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Expectations vs Reality: In which ways might watching porn online, as male and female adolescents, contribute to poor emotional health?

The rationale for exploring adolescent pornography usage, with examination of possible negative emotional health outcomes, is integral to the role of the school nurse.

The role of the school nurse is to lead on, coordinate and deliver the 4-5-6 approach of the Healthy Child Programme (Public Health England, 2018). This model specifically states that school nurses need to support young people with a number of high impact areas. These include; developing resilience and wellbeing; keeping young people safe and promoting healthy lifestyles. Therefore, the rationale for this paper is integral to the school nurses' role.

Possible psycho-sexual implications of online pornography consumption in adolescents correlate with multiple high-impact areas, specifically promoting healthy lifestyles, developing resilience and wellbeing, thereby warranting further examination on the topic, especially with the current significance of emotional health in adolescents. The Office for National Statistics (2015) quotes 1 in 8 children aged 10 to 15 reported symptoms of mental illness in the UK. Additionally, The Children's Society (2018) found that 1 in 10 school aged children have a diagnosable mental illness in the UK. There is also evidence on young people's use of pornographic material, with Martellozzo *et al.* (2017) finding that 48% of 11 - 16-year olds surveyed had seen pornography online. Of this, the proportions wishing to emulate pornography increase with age: 21% for 11-12-year olds; 39% for the 13-14-year olds and 42% for the 15-16-year olds (Martellozzo *et al.*, 2017).

These statistics resonate with the primary author's

school nursing practice. Through sexual health assessments and delivery of health promotion lessons, young people highlight concerns regarding sexual expectations from relationships, including body image, duration of sex and the 'need' to perform certain acts with partners. Alongside this, they would also mention watching pornographic material and feeling a pressure to emulate this. These findings suggest pornography consumption impacts young people's self-esteem and stress levels.

A reasonable hypothesis might state that when adolescents watch pornography, especially without appropriate sources of information or education on the topic of (relationship and) sex education, they conclude that the medium represents the societal norm, and therefore 'should' be emulated. Suleiman *et al.* (2017) state that when young people enter adolescence, the brain develops to prioritise positive risk taking, to learn from new experiences; this includes engaging in romantic and sexual relationships. The NSPCC (2019), surveyed young people, who said one of the reasons adolescents watch sexual content online is to learn about sex and sexual identities. Evidence has sometimes highlighted an association between viewing sexually explicit material and an increase in sexually risky behaviours, possibly signifying that adolescents who watch pornography are likely to imitate it (Koletic *et al.*, 2019). Research is inconsistent, however, with Matkovic, Cohen and Stulhofer (2018) and Martyniuk and Stulhofer (2018) finding little association. The latter authors suggest the likelihood of an unobserved variable in the relationship between pornography

consumption in adolescents and an increase in sexually risky behaviours that is yet to be determined.

Anecdotal evidence, from the primary author and other school nurses, attest to the experience that, in many schools, sexual health education focuses on sexual ill health, consent, risk behaviours, conception and contraception; pornography is not an openly discussed topic. Nevertheless, the risk of potential links between emotional health and pornography has been recognised by the Department for Education (2019), in the most recent version of the 'Relationships Education, Relationships and Sex Education and Health Education Guidance'. The guidance states, under the section about online and media education, that, by the end of secondary school, pupils should all be aware that sexually explicit material presents a false image of sex and sexual behaviours, which can be damaging to self-esteem and have a negative effect on behaviours towards sexual partners. An exploration of the published research on this topic is useful in determining indications of a link between adolescents viewing pornography as part of an underlying reasons for negative emotional health development.

Findings in the research: a male / female divide

Critically exploring studies on the topic of a possible/potential link between adolescent pornography usage and negative emotional health (then, and later in life), revealed inconclusive and contradictory findings. Studies emphasised a) how more research needs to be carried out on this matter, and b) how neurophysiological outcomes *might* differ between males and females. Inconclusive findings related both to porn use during adolescence, and any suggested impact later in life. The matter is confused further as to whether detrimental porn use might be classified (then) as 'addiction', and/or to what extent it might or will lead to later sexual, emotional and relationship dysfunctions (White, 2019).

The inconclusive and contradictory findings from some studies suggest that some females viewing pornography appear to experience poor mental wellbeing. Stulhofer, Tafro and Kohut (2019), considered, but could not prove, a link between pornography usage and poorer

psychological health. Mattebo *et al.* (2018) established increased psychosomatic symptoms (physical illness originating from emotional stress) with higher pornography consumption, especially in females. White's (2019) findings were differently focused; she highlighted a range of detrimental psychosexual phenomena, often appearing later in life, including from young women coerced into porn-making and/or sexting; negative outcomes of increased sexual 'risk' taking; regretted experiences and unfulfilling casual sexual encounters. Additionally, Tylka and Kroon Van Diest (2015) found that previous partner's pornography usage correlated with increased anxiety and decreased self-esteem in adolescent females.

The male evidence-base focused on the risk of learning hegemonic sexist attitudes, and relating these to the negative stereotypes that females are often portrayed in, through pornography. Stanley *et al.* (2018), reported findings that adolescent males who perpetrated sexual coercion and abuse also regularly viewed online pornography and had an increased chance of holding negative gender attitudes. Hald, Malamuth and Yuen (2010) showed that the consumption of more sexually violent pornography was related to males being likely to support and enact violence against women. Brown (2016), equally discussed the increased amount of pornography consumption of males in relationships with poor attachments and high levels of aggression.

Findings from the sources cited in this paper demonstrate a difference between the possible negative outcomes in males and females. These outcomes appear to relate to stereotypes and hegemonic male-dominated themes, some of which are outlined above, and emanate from within (particular) pornographic genres. These themes are not just the failings of pornographic material, but also relate to wider patriarchal and masculinist cultures. One of the UK's leading gender equality charities, The Fawcett Society (Fawcett, 2017), discusses how 39% of girls aged between 9 and 16 felt that sexism in modern media, just one of the negatively powerful (hegemonic) themes, knocked their confidence. For example, 38% of men and 34% of women agreed that "a woman is either partly or totally to blame for being a victim of sexual assault if they go out late wearing a short skirt and get drunk". Fawcett (2017) goes on to say that, in film and

television, women are predominantly represented in passive and (sexualised) stereotyped roles.

Approach used to promote positive behaviour change

Although more research and discussion has opened around sexism and mainstream media, pornography is still considered to be taboo, by many, especially – as evidence shows – in compulsory education settings. Themes of sexism and stereotyping are not outwardly discussed or highlighted, either. The wider socio-cultural ethics generally, is that pornography is private and sometimes considered bad behaviour. Carlisle *et al.* (2001), states that by avoiding discussing the topic, health promotion can exclude groups of people and reinforce stigma.

A review of the previous version of the (then) Sex and Relationship Education (SRE) model (DfEE, 2000) reveals a predominantly biological approach to sexual health promotion, which might also have an impact on the perception of pornography being a taboo subject. Considering the information enclosed in the SRE Guidance (DfEE, 2000), and expectations set, it focuses primarily on the prevention of conception, especially teenage pregnancies, as well as preventing transmission of sexual infections. Although the guidance mentions emotional health and sex, the document doesn't consider what these are, or what needs to be taught in schools. While the biological model of health is effective for dealing with physical health, a key criticism is that it is reductionist, focusing on treating 'patients' and not educating young people (Wade & Halligan, 2004). By not examining the wider determinants of health, the biological approach fails in teaching young people on psycho-sexual aspects of health (WHO, 2019).

Building on the hypothesis above (regarding adolescent emotional health being impacted by pornography, due to the belief of it representing the 'norm'), we suggest that by not proactively and effectively addressing the social implications of sex, focusing disproportionately on disease prevention and conception, young people turn to other available sources of information, as mentioned earlier by Suleiman *et al.* (2017). In this case, that source is on-line pornography. Because young people are looking at

pornography as an educational tool, as well as entertainment, when themes of hegemonic male dominance or sexist views towards females are shown, young people may believe this is how society views sex and, consequently, how they are to behave. With adolescent brain development prioritising "conforming with wider society and peers" (Arain *et al.*, 2013), pornography can encourage negative, sexist, views of females.

Findings from the studies supporting this work, alongside conclusions from research cited, emphasises the importance of discussing pornography openly with adolescents in sexual health promotion, including addressing the false 'reality' it can depict, and how that may impact on individual morals and/or emotional health. The current relationship and sex education (RSE) (DfE, 2019) guidance has highlighted pornography as an area in need of specific coverage in sexual health promotion. This statutory guidance highlights a need for resources on the topic to be developed and prompted the leaflet author 1 has created (Figure 1, page 114/115) to support public health specialists within the secondary school setting.

Promoting positive behaviour change

To promote positive behaviour change, the focus has been on the trans-theoretical approach to behaviour change, advocated by Prochaska and DiClemente, (2005). This article adopts this model, given that the topic, i.e. the use of porn by adolescents, is something clearly under-discussed. The aim outlined here, therefore, specifically focuses on young people in the pre-contemplation and contemplation level of change; the aim is to inform and start a dialogue on pornography and sexual health. The trans-theoretical model also suggests that the different levels of change need different forms of health promotion to successfully move an individual between them (Giacobbi, 2016). By aiming the school-based health promotion leaflet (Figure 1) at the first two levels (pre-contemplation and contemplation), we can use other health promotion methods alongside the leaflet to support the role of the public health specialist (undertaking one-to-one health assessments and health promotion lessons) and open a dialogue with young people to discuss ethical and moral considerations of pornography in sexual health,

with the goal of moving young people onto the next level of the Prochaska and DiClemente (2005), model, 'preparation and action'.

Rationale for resource creation

While there is need for biological aspects of sexual health to be discussed, such a reductionist and utilitarian approach focuses on the implied 'norms' in society, not allowing for young people to discuss wider, and contemporary, social-sexual health (Mandal, Ponnambath & Parija, 2016). Focusing on social-sexual health promotion underpins the creation of the leaflet, as an informational resource, aimed at young people to proactively, and educationally, being allowed to discuss pornography, and how it stigmatises, rather than enhances 'real life' sex. The aim of the leaflet is to empower young people with information, allowing them to understand particular 'norms' of sex (devoid of the negativities of detrimental pornography), respect themselves, and others, as individuals. This will hopefully have a positive impact on the negative attitudes and risks to emotional health highlighted by the evidence base of this paper. This is a deontological approach to sexual health promotion, meaning it focuses on promoting positive morals and individual change to affect a population's health. It means that by starting off the discussion point, health promotion can allow for further dialogue of individual beliefs and preferences (Mandal, Ponnambath & Parija, 2016).

The target audience for this resource (Figure 1) is young people in secondary schools, specifically between the ages of 13 and 16, as this is the age range targeted in the research underpinning this work. Utilising this demographic allows the resource to be used in practice and will be inclusive of young people who may already be having sex/using porn (Fraser, 1985, cited by the NSPCC, 2018). There are barriers and ethical/moral consideration to the resource created, however, that need to be considered.

Possible barriers of the resource on positive behaviour change

The resource (Figure 1), aimed at young people between 13 and 16 years of age is intended as an exemplar or template, from which others can be adapted. It is underpinned by a deontological approach to sexual health education, i.e. that the

production of a resource on this topic is good, in itself, especially by facilitating differing viewpoints and options, which form the basis of a dialogue challenging false 'reality' of pornography. A barrier to this current resource being perceived as relevant for all young people in the age range, however, is that it does not account for differing sexualities other than heterosexual (Evans, 2017) or genders other than cisgender male/female. More specifically, it reflects the research population of the works cited, which may differ from the practitioner's target population. Data are limited and difficult to determine, but research has estimated that approximately 1.5% of the UK population identified as same-sex attracted and identifying (lesbian and gay) or bisexual (ONS, 2016). Other research shows drastically different numbers. Dahlgreen and Shakespeare (2016), using the Kinsey scale of sexuality, for example found that 23% of British people self-identified and something other than "100% heterosexual", with this number increasing to 49% of 18 to 24-year olds. Regardless, this highlights a significant population that the research, cited in this paper, does not take into consideration, therefore possibly making the resource in Figure 1 not being relevant for some young people to identify with. To counteract this point, the expectation of the resources is that it is still applicable for helping Lesbian, Gay, Bisexual, Transgender + (LGB&T+) young people in the 'pre-contemplation stage' (Prochaska & DiClemente, 2005). This gender and sexuality predisposition i.e. the presumption that all people are straight and either male or female, has highlighted the possible need for future investigation and specification in this area, including for gender and sexuality diversity training and psycho-sexual health and well-being.

Another barrier to the reliability and validity of the resource, is the appropriateness, or presumed inappropriateness, of discussing sexually explicit material with young people. This is where normative or deontological ethics influence the production of this resource. Firstly, porn (especially for young people) is perceived, socially, morally and legally, as wrong, bad and illegal. Therefore, simply acknowledging its use by young people might be considered, by some, as 'intentionally promoting' it (akin to the language of the now obsolete Section 28 of the

Local Government Act, 1998). Under the Sexual Offences Act (2003), the legal age of consenting to sex is 16 years. The Fraser guidelines relay advice to healthcare professionals about discussing sexual health with young people under the age of 16 and without the consent of a parent or guardian (Fraser, 1985, cited by the NSPCC, 2018). The advice comprises of 5 criteria which professionals should be satisfied have been achieved before this advice can be given. Some of these include: sufficient maturity and intelligence to understand the information being shared, and that the advice is in the young person's best interests. The moral difficulty here is by discussing themes of pornography and sexual health on a leaflet, the professional's ability to complete Fraser guidelines assessment on the young person is eliminated. Therefore, a young person who would be judged as lacking capacity to sexual health advice, without parental consent, would be accessing this material regardless. Instead of limiting the resource to those assessed as Fraser competent, we suggest widening the scope of the child sexual exploitation (CSE) framework used in practice is more appropriate. Research on the safeguarding concerns of sexual health services providing condoms online (Evans & Evans, 2016), for example, discussed the numerous barriers to accessing in person, including the young person's embarrassment, anxiety and fear of breaches in confidentiality. Evans and Evans (2016), suggested that expanding and improving the opportunities to complete safeguarding assessments is the best practice. Similarly, with the primary author's scope of work, instead of limiting the resource presented in Figure 1, thus restricting relevant health promotion, the suggestion is to adapt the existing child sexual exploitation framework, used in practice, to a wider audience, which would be the best (deontological/ethically good) approach to take. Expanding the scope of child sexual exploitation assessment could be achieved through health promotion sessions and further advertising drop-in services, but such action may warrant further communication with school and parents/guardians beforehand.

Conclusion

This paper details the examination of the relationship between adolescent pornography usage and emotional health. Although the

research does not conclusively show a link between the two themes, i.e. pornography use and emotional health, advice on discussing porn in sexual health promotion and addressing the hegemonic expectations is considered good practice to supporting young people's sexual-emotional health. This learning and understanding have been utilised to generate a health promotion leaflet with the aim of informing young people about how pornographic material differs from reality and how not to compare themselves to a false interpretation of sex and relationships.

To understand the possible effectiveness of this resource, the expectations have been identified regarding the leaflet's ability to promote positive health change, through the use of the trans-theoretical approach to behaviour change (Prochaska & DiClemente, 2005). Specifically, the resource is recognised as benefitting those in the 'pre-contemplation' and 'contemplation' level of change, as the consideration is that this resource may be a starting point of further discussion on sexual health.

There has been acknowledgement of the barriers of trying to apply this learning to all young people, as the heterosexual, cisgender focus of the research does not account for the diverse population of young people. The barrier of sharing information regarding sexually explicit material with a young target audience has also been identified, as well as how this highlights the need to widen child sexual exploitation assessments. Both barriers identify future areas for further learning to be completed as to benefit the sexual-emotional health of our adolescent community.

The title posed the question "In which ways might watching porn online, as male and female adolescents, contribute to poor emotional health?". We have suggested key reasons why this question is important, as well as identify ways the school nurse might not just address the issue reactively, but clearly headlining and profiling it, as part of proactive efforts in bettering relationship and sexual health promotion.

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Figure 1 (page 1): Sexual Health Leaflet Resource created as a result of the Research

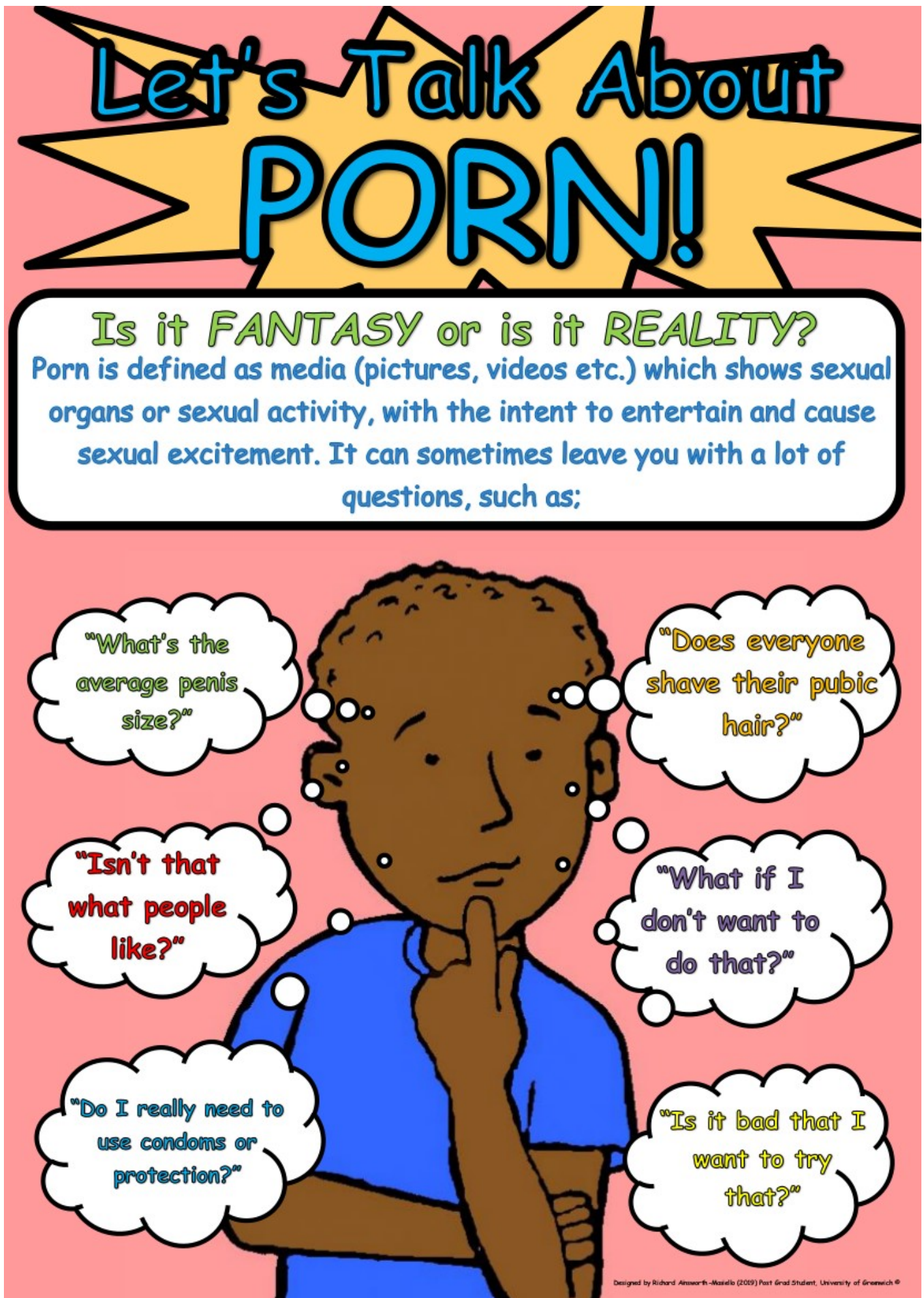


Figure 1 (page 2): Sexual Health Leaflet Resource created as a result of the Research



"Do people in real life look like people in porn?"



Actors in porn sometimes look different to most people, and it can be easy to compare yourself to them, which you shouldn't. Research has found the average erect adult penis size varies from around 13cm to 18cm (5in to 7in). Research has also found that more young women under 35 have **some pubic hair** (53%) than **no pubic hair** (47%).

Photos are also altered afterwards (i.e. 'photo-shopping' or 'airbrushing'). This is done to get rid of spots and rashes. They can also be used to make breasts look a little bit bigger and waists a bit smaller on women, or even to add bigger shoulders, bigger penises and more defined ab muscles on to some of the men.

Many women in porn have large breasts, sometimes by having had surgery to make them bigger, sometimes simply having large breasts naturally. Don't forget! When you see models, they have to keep incredibly fit and are posing in ways to make their bodies look better!



"Is porn sex what sex is really like?"



Porn has scripts and time for breaks, to reapply make up, get hard again, or add lube. People normally don't look that good during sex, or last that long. Porn is acting, some of the things you see people doing probably won't work in real life.

Most women in porn pretend to orgasm just from vaginal penetration. In real life, most women usually need other stimulation to orgasm. Men in porn appear to stay erect for a long time and last a long time. The stretching and lubrication involved in anal sex often happens off-screen. Porn actors are shown to enjoy the same things, like spanking or people ejaculating on each other. Not everyone enjoys these things, and that's perfectly ok!

Condoms and dams aren't always seen in porn, but they're important to protect yourself from sexually transmitted infections (STIs), which you can get from vaginal, anal or oral sex. Condoms are the only method of safer penetrative sex. It's not easy to know whether someone has an STI, as there are often no symptoms, so people don't always realise they have one. Many STIs are easy to treat, but some common STIs (like gonorrhoea) are becoming resistant to treatment. It's best to protect yourself by having safer sex and using condoms.



"Consent and Communication!"



You might want to share or look at sexual or nude images of yourself or other people you know. **This is illegal for under 18s, even if everyone involved consents to it.** Police are likely to prosecute people who share non-consensual images. If you do take a sexual photo or video, be aware of the risks, including other people sharing them without your consent (or knowledge), and only do what you and others are comfortable with.

Some kinds of porn are illegal, including anything involving people under 18, porn showing acts which threaten a person's life and porn that shows sexual activity between a person and an animal.

It's perfectly fine not to want to look at porn. You shouldn't be forced to look at stuff you don't want to. Everyone has different opinions on porn, and what is acceptable. Some people may think that it is inappropriate to talk to young people about porn, but it is a good thing to do, as it can help prevent a whole lot of problems. Reasons people might not agree with porn are: feeling that porn shows women, or people from different ethnicities, in a negative way, they worry the actors in pornography are being taken advantage of, it's against their religion etc. It is helpful to discuss different opinions and come up with your own.

If you're worried and want to talk to someone about anything you've seen on this flyer, then you can call Childline on 0800 1111. Otherwise you can speak to your school nurse.

