

# MEMO

**To:** MMA Policy Council  
**From:** Janet Silversmith, Director of Health Policy, Council Staff  
**Re:** 2016 Open Issue – Pornography as a Public Health Crisis  
**Date:** February 18, 2017

## Original Submission

The above-referenced issue was submitted to the 2016 Open Issues Forum by Carl Burkland, MD (retired family physician, New Prague).

As submitted, the issue request was as follows:

That MMA adopt policy and advocate against the acceptance of the use of pornography as a healthy, responsible activity in our society.

That MMA, in legislative hearings dealing with pornographic issues, play a crucial, integral part in efforts to establish legislation that would counteract the devastating impact of pornography on individuals, their families and society.

The background/rationale submitted (by Carl Burkland, MD) included the following:

More than 30% of men surveyed said that they watched porn every day; 71% of men 18-34 watch porn at least once a month. Studies have concluded that obsessively viewing porn rewires the neural pathways of the brain, much like opiate drugs do. Like opiates, porn can be addictive; it can supplant – or destroy – all real-world relationships. It can also (ironically) deaden, rather than enhance, a person’s actual sexual relationships with real people. Male consumption of pornography has a profound effect on how women are viewed, how sex is viewed and the expectations on them sexually. In our hypersexualized society, porn is incredibly pervasive and has become normalized. It was recently reported that internet porn sites get more visitors each month than Netflix, Amazon and Twitter combined and that a staggering 36% of internet downloads are porn. One major free porn site reported 21.2 billion visits in 2015 (now consider that there are more than 4 million porn sites worldwide). Unlike the days of “girlie” magazines in brown paper packaging, internet porn offers the convenience of the 3 As – affordability, accessibility and anonymity. The average age an American child first views hard-core porn is 11; some 93% of males have viewed it by age 18.

Porn is overwhelmingly misogynistic – eroticizing subservience, humiliation and violence. Among the most-rented and bestselling porn films, almost 90% had physical aggression (such as gagging and slapping) and women were the recipients 94% of the time. Not surprisingly, studies on men who view porn show that they tend to objectify women as well as finding their partners, who lack the airbrushed perfection of the “actresses” less appealing. While no one has provided a causal link, there are numerous studies showing a correlation between porn use and sexual assault or rape.

Teenage girls and young women whose male partners use porn report markedly diminished self-esteem, body image and relationship quality as well as expectations to engage in sexual acts their partners see in porn. Increasing numbers of compulsive porn users are reporting erectile dysfunction when encountering a real partner. While males of all ages are at risk, young men are especially vulnerable to this because their brains are more plastic. Dubbed the “new drug,” porn is recognized by neuroscientists as having powerful addiction-like effects. Porn wreaks havoc in relationships; in at least 56% of divorces in the US, heavy porn use by one partner was cited as a major contributing factor.

Rarely brought up in public conversations, porn permeates our culture under the radar, profoundly shaping attitudes and beliefs about gender roles and inequality, sexuality, relationships, and intimacy. Increasingly extreme, the vast majority of today’s porn is devoid of respect, mutual concern and human connection. Michael Seto, a leading authority on porn and sexual assault, has stated that “the early and pervasive exposure to internet pornography among children and youth is the largest unregulated social experiment I’m aware of. We don’t know what the effects will be.” MMA policy on the issue would increase public awareness as well as make money available for education, research and development of strategies to counteract porn’s harm.

Recommendation from Policy Council Open Issue Panel

After the 2016 Open Issues Forum, the forum panelists (Council members) met to discuss the testimony and to consider the forum polling data (see below).

**Issue #2: Regarding whether MMA should advocate against the acceptance of the use of pornography as a healthy, responsible activity in our society, I want the MMA to:**

1	Support it	10	20.0%
2	Oppose it	3	6.0%
3	Stay out of it	11	22.0%
4	Other	22	44.0%
5	Don’t know	4	8.0%

The panelists also reviewed some of the limited background information provided by staff, including the following:

Although sexual violence is not the only focus of the original open issue, the CDC identifies exposure to sexually explicit media as one of 13 individual risk factors for such violence. The CDC further notes that “risk factors are contributing factors and might not be direct causes”; and, a “combination of individual, relational, community, and societal factors contribute to the risk of becoming a perpetrator of sexual violence. Understanding these multilevel factors can help identify various opportunities for prevention.”<sup>1</sup> The CDC did conduct a systematic review of sexual violence risk factors (available at: <http://tva.sagepub.com/content/14/2/133> [gated]).

There is debate about whether excessive use of pornography (“sex addiction” or “hypersexual disorder”) is a diagnosable condition. To date, the American Psychiatric Association has rejected attempts to include such conditions in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) for lack of evidence.

The American Academy of Pediatrics issued an updated statement on the impact of pornography on children in June 2016 and “urges healthcare professionals to communicate the risks of pornography use to patients and their families and to offer resources both to protect children from viewing pornography and to treat individuals suffering from its negative effects.” The full statement can be found at <https://www.acped.org/the-college-speaks/position-statements/the-impact-of-pornography-on-children>.

The AMA also has policy on the impact of pornography on children and youth (H-60.934) as follows: “Our AMA: (1) Recognizes the positive role of the Internet in providing health information to children and youth. (2) Recognizes the negative role of the Internet in connecting children and youth to predators and exposing them to pornography. (3) Supports federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may use the Internet. (4) Encourages physicians to continue efforts to raise parent/guardian awareness about the importance of educating their children about safe Internet and social media use. (5) Supports school-based media literacy programs that teach effective thinking, learning, and safety skills related to Internet and social media use.”

Based on the testimony, other information and AAP and AMA policies, the panel recommended the following policy statement to the full Council:

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<sup>1</sup> Centers for Disease Control and Prevention. Sexual Violence: Risk and Protective Factors. Website accessed September 2016 at <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>.

The MMA acknowledges the importance of healthy sexual activity and healthy relationship choices and recognizes that widespread use of pornography has become a public health issue of concern. The MMA urges healthcare professionals to communicate the risks of pornography use to patients and their families and to offer resources both to protect adults and children and to treat individuals suffering from its negative effects.

### Policy Council Action

At its November 1, 2016 meeting, the Council tabled action on the proposed policy statement. Questions about the feasibility of physicians “communicating the risks of pornography” were raised, as were questions about the severity of the problem of pornography, and its relationship to violence against women.

### Additional Background Information

To assist the Council in its ongoing review of the issue, staff notes the following additional information and questions that are intended to support Council work.

#### *Additional Data/Background:*

- Previous Council discussions considered the range of sexually explicit material that could be covered by the submitted issue; a potentially useful classification is as follows:<sup>2</sup>
  - Violent and sexist pornography
  - Non-violent, but sexist and dehumanizing pornography
  - Non-violent, non-sexist erotica
- There appears to be conflicting evidence regarding the relationship between the consumption of pornography and sexual violence; evidence of any causal relationship appears to be quite limited (see, for example, article included with agenda materials).
- The World Health Organization identified the following common factors associated with intimate partner violence and sexual violence<sup>3</sup>:
  - gender inequality;
  - social norms supportive of traditional gender roles, intimate partner violence and sexual violence, and macho male gender roles;
  - poverty, economic stress and unemployment;
  - lack of institutional support from police and judicial systems;
  - weak community sanctions;
  - dysfunctional, unhealthy relationships characterized by inequality, power imbalance and conflict;
  - alcohol and substance misuse; and

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<sup>2</sup> Senn, CY & Radtke, HL. Women’s evaluations of and affective reactions to mainstream violent pornography, nonviolent pornography, and erotica. *Violence and Victims*, 1990(5):143-156. Cited in *The Essential Handbook of Women’s Sexuality*, edited by Donna Marie Casteneda.

<sup>3</sup> World Health Organization. Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting, May 2–3, 2007. WHO, Department of Violence and Injury Prevention and Disability, Department of Reproductive Health and Research.

- witnessing or being a victim of violence as a child.
- The WHO report also noted the following with respect to the impact of social norms and perceptions:
  - “A number of studies have shown that many young men in high school and universities overestimate the adherence of their peers to rape myths and underestimate the discomfort of their peers with remarks or actions demeaning to women, the importance they give to seeking consent in sexual relations, and their willingness to intervene to prevent sexual assault (Berkowitz, 2006). Misperceptions such as these may facilitate men’s violence against women, and may reduce men’s willingness to intervene as bystanders. Evaluations of several small pilot programmes—all in American universities—suggest that using a social norms approach to correct misperceptions and foster healthier norms and behaviour shows promise for altering attitudes and behaviours associated with intimate-partner and sexual violence, although the utility of an approach focused on correcting misperceptions of social norms may be limited in contexts where the prevailing social norm is permissive of intimate-partner violence and sexual violence.”

**Other items for consideration:**

- The original issue before the MMA was whether or not it should take a position on the consumption and effects of pornography (somewhat narrow focus).
- If the Council seeks to expand the issue to violence more generally, please note the existing MMA policies on the topic:
  - **190.01 Domestic Violence and Abuse Campaign**  
The MMA will continue to work with the Minnesota Coalition for Battered Women, Womankind, Inc., the Minnesota Department of Health, the Consumer Incentive Subcommittee of the Minnesota Health Care Commission, members of the media, and other coalitions interested in achieving a violence-free society by the year 2010 and continue its campaign against violence in Minnesota and assist physicians in being as effective as possible in helping patients achieve both a healthy and safe environment. The MMA urges all physicians in Minnesota to join the National Coalition of Physicians Against Family Violence. (HD-R45-1993; Retained 2004)
  - **190.03 Insurance Coverage for Victims of Domestic Abuse**  
The MMA opposes denial of insurance coverage to victims of domestic violence and abuse, and supports legislation to prohibit insurance discrimination in Minnesota. (HD-R4-1994; Retained as Edited 2006)
  - **190.04 Physician Training in Violence Prevention/Intervention**  
The MMA supports the education of medical students and physicians in family violence prevention and intervention. (HD-R101-1998; Retained as edited 2008)
  - **190.05 Legislation for Increasing the Severity of Charges for Domestic Violence in the Presence of a Child**

The MMA will pursue enactment of legislation that increases the level of criminal offense for domestic violence when perpetrated in the presence of a minor. (HD-R400-1998)

○ **370.04 Media Violence Campaign**

The membership of the MMA strongly supports the MMA's "Stop the Violence" campaign. The MMA also encourages all physicians to instruct the parents of their pediatric patients on the "10 Tips on Media Violence" as prepared and distributed by the MMA. (HD-R19-1995; Retained 2005)

○ **370.05 Children's Impact Statement on Video**

The MMA commends the work of the National Institute on Media and the Family, and supports the placement of a children's impact statement on video cassettes such as the statement developed by the National Institute on Media and the Family. (HD-R60-1996; Retained 2006)

○ **380.082 Physician Training in Violence Prevention/Intervention**

The MMA supports the education of medical students and physicians in family violence prevention and intervention. (HD-R101-1998; Retained as edited 2008)

○ **530.27 Workplace Violence and Abuse Prevention**

The MMA encourages all hospitals and clinics to adopt policies to reduce and prevent workplace violence and abuse and develop policies to manage reported occurrences. The MMA encourages local medical societies and other professional associations to adopt a policy to reduce and prevent workplace violence and abuse. (HD-R103-1998; Retained 2008)

*Revised Draft Statement for Council Consideration (based, in part, on AAP and ACOG policy):*

The MMA cautions that the proliferation of violent, sexist, and dehumanizing sexually explicit material has the potential to distort perceptions of healthy relationships and negatively affect social norms. The MMA urges physicians and other health care providers to communicate with families on ways to protect children from viewing sexually explicit material. The MMA further supports comprehensive sexuality education that is medically accurate, evidence-based, age-appropriate, and that addresses forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation and questioning, communication, recognizing and preventing sexual violence, consent, and decision making.