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Pornography and young people's health: evidence from the UK sixteen18 project

Cicely Marston

Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, UK

Is pornography harming young people's health? Politicians in the United States who declare porn to be a 'public health crisis' clearly believe so, as do the reporters and media commentators apparently queuing up to warn readers about the health dangers of porn for young people. A recent article even blamed pornography for men's workplace sexual abuse and harassment of women (Carr 2017).

Yet there is limited evidence of any sort to support these claims. There is particularly little evidence about any harms of pornography consumption on young people. Existing quantitative studies of links between pornography and health harms are cross-sectional, meaning they look at current pornography use (or past reported use) and current risk behaviours or other characteristics. These studies are inherently limited in their ability to determine whether associations are causal, and the direction of that causation, if any. Such studies tend to attempt to measure harms rather than benefits, suggesting a starting point where pornography is already framed as problematic.

We conducted a qualitative study – the sixteen18 project – in which we interviewed young people in three different areas of England about their sexual practices. We recruited by age (16–18 year olds) and included people from diverse socioeconomic backgrounds. We did not seek out participants with any particular sexual history or preference. Nearly all of our participants reported only having or desiring heterosexual (i.e. sex with different-sex partners).

Our study did indicate some specific health harms that may have resulted from using pornography as 'sex education', notably that some young men did not seem to realize that lubricant and slow penetration are an important part of preventing discomfort for their partner during anal sex (Marston and Lewis 2014). Even where anal penetration was seemingly not consensual, men appeared surprised at how difficult it was to penetrate their partner's anus. Lack of attention by some of the men in our study to mutuality (i.e. mutually deciding on what to do and when) negatively affected their partners, and non-use of condoms for anal sex was common. Even leaving aside other possible concerns, free-to-access porn available on internet sites is unlikely to focus on mutuality or condom use, making this type of material unsuitable as the sole source of sexuality education. During our study, we also examined where else young people were getting messages about sex and sexuality.

CONTACT Cicely Marston  cicely.marston@lshtm.ac.uk

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Numerous lay understandings point to pornography as ‘causing’ different phenomena but further analysis shows that the reality is rarely so simple. For instance, when we asked why their peers might be having anal sex, some of our sixteen18 participants, speaking in general terms, said they thought it might be ‘because of pornography’. Participants’ narratives about their own experiences, however, suggested a more complex story. From accounts of personal experiences, it was clear that in some cases men who seemed aware their partners did not want to be penetrated anally either went ahead and attempted it anyway, or badgered their partners until they agreed (Marston and Lewis 2014). In almost all cases, the couple was already having vaginal intercourse, seemingly consensually; indeed, ‘slipping’ during vaginal intercourse was a common explanation given for non-agreed anal penetration attempts. This suggests an important potential cause of harm: lack of concern about consent – something that has existed throughout history and certainly predates online pornography. Whether or not desired and consensual anal sex between men and women is considered a problem, non-consensual anal sex is clearly a public health concern, regardless of whether or not the idea to engage in anal sex originates from porn. Examples of sexually coercive events permeated our interviewees’ narratives, across different practices, including oral sex (Lewis and Marston 2016).

Comprehensive sexuality education can help address these issues by emphasizing the importance of mutuality and consent. Focusing solely on pornography risks becoming a distraction; by shifting the focus onto pornography alone, we ignore the wider social context that supports coercive practices.

Media reports linking porn and health harms largely seem to rely on stereotypes and do not usually posit testable causal pathways. Absent from typical media narratives are women watching pornography, enjoying pornography, or indeed perpetrating harm on partners after watching pornography. Are only men vulnerable to influence by pornography? Our interviewees seemed to imply this, echoing the media focus on men as porn consumers. When sixteen18 participants talked about others’ motivation to have anal sex, they said porn might influence men to have anal sex but did not address what that meant for women engaging in anal sex. For example, in response to other questions, they said that they thought women would not generally want to have anal sex at all. Participants also did not talk about women being influenced by porn to try specific practices. In other words, while the participants – in line with common ideas expressed in mainstream media about pornography – suggested a simplistic explanation of ‘see porn, copy what you see’ for men, they did not seem to consider whether women would watch porn or, if they did, seemed not to account for whether women would be influenced in the same way. This apparent inconsistency was implicit and seems likely to reflect a wider societal view of men as highly sexual (including being more likely to consume pornography), and even sexually out of control, compared with women. In media representations of harms caused by porn, the implication is usually that women are victimized by porn-using men, or that men harm themselves by becoming ‘addicted’ to pornography.

Many purported harms from watching porn seem to require an assumption that young people are uncritical consumers of sexual material and, crucially, have no other sources of information about sex, relationships, or society that would teach them healthy norms about mutuality and consent. Young people are capable of distinguishing between fantasy and reality when viewing other types of media to a greater or lesser extent – and there is no evidence to support the idea that porn is different. Even if pornography

gives individuals 'ideas' about what they might do with a partner, it is far too simplistic to assume that this is problematic in and of itself. For instance, one of the young men we interviewed told us how he had learned from pornography about clitoral stimulation, and other interviewees complained about the absence of other sources of information about sexual pleasure.

Sexual coercion and consent are best understood as part of a larger cultural and historical context where sexual double-standards and wider power structures play a key role. Arguments that pornography 'causes' violence or other adverse health outcomes are generally not supported with evidence, whereas there is a great deal of evidence about how broader social and cultural factors encourage and support sexual violence. If we are serious about tackling sexual violence, we need to look beyond porn for potential causes of harm. Harmful ideas circulating among young people pertaining to sex and relationships come from all areas of society and not just from pornography. Men's sexual coercion of women permeates mainstream, non-pornographic media, e.g. television and film, often portraying both male persistence in the face of female rejection as desirable, and direct sexual violence against women. In light of this, it is not clear why pornography alone should be held responsible for encouraging violence.

Young people have sophisticated understanding of the media they watch. There is no reason to believe that they are suddenly entirely unsophisticated when it comes to porn, and indeed if they are, this is arguably the responsibility of wider society for not educating young people adequately. Excellent comprehensive sexuality education curricula exist that address all of these issues, yet implementation of these curricula is still patchy.

It seems likely that implementing high-quality sexuality education could help address health harms, and there is a particular opportunity to link comprehensive sexuality education with existing curricula addressing media literacy and digital citizenship, supporting young people to critique imagery and stereotypes connected with sexuality, gender and other social categories, and helping them develop a nuanced understanding of sexuality, mutuality, and consent.

Understanding pornography and health

So how should researchers tackle the question of effects of porn on health? An interdisciplinary approach, using a range of study designs and data collection methods, can build up a holistic picture of porn use and health effects. This can help us identify and measure potential harms and causes of harm. Studies of porn effects on health must be multifaceted, and include audience and ethnographic studies of how young people navigate sexual media, take advantage of the existing learning from queer sexuality studies, and avoid moral-panic-infused definitions of adventurous or experimental sex. Any possible health benefits should be examined to ensure a balanced assessment of benefits and harms.

There is no equivalent media panic about seemingly related phenomena such as reading erotica, masturbation without pornography, or viewing portrayals of sexual violence in mainstream media. 'Porn health panic' is potentially problematic if it distracts from wider issues of inequalities and health. If men's use of pornography is the sole focus of research and concern, the risk is that such a focus will reinforce problematic gender stereotypes, gender binaries, and heteronormativity, by falling back on lazy and

simplistic portrayals of sex as primarily being about ‘men pushing, women resisting’. All or most of the health harms (where they are specified at all) that are currently blamed on pornography are better explained by other cultural phenomena. The question ‘is pornography bad for young people’s health?’ is complicated because any ‘effects’ of pornography will depend on the material and manner of consumption, the social and cultural setting, and the psychology and past experiences of the consumer and those of sexual partners. Among the young people in our study, underlying social structures helped explain harmful practices far better than ‘porn’. If we are to improve public health, including the health of young people, it is essential to uncover the complexities of relationships between pornography, sexual practice, and health. We have little current evidence to support the idea that pornography causes health harms. More nuanced investigations are needed to assess whether or not pornography poses a public health risk, particularly for young people, and if so in what way. High-quality interdisciplinary research in this area will help us achieve the best possible outcomes for health.

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