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Brief

Pornography- A Public Health Issue

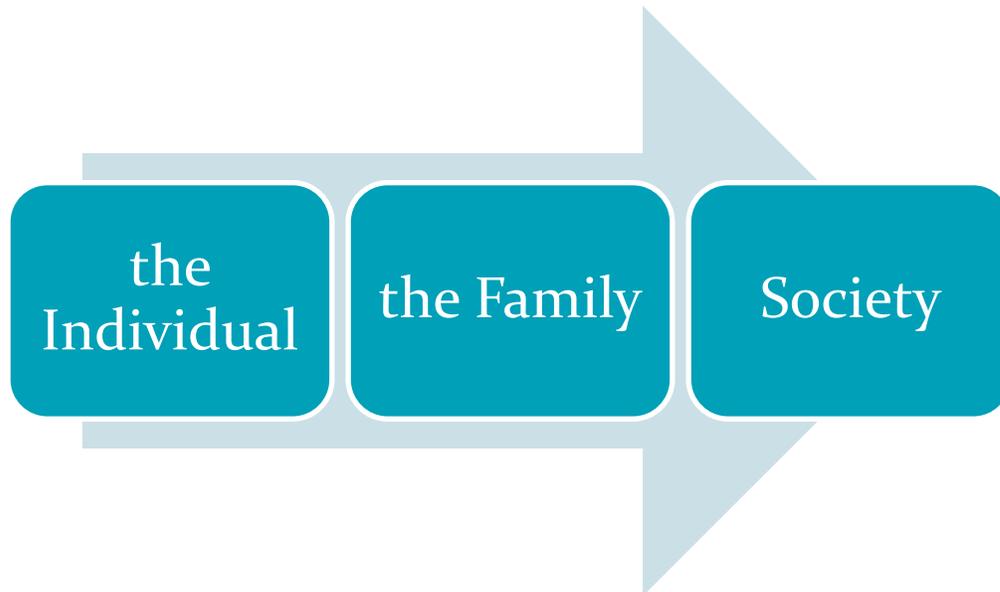
A REVIEW OF THE LITERATURE AND RECOMMENDATIONS

**Sent to the Standing Committee on Health in view of its study on the health
impact of pornography in response to Motion - 47**

Janet Zacharias | RN, BN | February 7, 2017

Pornography- A Public Health Issue

The internet has exponentially increased the platforms and ease of access to sexually explicit material, making pornography accessible to everyone, including children and adolescents. Research is suggestive of adverse **health effects** as well as a negative **social impact**.



WHAT IS PORNOGRAPHY?

Definition: Any form of media that involves nudity and sexual activity with the primary intent of creating sexual arousal (Diamond, 2009; Ferguson & Hartley, 2009; Peter & Valkenburg, 2016; Wright, Tokunaga & Kraus, 2015)

3 categories:

- **Soft core:** print pornography (Gerrard, 2015); sex acts with a relational story line (Dines, 2010).
- **Hardcore:** body punishing sex, including verbal and/or sexual aggressiveness (Dines, 2010).
- **Illegal:** violence, perversion and barbarity paired with sex and child pornography, other abusive and illegal videos (Riemersma & Sytsma, 2013).

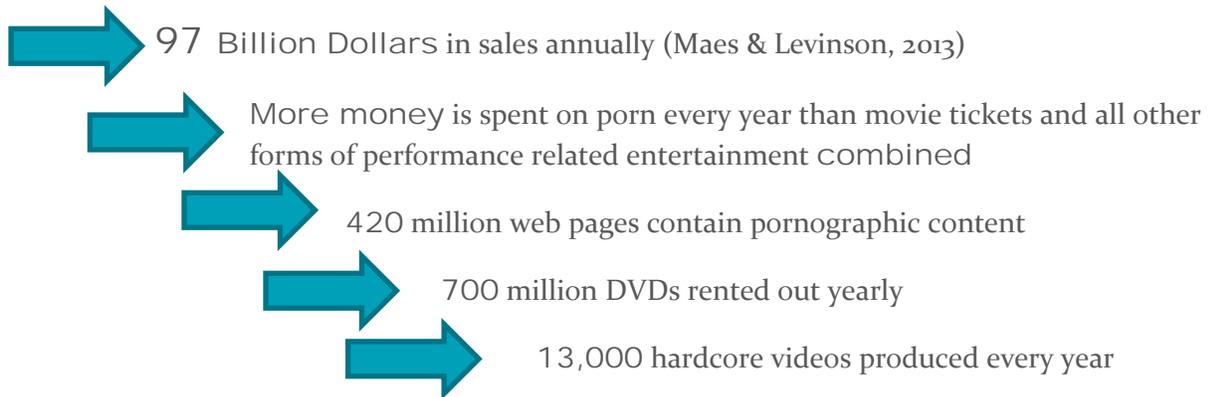
Hardcore pornography is now mainstream (Dines, 2010). This has generated a sense of acceptance of pornography and its varying forms of sexual expression, normalizing sexual behaviors that were not socially acceptable before the internet (Riemersma & Sytsma, 2013).

3 key factors for the increase of pornography (Negash, Sheppard, Lambert & Fincham, 2016; Perrin et al., 2008):

- 1) Ease of access
- 2) Privacy
- 3) Amount of the free and/or cheap pornographic material available

STATISTICS

Pornography is a multi-Billion Dollar Industry (Arthur, 2013; TopTenReviews, n.d.):



Exposure

42.3% of all internet consumers access pornography (TopTenReviews, n.d.)

25% of all daily search requests are for pornography

11 years is the average age a child is exposed to pornography. Oftentimes, first exposure is accidental, as children grow up in the digital world (Riemersma & Sytsma, 2013)

US: Highest rate of access in the world with 9/10 young men using internet pornography (Carrol et al., 2008; Lim, Carrotte & Hellard, 2016). The US has the highest production, circulation and consumption rates; including child pornography (Perrin et al., 2008).

THE PORN INDUSTRY

Pornography first became an industry after World War 2, in 1953 with Playboy magazine, initiated by Hugh Hefner (Dines, 2010). Competitions of Penthouse and Hustler magazine followed, changing content from softcore to hardcore pornography.

Technology yielded new and improved ways to **make, disburse and acquire** pornographic material (Doring, 2009). The internet is currently the vehicle of choice for pornography. (Carroll et al., 2008; Doring, 2009; Peter & Valkenburg, 2016; Perrin et al., 2008).

POLITICAL ACTION

US:

- ❖ 1980's: The Meese Commission (Ferguson & Hartley, 2009; Perrin et al., 2008).
- ❖ Free Speech Coalition (FSC, 2016): advocates for the pornography industry.
- ❖ 2000: Child Internet Protection Act (CIPA) (Ferguson & Hartley, 2009).
- ❖ 2016: State of Utah became first US state to declare pornography a public health hazard (Government of Utah, 2016).

Abroad: China & United Kingdom among other countries have regulations in place (Lim et al., 2016).

Canada: no national regulatory framework exists (Government of Canada, 2010).

Voluntary self-regulation and labeling by individuals and organizations is recommended.

Health Impact of Pornography

The American Society of Addiction Medicine (ASAM, 2011) defines addiction from a pathological perspective as "...a primary, chronic disease of brain, reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors." It is characterized by the inability to abstain, the lack of control over behavior, the craving for a high, the diminished perception of the direct consequences to self and relationships and a dysfunctional response to emotions (ABCDE's of the disease).

SEXUAL ADDICTION (SA)

Increased and problematic sexual activity distinguished by

- sexual compulsion
- preoccupation
- ongoing sexual activities despite negative ramifications (Carnes, 2005; Garcia & Thibaut, 2010)

*Compulsive Sexual Behavior (CBS) and Hyper Sexuality Disorder are 2 other disorders included in this umbrella.

A link between sexual behavior, including pornography, and addictive patterns exists. (Carnes, Hopkins & Green, 2014; Doring, 2009; Hilton Jr., 2013; Lim et al., 2016; Phillips, Hajela & Hilton Jr., 2015; Perrin et al., 2008; Roller, 2004).

2 categories of SA (Riemersma and Sytsma, 2013):

Classic SA: is the more commonly used term of SA and typically refers to an individual that suffers from underlying unresolved or concurrent psychological problems that often stem from childhood. These can include a history of abuse, attachment disorders, impulse control issues, other addictions, mood disorders and severe self-concept struggles such as shame and low self-worth.

Contemporary SA: Contrary to these underlying issues, contemporary SA affects in particular the **younger generation in current society and is the sum total of chronicity, content and culture.** Early exposure to pornography can lead to repeated use, content is thought to depersonalize and dehumanize sexual behavior and culture has become highly sexualized. “Contemporary” sexual addiction is unique in that, where access to technology is present, all ages, cultures, genders, races, socioeconomic levels and education levels appear to be equally affected.” (p. 311).

PORNOGRAPHY AND THE BRAIN

Diagnostics:

- ❖ MRI findings show activated regions of the brain in individuals that consume pornography (Voon et al., 2014). These are the **same regions of the brain that are found to be activated in people with drug, nicotine, cocaine and alcohol addictions and correlate with results found previously in studying internet addiction.** (Kuhn & Gallinat, 2014).

ERECTILE DYSFUNCTION (ED)

Definition: ED is globally defined as a decreased sex drive, decreased arousal, infrequent sexual intercourse and a delay or inability to reach an orgasm (Kennedy, 2009). The cause of ED may be biological, psychological, both or of unknown origin. It is more common with age.

New Findings:

- ✚ 1 in 4 European men with newly onset ED are under 40 years old (Capogrosso et al., 2013)
- ✚ 1 in 3 young Swiss men suffer from ED (Mialon, Bechtold, Michaud, Gmel & Suris, 2012)

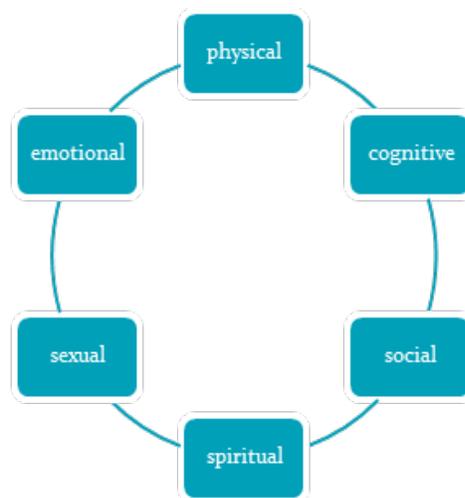
***Similar result are found in the US and other European countries.**

Treatment for this type of ED: abstaining from pornography (Schultz, 2012).

IMPACT OF PORNOGRAPHY ON ADOLESCENTS

- ✦ Adolescents struggle increasingly with compulsive internet use and compulsive behaviors linked to internet pornography (Lam, Peng, Mai & Jing, 2009; Rimington & Gast, 2007; van den Eijnden, Spijkerman, Vermulst, van Rooji & Engels, 2010).
- ✦ Adolescence is a critical stage of development, and the changes that are seen with the increased internet use and specifically with pornography exposure are compelling (Owens, Behun, Manning and Reid (2012).

All domains are affected, **making adolescence most susceptible to pornography:**



High risk behaviors. With an increase in pornography consumption, sexual attitudes and views are changing for the developing adolescent (Owens et al., 2012).

According to Harkness, Mullan and Blaszczyński (2015), Stenhammer, Ehrsson, Akereud, Larsson and Tyden (2015) and Mattebo, Tyden, Haggstrom-Nordin, Nilsson and Larsson (2013), **adolescents who watch pornography**

- are sexually active at an earlier age
- have higher numbers of partners
- have increased casual sex

Increased pornography use in adolescents is also associated with high risk behaviors such as:

- using alcohol or drugs during sex
- anal sex (Braun-Courville and Rojas, 2009)

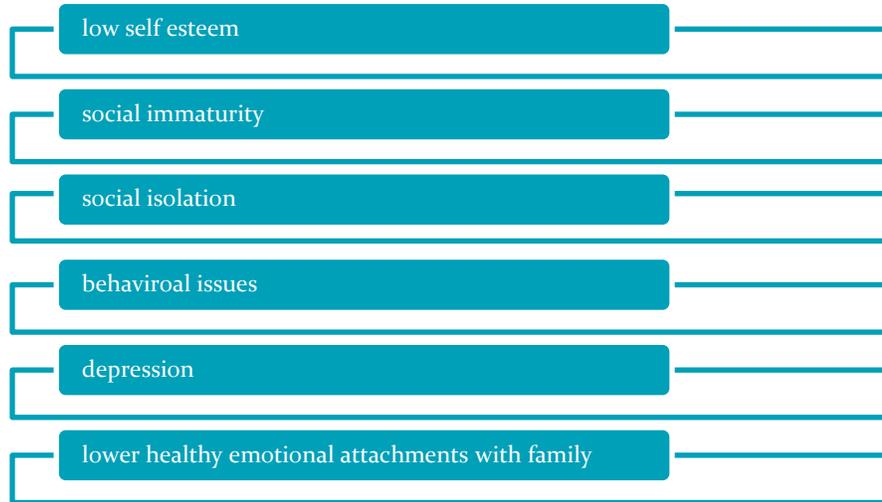
Additionally, pornography consumption in adolescents

- promotes unsafe sex
- is found to be primary source for sexual education among adolescents, skewing their views of sexuality as pornography is based on fantasy (Lim et al., 2016).

Body image

- girls feel less attractive than the women portrayed in pornographic material (Lim et al., 2016; Owens et al., 2012)
- boys are afraid that they will not measure up to the performers in the media (Owens et al., 2012)

Furthermore, pornography use in adolescents is also linked to:



PORNOGRAPHY ON SEXUAL HEALTH AND RELATIONSHIPS

Sexual health

Definition: “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (The World Health Organization, WHO, 2006, p. 5)”.

Negative effects of pornography in a relationship include:

- diminished sexual and emotional fulfillment (Albright, 2008; Manning, 2006).
- pornography undermines the importance of a monogamous relationship
- dissatisfaction with the partner’s body
- decrease in desire to be sexually intimate with one another.

*Albright (2008) and Steward and Szymanski (2012) also found that females report lower self-esteem when their male partner’s view pornography frequently.

Infidelity

Definition: any form of emotional, physical, romantic and/or other form of sexual and/or emotional behavior that can be interpreted as a breach in trust in a relationship (Dean, 2011). Consequently, **pornography** may also be considered infidelity.

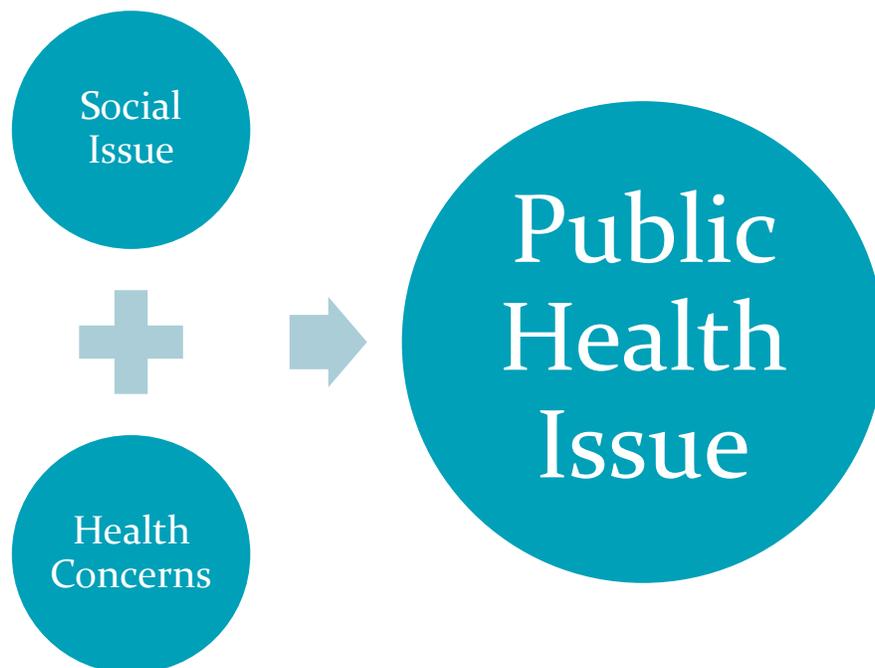
Marriages affected by pornography are **25%** more likely to divorce and **101%** more likely to have an affair outside of marriage (Doran & Price, 2014).

Maddox, Rhoades & Markman (2011) found that couples who never engaged in pornography, either alone or together, report:

- better communication
- better overall relations with each other
- higher sexual fulfillment
- much lower infidelity rates

* Numerous different studies confirm that there is a link between pornography consumption and a weakened commitment to romantic relationships in addition to increased rates of infidelity (Lambert, Negash, Stillman, Olmstead & Fincham, 2012).

Societal Impact of Pornography



Social Issue: From a perspective of health, when an issue is deemed harmful to individuals or a group of people and it is beyond their control to change it, it has become a social issue, or problem (Wallak, Woodruff, Dorfman & Diaz, 1999).

Examples of known Social Issues in Canada (J.J.'s Complete Guidebook to Canada, 2016):

- drugs and alcohol,
- gambling
- prostitution

BEHAVIOR CHANGES AND ATTITUDES.

From a social theoretical perspective, both culture and individual experiences contribute to the prevalence of sexual aggression and violence (Ferguson & Hartley, 2009).

Sexual Attitudes

Pornography affects the sexual attitudes of individuals, **specifically that of adolescents** (Braun-Courville & Rojas, 2009; Lim et al., 2016; Malamuth, Hald & Koss, 2012).

These sexual attitudes are linked to subsequent behaviors changes, as stated above.

Violence

Recurrent pornography use is linked to an increase in violence towards women (Ferguson & Hartley, 2009; Lim et al., 2016).

When viewing pornography:

- sexual aggression is not just more likely, it is also equal for both **nonviolent** and **violent** pornography
- a correlation exists with both verbal and physical aggression
- increase in sexual aggression exists (Wright et al., 2015)

WOMEN AND EXPLOITATION

Gender Issue

Pornography producers and consumers are mostly male (Dines, 2010; Gorman, Monk-Turner & Fish, 2010). Moreover, women submission to any and all kinds of sexual acts without resistance are common in pornography.

An overall significant link between pornography use and beliefs that reinforce violence against women exists. (Hald, Malamuth & Yuen, 2010; Malamuth et al., 2012; Peter & Valkenburg, 2007).

*Behaviors such as rape are often significantly underreported for political reasons; thus, government statistics can be skewed and inaccurate (Phillips et al., 2015).

Sexual exploitation.

Pornography is directly linked to sexual exploitation (Sarkar, 2014; Sarkar, 2015; Gerrard, 2015).

Canadian Study: McIntyre and Clark (2015) found that pornography is the starting point for furthering sexual behaviors. Studying young men convicted of soliciting prostitutes in various cities in Canada, **the average age they were exposed to pornography was 11, and 100% admitted to accessing sexual websites via the internet.**

THE GLOBAL RAMIFICATIONS OF PORNOGRAPHY

53% of all human trafficking worldwide is related to sexual trafficking (United Nations Office on Drugs and Crime, UNODC, 2014).

The simplicity of making and distributing sexual images on the internet has played a significant role in human trafficking and sexual exploitation and has greatly enhanced its methods, including child victimization. (Sarkar, 2015).

Pornography = fuel for global sex trade industry.

CHALLENGES

- ✦ Difficult to study by its nature
- ✦ Ethical challenges
- ✦ Pornography has become a highly profitable industry and the advocates of the FSC have strongly opposed past attempts of legislation, and will likely continue to do so.
- ✦ Pornography is a highly politically charged topic, making it challenging to develop effective strategies to counter this issue.

Recommendations from a Health Care Perspective include:

1.- Creating Professional Awareness.

- ✓ Promote, support and conduct more research about the health impact of pornography on individuals, families and society.
- ✓ Develop information sessions and publish articles in health magazines to create awareness among **health care professionals.**
- ✓ Integrate the topic of pornography as a public health issue into health care curricula.

2. - Creating Public Awareness and Education

- ✓ Media advocacy: billboards, advertising campaigns, social media and

- ✓ Develop resources and workshops to enhance media literacy for children, adolescents and adults to assist with minimizing exposure to pornography.
- ✓ Equip school **teachers** and help integrate the health impact of pornography into school education curricula.
- ✓ Develop workshops and resources for **parents** to inform, teach and equip them.
- ✓ Promote the use of personal filtering software for families and individuals to facilitate parental and personal control settings for electronic devices in the home.
- ✓ Partner with organizations such as Educateeempowerkids (n.d.) that have developed tools and programs to educate and equip parents and educators to address pornography as a health and social issue.

3. - Lobbying for Policy Changes

- ✓ Urging Health Canada to conduct a research study to review the health impact of pornography on Canadians, specifically as it pertains to the development of addiction and how it impacts children and adolescents.
- ✓ Urging provincial, national and international health care profession's regulatory bodies, the Canadian Public Health Association, Provincial Health and the Public Health Agency of Canada to conduct research studies and to develop position statements on pornography.
- ✓ Using various advocacy tools to call for action. These may include calling, emailing or visiting health officials, creating publicity through press conferences or meetings and media information by way of opinion editorials, media advocacy, press releases, articles and letters (Perrin et al., 2008).
- ✓ Get concerned citizens involved. Encourage/gather collection of signatures.
- ✓ Lobby for regulation and consistency of ratings for television and movies.
- ✓ Lobby for regulation of pornography production.
- ✓ Lobby for restrictive online and television access to pornography.
- ✓ Regulate public access by making it mandatory for schools, libraries and public places where children and adolescents may have access to the internet to install filtering devices.
- ✓ Lobby for increase in prices and limitation of free pornographic material.
- ✓ Label pornography as harmful.
- ✓ Partner with other organizations that lobby for policy changes, such as Defend Dignity (Defenddignity.ca, n.d.), Over 18 (www.over18doc.com, 2016) and Hope for the Sold (Hopeforthesold.com, 2016).

4.- Treatment Strategies

- ✓ Introducing simple screening tools.
- ✓ Proper referrals.
- ✓ Develop more treatment programs.

Strategies similar to the Public Health Approach of cigarette regulations are recommended. An **interdisciplinary effort** involving different groups and sectors, both public and private is required this issue. Professional and public awareness is called for, ratings for internet, television and movies need to be consistent and restrictive access



is necessary to protect our children and adolescents as well as those that do not desire access to pornography. Thus, **regulations** are necessary.

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