriez en le faisant ?	.80		
<u>item 1</u> : Avec quelle intensité le vouliez-vous ?			.43
<u>item 2</u> : Avec quelle intensité en ressentiez-vous le besoin ?			.35
<u>item 3</u> : Avec quelle intensité avez-vous ressenti l'urgence de le faire ?			.42
<u>item 8</u> : À quel point cela a été difficile de ne pas y penser?		.68	
<u>item 9</u> : À quel point les pensées étaient-elles envahissantes ?		.57	
<u>item 10</u> : À quel point était-il difficile de penser à autre chose ?		.44	

Cotation :

Échelle visuelle analogique
de :

Zéro (pas du tout)

à 10 (extrêmement)

QUESTIONNAIRE

+ 18 ans

Anglophone
s

Prolific

Usage
cyberporn
Dans les 6
mois

1584

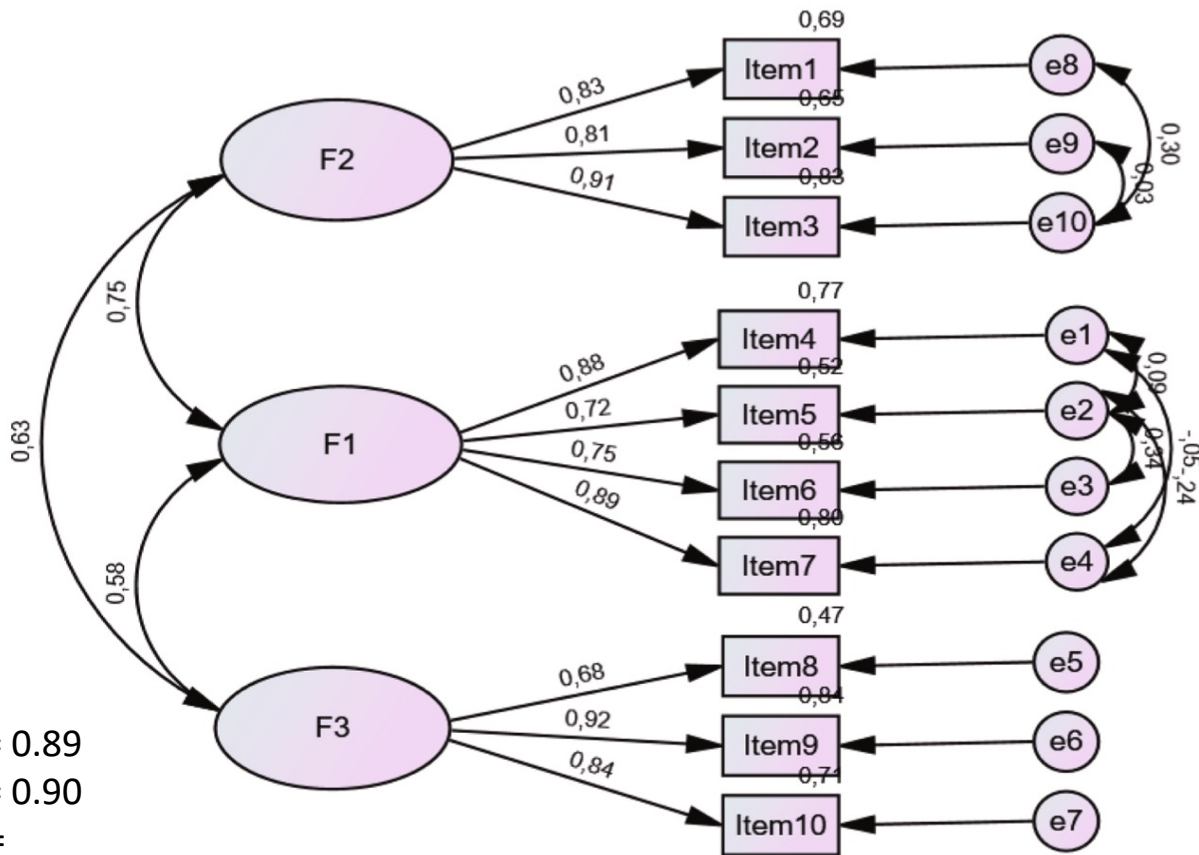
Age: M: 33.8 (SD:10.84)
35% Femmes

MEASURES

- *Compulsive cyberporn use* (adapted from CIUS)
- Fréquence d'usage: cyberporn
- UPPS-P : *Impulsivité; (Urgence positive et négative: agir de manière impulsive sous l'effet d'émotions)*
- Pornography Craving Experience – Strength form (PCE-S)



Genre:
invariance



F1: Imagerie; $\alpha = 0.89$

F2: Intensité; $\alpha = 0.90$

F3: Intrusion; $\alpha =$

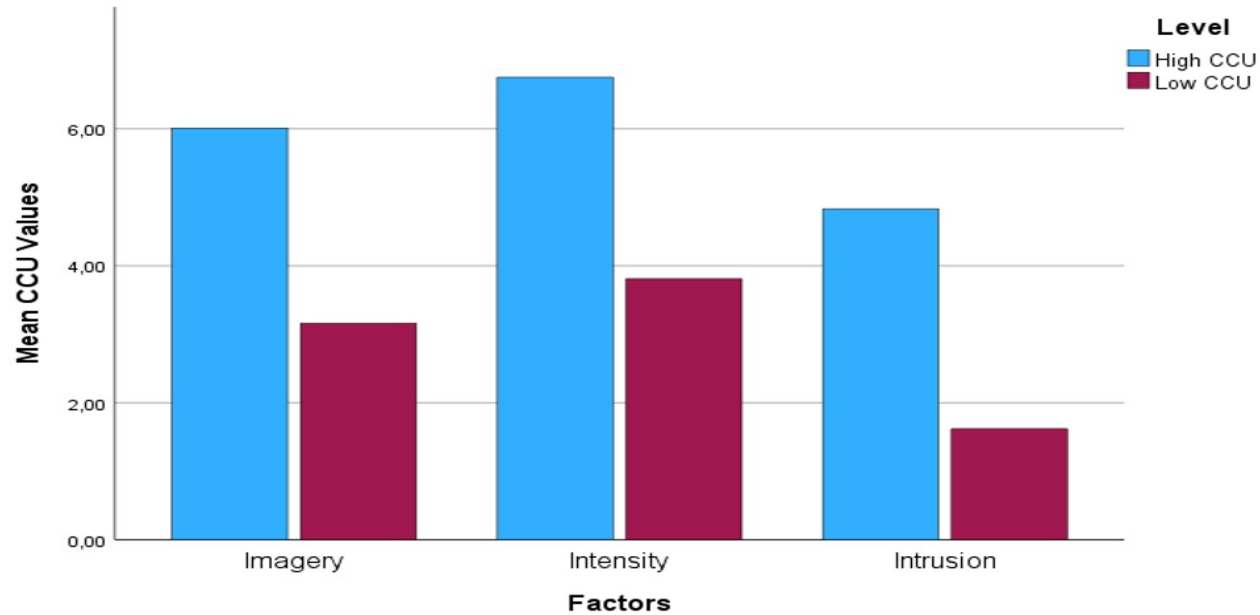
0.85

Table 3. Zero-order correlation between Pornography Craving Experience-Strength (PCE-S) and Compulsive Cyberporn score (CCU), Frequency of Cyberporn Use (FCU), UPPS-P negative urgency, and UPPS-P positive urgency.

PCE-S subscales	Imagery	Intensity	Intrusion	CCU	FCU	UPPS-P negative urgency	UPPS-P positive urgency
Imagery	--	0.658**	0.523**	0.396**	0.327**	0.093**	0.148**
Intensity	0.658**	--	0.525**	0.442**	0.462**	0.103**	0.160**
Intrusion	0.523**	0.525**	--	0.447**	0.275**	0.163**	0.190**

**Correlation is significant at the 0.01 level (2-tailed).

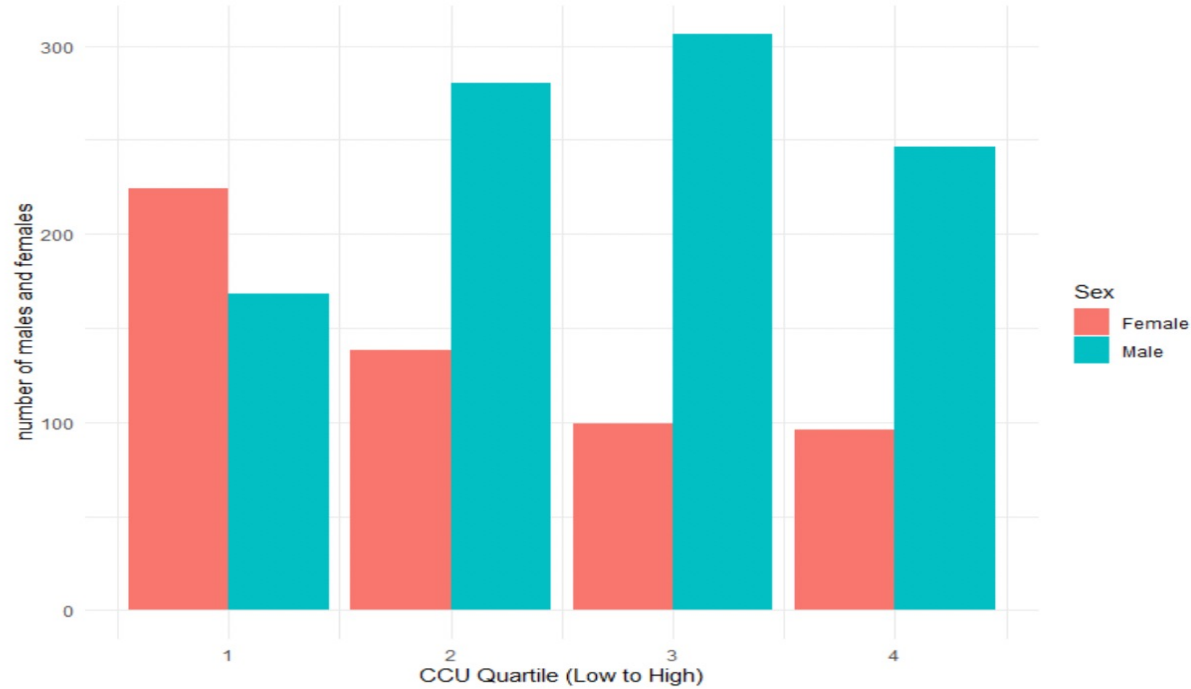
UPPS-P = Urgency, Premeditation, Perseverance, Sensation Seeking, Positive Urgency



Compulsive Cyberporn score (CCU),



Figure 3. Number of participants in each CCU quartile by sex



Moral Incongruence and Pornography Use: A Critical Review and Integration

Joshua B. Grubbs   & Samuel L. Perry

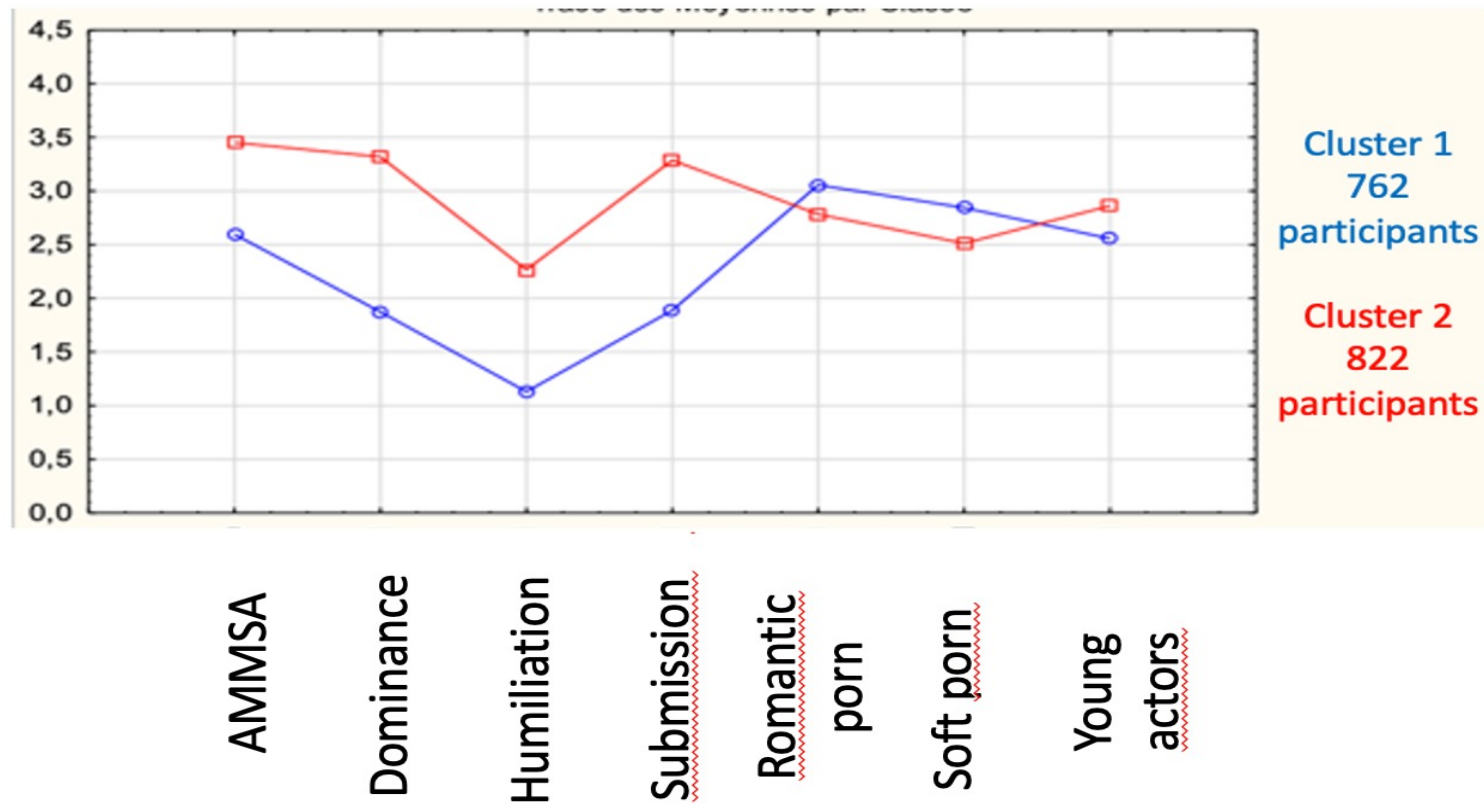
Pages 29-37 | Published online: 07 Feb 2018

- “Viewing pornography online troubles my conscience,”
- “Viewing pornography online violates my religious beliefs,”
- “I believe viewing pornography online is a sin,”
- **“I believe that viewing pornography online is morally wrong.”**
- Moral incongruence—related distress
 - “Often I felt strong discomfort because of the fact that my porn use were inconsistent with my moral and/or religious beliefs.”

MORAL INCONGRUENCE TREATMENT

- Identify the Moral Conflict
- Normalize the Experience
- Value Clarification: Examine Cognitive Distortions
- Mindfulness and Acceptance
- Empathie





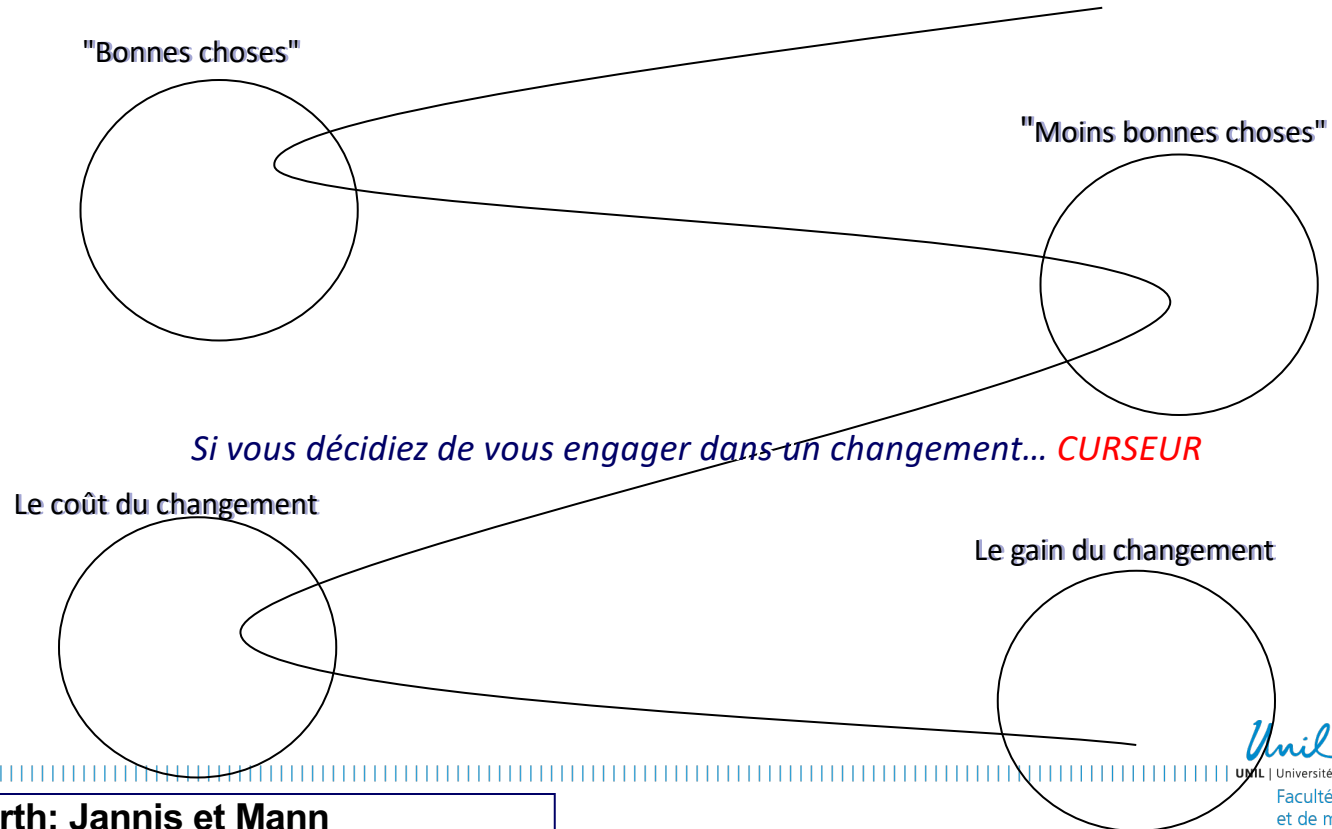


Variabilité psychologique?

AUTRES FACTEURS

- Attachement
- Antécédents traumatiques
- Satisfaction sexuelle
- Usage de substances

SLALOM MOTIVATIONNEL



MESSAGES CLÉS/ CRAVING

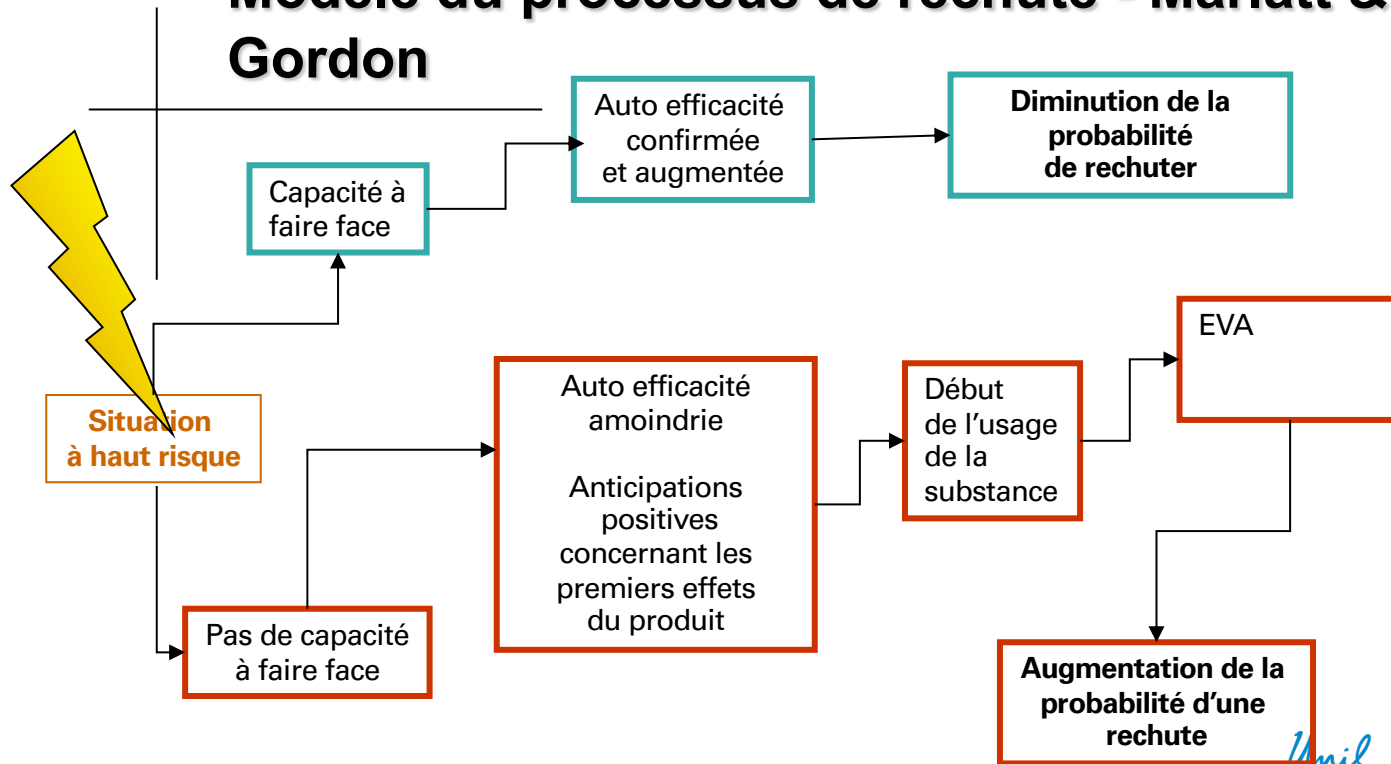
- Déclenchés par des stimuli
- Expérience naturelle de changement
- Une indication à faire face autrement
- Durée limitée dans le temps
- N'est pas un indicateur de motivation
- N'est pas un indicateur de pronostic



TECHNIQUES POUR FAIRE FACE AU CRAVING



Modèle du processus de rechute - Marlatt & Gordon

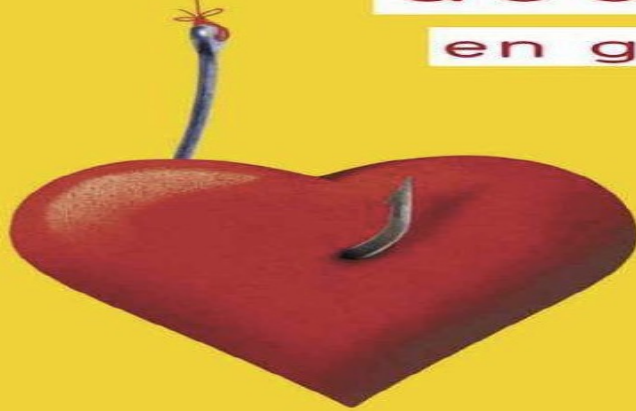




MICHEL
REYNAUD

L'amour est
une drogue
douce...

en général



Champs essais



**Tolérance
Sevrage**

**Syndrome central
addiction**

Syndrome secondaire
Conséquences sociales, somatiques, psychiques
Risques et dommages



Variance
inter-produits

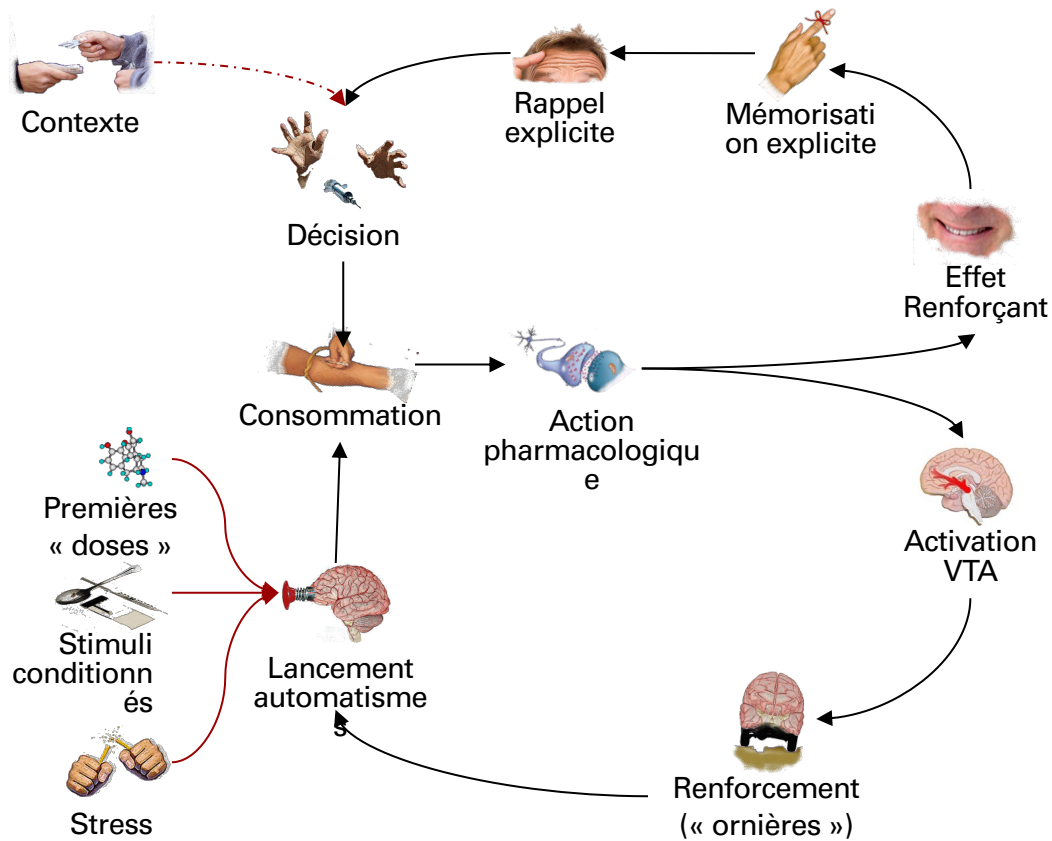
Peu de variance

Beaucoup de variance



Psychopathologie

Beaucoup de variance



**Consommation
décidée**

**Consommation
addictive**

Unil

UNIL | Université de Lausanne
Faculté de biologie
et de médecine



- A combien estimeriez-vous l'importance de ... ?
- 0: pas important du tout- 10: extrêmement important

0-----*2-----10

Question : pourquoi 2 et pas 0 ?

- A combien seriez-vous confiant de pouvoir arrêter si vous décidiez d'arrêter?

0: pas confiant du tout- 10: extrêmement confiant

0--*2-----10

Questions : pourquoi 2 et pas 0 ?

comment pourriez-vous passer de 2 à 3 ?

- Sur une échelle de 0 à 10 (0 signifiant « pas prêt du tout à changer » et 10 très prêt à changer ») ou vous situez vous actuellement dans votre disponibilité à changer ?

0-----*4-----10

Question : qu'est-ce qui vous permettrait de vous sentir prêt ?



ACSID VS. PPCS

Table 5. Logistic regression results: Estimated beta coefficients of the associations between PPCS and ACSID dimensions/symptoms and CSBD “normal” vs “pathological” cases

Latent classes	Covariates	<i>b</i>	SE	<i>p</i>	OR	OR 95%CI	
Model 1: Nagelkerke R ² = 60%							
Scales total score	PPCS	1.085	0.102	<0.001	2.96	2.42	3.61
	ACSID	1.357	0.230	<0.001	3.88	2.47	6.09

N: 1823

FIGURE 1 PATH ANALYSIS EVALUATING THE PORNOGRAPHY PROBLEMS DUE TO MORAL INCONGRUENCE MODEL (BASED ON A

