MARATSA IN FOCUS: FALL 2026

Association for the Treatment & Prevention of Sexual Abuse

AI-Generated CSAM and the First Amendment: What Does This Mean for Prevention and Treatment?

By Anabellee King, LCMFT

In August 2026, a federal appellate court issued a decision that raises difficult questions for professionals working in sexual abuse prevention, assessment, treatment, and supervision. In United States v. Anderegg, the Seventh Circuit Court of Appeals considered the prosecution of a man accused of creating hyper-realistic, AI-generated images depicting prepubescent children engaged in sexually explicit conduct. The government acknowledged that the images at issue in the possession charge were entirely virtual and did not depict identifiable actual children. The court held that, under existing Supreme Court precedent, the federal government could not constitutionally criminalize the defendant's private, in-home possession of this wholly virtual material under the statute at issue. It is important to note the decision did not broadly legalize AI-generated child sexual abuse material (CSAM). It did not establish a constitutional right to distribute such material, transmit it to minors, or possess material depicting actual children. The ruling was narrow and specific to private possession of wholly virtual material. Nevertheless, the decision presents an important question for our field: If no child was directly harmed in creating an image, does that mean the image presents no risk of harm to children?

The Clinical Question Is Different From the Legal Question

Traditional CSAM documents the sexual exploitation of an actual child. Synthetic material changes that equation because an entirely AI-generated image may have no child victim involved in its production. From a clinical and prevention perspective, however, the absence of a victim during production does not necessarily make the behavior irrelevant. AI allows users to create potentially unlimited and increasingly customized sexual material. Rather than searching for existing images, a user can specify age, appearance, sexual acts, scenarios, and other characteristics and repeatedly refine the resulting material.

For treatment providers, this raises important questions about reinforcement, sexual conditioning, compulsivity, novelty seeking, escalation, and rehearsal of sexual fantasies. At the same time, professionals should be cautious about assuming that viewing synthetic CSAM inevitably leads to contact offending. Current evidence does not justify that conclusion. The clinical significance of AI-generated material is likely to vary considerably among individuals.

The Line Between "Virtual" and "Real" Is Blurring

AI also makes the distinction between synthetic and actual CSAM increasingly complicated. An image may be entirely fictional. Another may be generated using the photograph or likeness of an actual child. Still another may be sufficiently photorealistic that investigators cannot easily determine whether a real child exists. When an identifiable child's likeness is incorporated into sexually explicit synthetic material, the fact that the child never participated in the depicted sexual activity does not eliminate potential harm. Such images may be used for humiliation, bullying, coercion, sexual extortion, harassment, or grooming. Synthetic material may also complicate law-enforcement investigations by increasing the volume of realistic images requiring investigators to determine whether an actual child needs to be identified and protected.

Implications for Assessment and Treatment

For clinicians, AI-generated CSAM should be understood neither as automatically equivalent to contact offending nor as automatically harmless. Instead, assessment should examine the function and context of the behavior

Relevant questions may include:

- Is use becoming more frequent or increasingly specific?
- Is increasingly extreme material being generated?
- Are actual children or photographs of known children being incorporated?
- Is the individual using AI to repeatedly rehearse specific sexual fantasies?
- Is use associated with increasing preoccupation, secrecy, or compulsivity?
- Is the material being shared with others or introduced into interactions with minors?
- Does the behavior occur alongside grooming, boundary violations, access to children, or other known risk factors?

These distinctions may become increasingly important in psychosexual assessment, treatment planning, relapse prevention, and community supervision.

Could Synthetic Material Reduce Harm?

There is another question our field should be willing to examine carefully: Could completely synthetic material provide a non-victimizing outlet for some individuals with sexual interests involving children and potentially reduce offending? That possibility should neither be accepted nor rejected without evidence. The same material could conceivably function differently for different individuals. For one person, it might substitute for behavior involving victims; for another, it might reinforce sexual interests, increase preoccupation, facilitate increasingly elaborate fantasies, or become incorporated into grooming behavior. Calling AI-generated CSAM "harm reduction" therefore requires evidence demonstrating that it actually reduces harm.

The Law Is Already Evolving

The legal landscape is unlikely to remain static. The Seventh Circuit itself acknowledged the difficulty of applying Supreme Court decisions from an earlier technological era to today's generative AI. Two judges specifically called attention to the need for additional Supreme Court guidance. States are also responding. Florida law prohibits known possession or intentional viewing of certain generated CSAM involving fictitious minors, and New York lawmakers announced proposed legislation addressing possession following the Anderegg decision. These differences suggest that clinicians, evaluators, and supervision professionals should avoid assuming that "AI-generated" automatically means either legal or illegal. The jurisdiction, source material, conduct involved, and whether actual children are identifiable may all matter.

CONSIDERATIONS FOR TREATMENT PROVIDERS

1. Legal status and clinical significance are different questions.
Conduct does not become clinically irrelevant simply because it may receive constitutional protection in a particular context.

2. Assess function rather than relying solely on content.
Consider what role the material serves within the individual's broader sexual behavior and risk pattern.

3. Look for progression.
Changes in frequency, intensity, specificity, compulsivity, or movement toward real children may be clinically significant.

4. Ask whether actual children are involved.
AI material generated from photographs or likenesses of identifiable children presents substantially different victimization concerns from wholly fictional material.

5. Avoid conclusions that exceed the evidence.
We currently should not assume that synthetic CSAM inevitably causes contact offending—or that it safely prevents it. Both propositions require considerably more research.

MOVING FORWARD

United States v. Anderegg illustrates how quickly technology is challenging legal and clinical frameworks developed before modern generative AI existed. For professionals working to prevent sexual abuse, perhaps the most useful question is not simply whether an image is "real" or "fake." Instead, we should ask: What function is this behavior serving? How is it changing over time? How does it interact with the individual's risk factors? Could an actual child ultimately be harmed by how this material is created or used? The fact that no child was directly harmed in producing a wholly synthetic image is important. But it should not necessarily be the end of the clinical conversation.

Author Note: *This article is intended for professional education and discussion and does not constitute legal advice. Laws concerning AI-generated sexual material vary by jurisdiction and continue to evolve rapidly.*

NEW RESEARCH

A review of The Development of Paraphilic Disorders Short Screen (PDSS) and Its Examination in Diverse Populations: A Large, Multi-Nation Study.

While accurate assessment of paraphilic disorders (PDs) and early intervention are critical aspects of treatment for many working within the field, a deficit has existed regarding reliable and valid screening tools based on current diagnostic criteria of the International Classification of Diseases (ICD-11). Furthermore, many existing scales neglect the criteria of distress or impairment, which is required for diagnosis. Newly published research conducted by Koós et al. (2026) looked to examine the cross-cultural applicability of a new tool. The Paraphilic Disorder Short Screener (PDSS) assesses paraphilias through 21 items developed by expert practitioners and considers seven paraphilic interests and PDs, including newly defined PDs that are not based on societal norms or morality but clinically and legally relevant. This study included 26 languages across 42 countries (N = 82,243; 39.5% men; 57.0% women; 3.4% gender-diverse; Mage = 32.39 years, SD = 12.52) to ensure relevance across diverse populations.

Results indicate that voyeurism is the most common paraphilia and individuals with paraphilic interests and PDs demonstrate more severe depression and anxiety symptoms than others. Of interest, the design of this tool encompasses a more holistic approach to sexual health. While these results suggest that the PDSS is both a reliable and valid screening tool, some limitations should be considered, such as the self-report nature of the tool, lack of dimensionality testing, and the fact that several countries initially intended to participate were ultimately unable to do so (e.g., Egypt, Iran, Pakistan, and Romania).

Reference:
Koós, M. et al., (2026). The Development of the Paraphilic Disorders Short Screen (PDSS) and Its Examination in Diverse Populations: A Large, Multi-Nation Study. Sexual Abuse, 38(7), 763–797. https://doi.org/10.1177/10790632261438676

IMPORTANT DATES & INFORMATION

THE 2027 MARATSA CONFERENCE

Please join us at the Wyndham Grand Pittsburgh Downtown for the 17th annual MARATSA Conference!

May 5-7, 2027

MARATSA is a multi-disciplinary regional organization. Through research, education, and shared learning MARATSA promotes evidence based practice, public policy, and community strategies that lead to the establishment of standards for assessment, evaluation, treatment, management and supervision of individuals who have sexually abused or are at risk to abuse while advocating for victims.

The 17th annual conference will address working with perpetrators and victims of sexual abuse in juveniles and adults across genders and special populations. This conference is developed for social workers, psychologists, probation officers, mental health providers, researchers, polygraphers, victim advocates as well as court and correction staff members. We invite you to submit topics for presentations!

CALL FOR PAPERS

Please include the following with your submission for the 2027 Maratsa Conference:

- Title of presentation
- A one-page abstract
- Type of presentation (1st and 2nd choice); Poster, 1.5-hour Workshop, or 3-hour Seminar
- Level of knowledge (novice, intermediate, or advance)
- Focus (criminal justice, research, treatment, testing/assessment, prevention, etc.)
- For each presenter: Name, degree, title, affiliation, address, phone, fax, email, current curriculum vitae and one-paragraph bio
- Three Learning Objectives for the presentation
- Audio/Visual Needs
- Attach submission materials and email to Kate Jakubovic at Katelyn@favoredwellness.com

We invite you to submit presentations on topics but not limited to:

- Current research
- Treatment of specialized populations
- Etiology of sexual offending behaviors
- Victim awareness
- Program evaluation
- Testing/assessments
- Reunification
- Restorative Justice
- Supervision
- Collaboration between disciplines
- Any other relevant topics

Presenters for 3-hour and full-day seminars will have their registrations waived.

All other presenters will receive 25% off their registrations.

The deadline for submission is January 1, 2027!

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