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The impact of pornography on gender-based violence, sexual health and well-being: what do we know?

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INTRODUCTION

As Internet access and literacy increases, pornography has become highly accessible, cheap and diverse. Online pornography use is common in the USA, with nearly 9 out of 10 men and 1 out of 3 women aged 18–26 reporting accessing pornography online.1 In June 2013, legal pornographic websites received more UK-based traffic than social networks, shopping, news and media, email, finance, gaming and travel websites.2 For example, popular pornography website ‘pornhub’ received 79 billion video views in 2014.3

Increased access to pornography online has been accompanied by rising concerns that it negatively impacts health and well-being, particularly with regard to young people. These concerns include that viewing any sexually explicit material erodes morals and that specific types of pornography, such as that depicting violence against women, leads to increased violence against women in real life. Even in the case of non-violent pornography, there is anxiety that people view pornography as ‘real’ rather than fantasy and that this negatively influences attitudes and real-life sexual behaviour, particularly when people’s sexual experience is limited such as in adolescence.4 Other concerns include the scarcity of condom use in pornography (both for diminishing condom use as a social norm and for the risks to the health of performers), impacts on body image (including trends in pubic hair removal and labiaplasty), and the harms of pornography addiction.

Despite the myriad of fears about online pornography, questions remain over its actual harm. Do viewers really imitate pornography in their own lives and does this negatively influence their health and well-being? Does watching violence in pornography lead to misogyny and gender-based violence? Are young people at greater risk of the negative effects of viewing pornography (if they exist) than older adults? In this paper, we explore the most commonly cited concerns over online pornography by providing evidence, if available, to support or refute these concerns.

SEXUAL RISK BEHAVIOUR

Studies have described young people incorporating ideas inspired by pornography into their real-life sexual experiences.5-9 By itself, this need not be problematic. If, however, online pornography is the primary source of a young person’s sexual education, and they do not recognise that pornography is fantasy and not designed to be educational, then it may be giving unhealthy educational messages. Given the lack of standardised and quality formal sexual education in most countries, this is a real concern.

Only 2–3% of heterosexual pornography online includes any condom use.10-12 Condom use was shown to be more common in pornography depicting men having sex with men (MSM), with one study reporting condom use in 78% of acts of anal sex.12 Non-use of condoms in sexual intercourse is a key factor in HIV and sexually transmitted infections (STIs) risk. Importantly, several studies demonstrate that viewing unprotected anal intercourse is negatively associated with condom use among MSM; researchers have measured a correlation between the proportion of pornography featuring sex without condoms and the likelihood of engaging in unprotected anal intercourse.13 14 The evidence among heterosexuals is both limited and inconsistent.15 The near absence of condoms from heterosexual pornography makes it difficult to demonstrate such a relationship.

Research on the relationships between pornography consumption and other sexual behaviours continues, and the majority show some significant correlations. Increased pornography viewing has been associated with younger sexual debut, higher numbers of partners and casual sex partners.9 15 16 Certain sexual risk behaviours that are not widely practised among heterosexuals occur commonly in pornography; a content analysis found that 28% of scenes include sex between three or more people.12 The increasing popularity of heterosexual anal sex, which many women report disliking, has also been attributed anecdotally to its depiction in pornography where it features in 15–42% of scenes.10-12 17 Importantly all of these behaviours are associated with increased risk of STIs.

The current state of evidence is limited to correlation and does not demonstrate a causal relationship where viewing porn leads to an increase in sexual risk behaviour. Existing studies have significant limitations in being unable to determine causality; many have major study design flaws, including lack of a control group for comparison, lack of longitudinal follow-up to determine temporality of exposures and behaviours and limited ability to control for confounding factors. Different studies are difficult to compare due to inconsistent measurements and definitions of pornography. Studies have also tended to use non-representative samples (eg, convenience samples of university students), and as a consequence have low external validity.13 Therefore, the direction of the relationship is not certain; while pornography may influence behaviour, sexual experience may also influence pornography viewing and both sets of behaviours may be strongly driven by other common factors such as sensation seeking and age of sexual maturity.18

VIOLENCE AND GENDER

Between 37% and 88% of mainstream pornographic scenes include acts of physical aggression (mostly gagging and spanking), most commonly towards female actors with the scene usually suggesting that the recipient was a willing participant.19 20 Women are also more likely than men to be depicted as submissive during sex and as exploited or manipulated into sexual activity.10 20

Despite copious research into the phenomenon over many decades, the direct evidence for how viewing violent pornography impacts on gender-based violence is inconclusive. Experimental studies which involve exposing men to violent pornography have demonstrated an increase in sexual aggression;21 however, the artificiality of the experimental setting limits the validity of these findings in real-world situations. A meta-analysis of non-experimental studies revealed a significant association between pornography use (particularly of violent pornography) and attitudes supporting violence against women.22 This association cannot be
interpreted as causation, however, as men with a disposition towards violence against women are more likely to seek out violent pornography. Ecological data from many countries show that the population rate of rape has decreased significantly while pornography use has significantly increased. This has led some researchers to hypothesise that exposure to violent pornography is cathartic, diverting sexual aggression away from real-life violence. Ecological data, however, are a very weak form of evidence, as changes at a national level over time may be driven by a multitude of other societal factors.

**SEXUAL WELL-BEING**

There are many reports about the adverse impacts of pornography on relationships, sexual enjoyment and well-being, but evidence is predominantly limited to personal anecdotes or surveys with subjective measures. For example, a common complaint from young heterosexual women is a feeling of subservience to male pleasure, being pressured or being expected to do things their male partners had seen in pornography (such as anal intercourse and ejaculation onto the female's face). Women's pornography use is under-represented in research, but surveys of couples in heterosexual partnerships show that men viewing pornography is associated with decreased sexual satisfaction for both partners while the female partner viewing pornography is associated with increased sexual satisfaction for both partners.

Research also suggests that excessive use of pornography among men can lead to a reliance on pornography to maintain sexual arousal, and consequently, loss of enjoyment during sex with a partner. Although pornography addiction is not listed as an addictive disorder in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (Fifth edition), many do believe in its existence. For example, studies have shown that pornography viewing is associated with brain changes similar to those observed in addiction and that pornography addiction is often associated with sexual dysfunction. Worryingly this research also showed that adolescents take longer than adults to recover from pornography addiction, which the authors attribute to the younger age of pornography exposure.

**BENEFITS OF PORNOGRAPHY**

There are many advocates for the benefits of pornography and a growing, albeit limited, body of supporting evidence that to date has primarily relied on subjective assessments. Watson and Smith reviewed literature relating to the personal, relational and social value of pornography, stating that use of pornography may diminish sexual anxiety and dysfunction, encourage sexual expression and provide entertainment and satisfaction. Pornography has been associated with more open views towards sex and sexuality. For example, pornography use has been correlated with acceptance of homosexuality among US men and may allow non-heterosexual young people to explore and learn about their sexuality in a way that they are not able to from mainstream culture. Australian and Danish adults have self-reported that pornography has significantly more positive than negative effects, such as an improved sex life, feeling more comfortable and open-minded about sex and being more attentive to their partner's sexual pleasure. Similarly, in a sample of 245 US students, viewing pornography was associated with a willingness to explore new sexual behaviours and reported to be a source of empowerment for the viewer, building confidence among the female participants in particular. Furthermore, there is a rising interest in more positive forms of pornography, for example 'feminist pornography' and 'sex-positive pornography' which emphasise the real sexual pleasure of female performers, represent diversity, display sexual consent and agency and provide ethical working environments for performers.

It should be noted that some of these identified possible benefits are in direct contradiction with the possible harms described above. Sample or study design differences may play a role in this contradiction; however, it is also likely that pornography does not influence all individuals in the same way. Further research is needed to identify factors which may mediate the impact.

**DISCUSSION**

Online pornography is extremely common in modern society, but its impact on sexual health and well-being remains uncertain. The available evidence suggests that pornography does affect our behaviour, sometimes in problematic ways. However, it is also likely that for many people, viewing pornography has no adverse effects and may even have beneficial outcomes. Research to date has produced mixed results and has overlooked some key groups, particularly young women. As our commentary has identified several common flaws in methodology, there is a need to conduct further research, including systematic review, longitudinal research, and experimental studies into the various effects of pornography in representative samples of adolescents.

Despite the importance of clarifying the impact of pornography, several factors indicate that it will always be extremely difficult to provide conclusive evidence. First, due to the sensitive nature of the topic, asking adolescents about pornography and getting parental consent to do so poses ethical problems. However, given that pornography viewing typically begins from a young age (a median age of 14 years in our unpublished study), it is vital that research does include adolescents before they begin this behaviour. Another key problem is that viewing pornography is so common in our society that studies often have no meaningful control groups, limiting the quality of the research. Even studies investigating pornography and outcomes in a dose–response design suffer from a lack of clarity regarding cut-off values for problematic use. The impact of pornography on sexual and relationship well-being will be particularly difficult to determine given the lack of objective methods to measure these. Finally, a causal relationship between pornography viewing and outcomes is difficult to prove as both behaviours must surely be mediated by the choice to watch pornography—for example, those people more interested in sex and with stronger sexual desires are more likely to both engage in sexual behaviour and to watch pornography.

Another difficulty in obtaining high-quality evidence about the negative or positive health and social impacts of pornography is the rapidly changing environment and medium in which it is consumed. Near-instant on-demand access to billions of pornographic videos from a handheld device is likely to have a very different impact than a sexually explicit magazine kept under the bed. Furthermore, research on previous generations of young people may not be relevant to the current generation, who are now typically exposed to a high volume of diverse and explicit pornography before they have had the chance to test and develop their own sexual practices and relationships.

What responses could we implement if pornography is found to be unhealthy? Some attempts at legislation have been made; examples include international efforts to eliminate child pornography and nationwide internet provider blocks on any material deemed explicit (eg, in China). In most countries, pornography is technically restricted to viewing by adults.
aged over 18 years; however, these restrictions are widely ignored and near-impossible to enforce.

California, one of the world’s largest pornography-producing jurisdictions, recently made the decision to mandate condom use in all films—not to reduce the potential for harm to viewers, but to protect adult film workers. This was a clear evidence-based response; performers are at risk of extremely high rates of STIs, including HIV. Less clearly evidence based was the recent ruling for pornography introduced in the UK, which banned depicting behaviours, including spanking, fisting, face-sitting and female ejaculation. Critics of this ruling contend that the list of behaviours was chosen based on moral judgement rather than evidence of the negative health impacts of viewing these behaviours.

Evidence is also needed to inform policy and practice regarding education about pornography. Young people are watching pornography more frequently and from a younger age; it is becoming an entrenched part of their sexual development. This suggests that education on this topic is essential. Education may involve improving media literacy, such as building understanding of concepts including the reality and fantasy of sex depicted in pornography, expectations for real-life sex and consent. However, quality education requires a strong evidence base, which is not yet established for pornography. The most important question still to be answered is whether pornography’s risks to adolescents are greater than those that have been inadequately demonstrated for adults.

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