Why Pornography is a Public Health Issue

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Speech given at a Congressional Symposium on July 14, 2015, hosted by

NATIONAL CENTER on SEXUAL EXPLOITATION
• A therapist calls first thing in the morning; she is looking for a referral for a 10-year-old girl who is developing problematic thoughts and behaviors after repeated exposure to pornography.

• After a training on the impact of pornography, a participant says she is concerned about her own porn use and preference for violent images. It never bothered her before; she is a therapist who works with men who’ve committed sex offenses. However, since becoming a mother she is no longer comfortable with the shift in her own arousal, which is focused solely on these sexually violent images.

• A mother called frustrated and in search of better help for her family. Her spouse had a life-threatening illness and they were also dealing with a 14-year-old son who quickly became so obsessed with Internet pornography that they had to lock up all their technology. Attempts to find a therapist who would actually talk about the pornography and the way it had become problematic in his life failed. Even after the boy’s behavior escalated to include behaving in sexually inappropriate ways with a young girl – the therapists were not attentive to his and his family’s stated concerns with his pornography use.

• A young female college student said her abuser seemed to get more aroused the more she suffered. It seemed like he was reenacting a scene from pornography.

• An adult male survivor of child sexual abuse who often speaks about his childhood victimization only recently began considering how his early trauma was linked to what he now considered to be his problematic use of pornography.
Individual stories and realities do not constitute a public health concern, but when the reach of today’s pornography through ever expanding and changing technologies create what some researchers, academics, and activists have called “the largest unregulated social experiment ever,” (Dines, 2010; Seto, 2013; Carr, 2014) we have reason to be concerned. When the increased access and excessive use of pornography is linked to problematic behaviors, then this trend becomes a public health issue. As a public health concern we must go beyond the individual responsibility to also include a system-wide response to address its toxic reach and impact.

Yesterday’s pornography is today’s mainstream media and it, along with the pornography industry, has been the country’s main “sex” educator of young people. Contrary to common arguments protecting the industry, there is ample research that shows a wide range of harms from ease of access, exposure and use. Many children/teens learn more about sex, gender and relationships from mainstream media (pop culture) and today’s pornography than from parents and other caring adults in their lives. Certainly adults who care about the healthy development of children need to know what they are learning and how to have deeper conversations with their children to also counter the harm. However, the harms related to pornography cannot be addressed only through individual parent’s application of filters, education, treatment, prosecution or incarceration. This massive unregulated social experiment has been allowed to go unchecked for too long and requires broader social change and leadership. Until now, our approach to this growing concern has been to allow complete individual freedom and choice, but no one is
considering the long-term costs to their own health or the expense of the broader well-being of society.

Part of the challenge is that images and other depictions of sexual harm have become normalized in the hyper-sexualized mainstream media. Images of women as sexual objects in mainstream media and especially in pornography have been so common as to no longer be a novelty. Novelty sells, and from a pornography business point of view, is needed to keep the viewers’ attention (Wilson, 2013). So smart business decisions created images that became younger and younger designed to shock and hook more and more “customers.” Many argue that pornography and the industry behind it are simply an established reality that is harmless, or is too big and pervasive to challenge. Other defenders argue that any concerns about pornography stem only from a religious or moral basis or from those who are anti-male, or who have repressive or prudish sexual norms. Alternatively, research shows that in actuality the content of pornography is far more about violence than sex (Bridges, et.al. 2010). More disturbingly is that excessive use of pornography is harmful, not helpful, to sexual functioning and development for males and females of all ages. Recent research has shown that a child or teen’s exposure to violent pornography or excessive exposure to pornography can contribute to changing a child’s brain, social interactions, and emotional skills, well into their mid-20’s (Anderson, 2011).

Why a Public Health Approach?

Pornography has been identified as a public health concern for over 25 years (Perrin, et. al., 2008; Koop, 1987). However, rising concern about its increasing violent content and
ever- expanding reach through advancing technologies has increased this concern in recent years. Finally, with the mounting research showing the negative impact of viewing violent pornography on health and on the brain, especially to developing children and adolescents, it has created urgency for public action. An important aspect of a public health perspective is adding resources to problems that affect individuals or groups beyond their capacity to correct them. In a public health approach, the responsibility shifts from that of individuals alone to the public as a whole, to address the external social causes or influences and hold them accountable for their impact on individuals and society (Wallack, 1989).

Public health is a societal strategy to assure the conditions are in place so that people can be healthy (Institute of Medicine, 2001). Therefore, strategies to counter the harm need to target the whole population. Public health approaches have worked with many other social issues that, at the time, seemed too entrenched to change including tobacco control versus an individual’s right to smoke; use of seat belts and car seats versus individual freedoms; concern for shaken baby syndrome versus a parents’ rights to discipline; mandated vaccines versus individual parental rights to choose health treatment for their child. But over time, when it was society’s decision to step into the debate, the public health of our society has been improved. As George Albee, a public health leader in 1983 said, “No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the affected individual” (Cohen, Chavez, & Chehimi, 2007).
What is missing from the current conversation is our society’s responsibility to invest in primary prevention. Primary prevention is taking action to prevent health and social problems before their onset. Primary prevention requires fostering health-supportive community environments through a range of strategies that make the healthy choice the easy choice (Cohen, Chavez, & Chehimi, 2007).

**Public Health Model**

The Center for Disease Control identifies four elements of a public health model as: 1) Define and monitor the problem, 2) Identify risk and protective factors, 3) Develop and test prevention strategies, and 4) Assure widespread adoption (Center for Disease Control & Prevention). Following this format, some factors to consider when applying this approach to pornography include:

**Define the problem:** Part of the challenge of taking a public health approach is that we have not consistently defined what we mean by the term “pornography.” And we have learned that how this issue has been framed will have an impact on how we define and attempt to resolve the problem. Some argue that a standard definition of pornography such as ‘sexually explicit materials designed for sexual arousal’, or ‘visual sexual stimuli’, or ‘sexually explicit Internet materials’ needs to be neutral. Yet for those who are persuaded by the research that pornography is harmful, especially to children, are concerned that the definition of pornography is not neutral, especially when it enters the mainstream media.
This definition (or frame) as a neutral approach has far-reaching impacts. For example, the laws in the United States on this topic refer to “pornography” that involves children as “child pornography.” In contrast to this “neutral approach,” around the world these same illegal materials are recognized as harmful to the child and referred to as “child sexual abuse images” or “child abuse images.” Through these abuse-oriented terms, these images are recognized as the documentation of sexual abuse, not of sex. These images of children and young teens are recognized in the United States as crimes and are not something protected as free speech. However, once the person being exploited reaches the age of 18, the arguments go back to harmlessness, choice, and just sex. Imagine the difference if pornographic images were defined as ‘sexually exploitive images’ or ‘sexual violence images.’

Various studies document the harms of viewing pornography including sexually aggressive behavior in adults and youth, sexually reactive behaviors in youth, desensitization to others in sexual situations, rape supportive attitudes, arousal to increasingly violent content, increased levels of sexual insecurities, and difficulties with intimacy or sexual functioning such as erectile dysfunction in males (Deem, 2014).

**Identify risk and protective factors:** Further research and analysis is needed to identify the various risk and protective factors within the pornography industry for victims (e.g. adult “actors,” child victims, as well as those harmed by exposure), the adult, adolescent and even children who are users, the partners and family of users, and society in general. Additionally, there is research that provides some indication of a “second hand effect” from pornography (World Vision, 2006).
Develop and test programs and strategies: Across spectrum or socio-ecological model there are a number of emerging programs and strategies that could have an impact on limiting the negative consequences of unlimited access to pornography across all age groups. These would include programs to educate children, parents, and professionals about the impact of pornography, especially on the developing brain, along with broader initiatives to engage communities, build broader coalitions, change organizational practices and identify necessary policy changes. One example is an “opt in” rather than an “opt out” strategy for viewing pornography in hotels or other public access places. In these cases, adults would need to make a conscious decision to view pornography rather than challenging parents to understand all of the points of access to these materials for their children.

Assure widespread adoption: Once programs are tested and the most effective strategies are identified, financial support is needed to disseminate information and programs while continuing to evaluate for adaptability. Policies can also set the expectation that no family or child is left alone to deal with these issues, but rather that this is a community and societal responsibility to protect our children and adolescents from harm.

An Example that Change is Possible: Smoking & Tobacco Industry

Remember when doctors were depicted in ads heralding the benefits of smoking? Remember when smoking was regularly part of cartoon characters that children watched while playing with their candy cigarettes? Remember when the Marlboro man was
depicted as the embodiment of manliness and sexiness? Smoking was such a norm even in confined spaces like airplanes that no one could have imagined a smoke free area in a restaurant much less a complete ban of smoking in an entire public building. When people began to recognize the health consequences of smoking, our initial approach was to educate the individual and encourage him or her to stop smoking. Over time, despite the industry’s denial, it became evident that smoking was addictive and that the harm was done to the individual and to the public all for the industry’s profit. The similarities of the pornography industry now, in many ways equates with the dominance of the tobacco industry and social norms of smoking of just a few decades ago (Eberstadt, 2009). Now that research has documented the harm to individuals and the public, especially when it involves children, it is time for a societal response as well.

The Environment Matters

In our current environment, hypersexualized media including pornography is easily accessible and educational messages about sexuality are regulated and censored. This is arguably a sexually toxic environment.

The term, “normalization of sexual harm” refers to the process by which an idea or behavior goes from clearly problematic to an accepted part of societal culture. Once accepted it becomes “just the way it is” or “just what people do.” With further indoctrination and barriers removed, it can even become viewed as beneficial or preferential. Additionally, it becomes beyond questionable; if questions are raised, then the questioner gets identified as the problem, rather than the image or social norm they are questioning (Anderson, 2011). Consider the “soft core pornography” of the 1960’s
that is non-existent today because it is currently found in advertisements, films, videos, and other media formats.

There are many examples of products that depict this normalization of sexual harm but a particularly egregious category is the infant onesies that promote messages such as: “pimp squad junior,” “playground pimp,” and “mother sucker.” Keep in mind that no child will think of, create, produce, market or buy these products – it is the adults surrounding that child. Toxic decisions make sense in a toxic environment. Given today’s sexually toxic environment it becomes far less easy for people to make the healthy choices expected of them and that they are held accountable for.

Earlier and earlier exposure to pornography is just one impact of this growing normalization of sexual harm. One study indicated that when the age of first exposure to pornography was under 11 years old, the adolescent developed sexual sensation-seeking behaviors and demonstrated more sexual risk-taking as young adults - both female and male (Sinkovic, 2014). Another study shows a significant link for both boys and girls between sexting and pornography use (Liebert, 2014). A study of 14-21-year-olds found nearly one in ten of them, nine percent, report some type of sexually abusive behaviors and that nine percent, had significantly higher exposure to and use of violent sexual materials (Ybarra & Mitchell, 2013). One powerful indicator of the pervasiveness of pornography in the environment and its toxicity is in the demand for the relatively new Fortify Program that offers on-line treatment for young people who reach out for help because of a negative impact pornography is having on their life. According to the June, 2015, data from the program, the average age of first pornography exposure for youth that reach out to the Fortify program for help is 11.9. Of the applicants to the program,
nine percent have viewed pornography by age eight, 24 percent by age ten, and 77 percent by age 13. Of the 16,185 applicants to the program between February, 2014, and July, 2015, 85 percent are males and 15 percent are females. The Fortify program has great promise and is showing a significant reduction of participants of the programs use of pornography and in their symptoms of depression.

The Cat is Out of the Bag, but it is Not Too Late

There is a lot that can be done through individual and collective action at local, state and federal levels. The Center for Disease Control and Prevention have documented significant achievements within public health including:

- immunizations
- motor vehicle safety
- workplace safety
- control of infectious diseases (typhoid: hygiene and sanitary conditions)
- decline in death from heart disease and stroke (identification of risk factors)
- healthier mothers and babies
- family planning
- fluoride in drinking water
- tobacco as a health hazard

To counter the pervasive reach of pornography, an equally extensive set of initiatives are needed to counter and ultimately prevent the harm.
**Invest in Research**

Efforts are needed to draw attention to the existing research that shows the harmful impact of pornography/sexually exploitive images while simultaneously investing in the promotion of accurate and evidence-based information on sexual development and sexual and relational health. Further funding is needed for more research on expected child and adolescent socio-sexual development. In addition, more research is needed on the specific impact of pornography on various groups – the risks and protective factors.

**Name the Harm & Ignite Champions for Change:**

Massive changes happened around child sex trafficking when government and business leaders stepped up in concert with survivors and non-profits agencies to name the harm and identify critical changes needed. It is time to name the links between pornified or hyper-sexualized mainstream media, the pornography industry, and a wide range of harms including demand for children and youth as sexual objects and commodities. It’s time to build a much broader coalition of diverse groups working together in a movement to ignite more champions for change and to take back sexual and relational health and well-being. Leadership is needed among government and business leaders and men who are willing to speak to the harm of the pornography industries who profit at the expense of their health and well-being. Adults need to address the gendered socialization of not only girls but also of boys who are expected to behave as users, takers, and pornography makers until they cross a line and become identified as sex offenders who then need to be registered as such. Initiatives are also needed to engage youth to help them see how the industry is manipulating and grooming them and then how to take action to counter the
harm. The collective strengths of new and long-term leaders on this issue, non-profits, and others with direct-lived experiences as a result of the harms of pornography are all needed to focus on prevention and broad-based social change. Education and broader support efforts are needed for all these groups, including parents, so they can effectively educate their children; but it is important not to put all of the burden on individual parents to filter out the pornography. In fact, wouldn’t it be a whole lot better if they didn’t have so much to filter against and weren’t the only ones concerned about protecting their children from toxic images?

Policy

For major social change to be effective it has to go beyond education and awareness to a broad range of actions across the spectrum of prevention. In England, with the leadership of Prime Minister Cameron, there was an initiative to create an ‘opt in’ versus an ‘opt out’ approach to limiting access to pornography. The idea is that for those who want to view pornography, they simply sign up for it. It means that adults need to make a conscious decision to view this material. The various filters that are automatically put into all technology in the UK can then be removed to provide access to the pornography they choose. This alternative highlights the shift towards making an active decision to view pornography rather than unlimited access until you decide to learn about and install the appropriate filters on every technology at home. Furthermore, parents currently have to consistently view cell phones, iPad’s, iPod’s, and so much more because they can’t be assured that there are safety nets installed in every place a parent or child may go. Iceland is another interesting example that decided against unlimited access to pornography.
based on the fact that gender equity is part of their constitution. Advertisers could make a difference by picking up on the work of the Dangerous Promises campaign – a volunteer effort amongst the wine companies to not use women’s bodies as objects to sell their product. Perhaps a start is agreement amongst advertisers to not use sexually exploitive images of children to sell products. Other policy actions that could help include requiring accurate, age appropriate, healthy relationship and sexuality education that includes media literacy skills to challenge the tsunami of unhealthy images young people are exposed to.

**Truth Campaign**

When the tobacco industry was held accountable, part of the settlement went in part to a Truth Campaign that allowed for multiple media exposures available at that time to creatively demonstrate the lies in typical advertisements and to name the harm. A Truth Campaign is needed to address the lies of pornography and to promote health.

**Priority of Health Groups**

Given the impact of pornography on the health of many, places like the Institute of Medicine and the Surgeon General’s Office and the Center for Disease Control, should also have this as a priority area along with State Departments of Health and local Public Health Departments. In Minnesota in 2014, the Minnesota Department of Health sponsored a day-long data symposium that brought in a range of professionals to address the issue and a panel of those directly affected while also outlining potential areas for action.
Closing

Perhaps, sooner rather than later, unlimited access to increasingly violent pornography will be recognized as a barrier to sexual and relational health. Perhaps, sooner rather than later, it will be seen as a barrier to preventing all types of sexual abuse, exploitation and violence. Perhaps, sooner rather than later, pornography will be also recognized as a barrier to gender equity and as harmful to gender socialization. The pervasiveness and ease of access to pornography is a social justice and public health concern. By building on the growing body of research, it is possible to transform what is often a sexually toxic culture to one where sexual dignity, sexual respect and equity become modeled as the expected norms. Indeed, by not doing all we can to limit our constant exposure to sexually exploitive images/pornography – at least to children - while also not allowing for accurate health based information, to promote sexual health and to prevent the harm - we are contributing to a type of sexual neglect. Other public health campaigns have shown that major social change is possible and health can be reclaimed. It is time to take similar actions against pornography as a barrier to public health.
References


For an extensive resource list see:

cordeliaanderson.com/Resources/Documents/Porn%20Resource%20List%202015.pdf