

No Excuses: Televised Pornography Harms Children

Elissa P. Benedek, MD, and Catherine F. Brown, EdM

When Potter Stewart, then an associate justice of the United States Supreme Court, remarked that he could not define pornography but knew it when he saw it, he highlighted a major challenge confronting a society that sometimes seems to be engulfed in a tide of graphic sexual imagery. So subjective as to exist almost entirely in the mind of the beholder, pornography appears to defy classification, yet everyone “knows” it as a ubiquitous phenomenon, distinct from other forms of expression. Even its purveyors would acknowledge that its sexual power is derived from its defiance of (and, some might say, its assault on) societal norms and standards.

Whether pornography is harmless or harmful—and to whom—is difficult to state with certainty.¹ The stakes in trying to answer these questions have been raised considerably because of increasing opportunities for children to see and hear pornographic images. Access expanded by the growth of cable television can bring pornographic sounds and images into the living room, whether wanted or unwanted. A scientific approach to the problem is not easy; few studies exist on the effects of pornography on young children, and those that might be done would be beset by methodological pitfalls of all kinds.² Nevertheless, we believe that enough empirical and theoretical evidence exists to prompt alarm about the exposure of children to pornography and to support a vigorous effort to shield them from it.

These issues were underscored in late 1998 when one of us (EPB) testified for the Department of Justice in the case *Playboy Entertainment Group v. the United States of America et al.* Playboy had challenged certain provisions of the Telecommunications Act of 1996 that govern partial reception of sexually explicit adult cable-television programming in the homes of people who do not want it. Such programming is paid for on a subscription or pay-for-view basis;

thus, theoretically at least, households that do not subscribe to adult channels or request adult pay-per-view programs should not have access to them. Since “signal bleed”—the partial reception of video image and/or audio sounds—is not uncommon, however, the programs can be seen and heard in many nonsubscribing homes.

The 1996 law gave cable operators two methods to ensure that children would not be exposed to televised pornography: they could either fully scramble or block the broadcast signal or limit transmission to hours of the day when a significant number of children are not likely to view it (10 P.M. to 6 A.M.). Playboy challenged the constitutionality of these limitations, arguing that cable subscribers could, under a less restrictive provision of the law, obtain free electronic blocking devices from their cable operators for home installation. In December 1998 the District Court of the United States for the District of Delaware upheld Playboy's position, but because the court concluded that “there is sufficient risk of harm to susceptible minors to warrant protection from sexually explicit signal bleed,” it required Playboy to ensure that cable operators carrying its programming inform all subscribers about the availability of blocking devices.

That children can be exposed to the sights and sounds of sexually explicit material angers and disturbs parents who have consciously made the decision to protect their family by not subscribing to premium adult programming. These parents, however, have no control whatsoever when their children are visiting friends or relatives who may not have known about blocking devices or did not go to the bother of having them installed on their television sets.

The psychiatrist's testimony in the case focused on the potential harmful effects in children and adolescents of viewing pornography on cable television. The prime sources of information on which the testimony was based derived from clinical experience, knowledge of modeling and developmental theory, the few studies that exist about the effects of pornography on adolescents and adults, and inference from knowledge of the effects of mass media violence on child and adolescent behavior. It was not suggested that viewing televised pornography leads to mental illness or disorders, but rather that all children who view televised pornography are

Reprint requests: Elissa P. Benedek, MD, 3607 Chatham Way, Ann Arbor, MI 48105.

Harvard Rev Psychiatry 1999;7:236-240.

© President and Fellows of Harvard College

at some risk for emotional disturbance, as evidenced by nightmares, anxiety, modeling behavior, and problematic attitudinal changes.

WHAT IS PORNOGRAPHY?

In trying to address this question, our first task was to understand the distinctions among pornography, obscenity, erotica, and indecency. Defining these terms, which is vital to government attempts to regulate material of a sexual nature, remains a major source of conflict and controversy. In its Final Report, published in July 1986, the Attorney General's Commission on Pornography¹ noted that "pornography" seemed to mean any discussion or depiction of sex to which the person using the word objected. The commission said that such a definition was not adequate and that an attempt to define the term based on regulatory goals or condemnation would not be appropriate. Stating that "erotica" was as hard to define as "pornography," the commission opted not to provide a definition. It said that "erotica" was generally seen to connote the converse of pornography and was used to describe sexually explicit materials of which the user of the term approved. For some, the word describes any sexually explicit material that contains neither violence nor subordination of anyone; for others, it refers to almost all sexually explicit material. Yet others would include only material containing generally accepted artistic value. Playboy insisted that the material it showed on its channels was simply erotica. In this column a reference to material as "pornographic" means only that the material is predominantly sexually explicit and intended primarily for the purpose of sexual arousal. It does not necessarily indicate that the material is violent.

LITERATURE ON CHILDREN'S EXPOSURE TO PORNOGRAPHY

A literature search conducted for us in late 1997 on *Medline* and *PsycInfo* by the American Psychiatric Association library uncovered few studies of direct relevance to the *Playboy* case. One unpublished study on children's exposure to pornography (D.M. Elliott, unpublished manuscript) was provided by a government lawyer. Surprisingly, this investigation found that sexually reactive behaviors—including oral copulation with a same-age child, insertion of an object into one's own anus or vagina or that of a same-age child, simulating sexual intercourse, or excessive masturbation with an object—were most apt to be displayed not by children who had been sexually abused but by those who had been exposed to pornography.

The paucity of information on the effects of children's exposure to pornography is not surprising because of several basic research problems. The first issue involves ethical con-

straints³ that limit the type of research design that can be used. Although the exact short-term effects of exposing children and adolescents to pornography are unknown, enough evidence has accrued to date for people to conclude that exposing youngsters to pornography for experimental purposes would likely produce ill effects. For this reason, institutional review boards would be unlikely to approve research in which children were exposed to pornography as part of the research design. Even if it could be demonstrated that negative short-term effects could be controlled by debriefing, investigators would have to be able to assert—and currently they cannot—that the long-term effects of a child's involvement in such research would be negligible. Moreover, children themselves are too young to give competent consent or even assent to take part in such experiments, and parents or parent surrogates who were willing to permit their children to participate could risk prosecution for child sexual abuse or contributing to the delinquency of a minor (P. Dietz, unpublished manuscript).

Although controlled experimental data are not available, some information about the effects on children of exposure to pornography comes from clinical observation, developmental psychology theory, and nonexperimental studies.

Child-development theories support the conclusion that children may be harmed by exposure to televised pornography. The effects on a child of being exposed to pornography (or for that matter, to any phenomenon) are greatly influenced by the child's stage of development.^{4,5}

Children up to 9 years old frequently confuse explicit parental sexual activity with violence because they do not understand what sex is, and sexual behavior looks violent to them because of the intense, repetitive, and unfamiliar movements. Children hearing sexual cries, grunts, or moans often associate them with reactions to pain. For example, when a child in a therapeutic playroom was heard to say, "My daddy hurt my mommy last night," it was clear that the child was referring to parental sexual activity, not physical or sexual abuse. Children viewing explicit sexual activity on television may perceive it as violence. This may be as traumatizing as seeing actual violence, and sleep disturbance, nightmares, and regressive behavior may result.

All normal children go through a predictable sequence of sexual development. This commences with the highly pleasurable sensations generated by the infant-mother transaction. The normal developmental line continues with differentiation of the self from others and appreciation of the child's own genitals, incorporation by the child of his or her sexual parts into a body concept, limited exhibitionism to "test" adult reactions, and expansion of erotic interests to include parents, siblings, and finally peers, followed by integration of the genitals and genital function within the concept of self.⁶ Viewing pornography may interfere with, or inappropriately accelerate, this normal sexual development.

For example, all children experiment with their sexuality beginning at a very early age, and "let's play doctor" games are common.⁶ However, the ideas incorporated from viewing pornography may provide a fertile field for games even more harmful.

Modeling theory also suggests that children may be harmed by exposure to televised pornography. Children frequently imitate the language and sounds that they hear on television;^{7,8} even infants as young as 14 months of age incorporate behaviors that they see on television.⁸ Television is a primary and effective sex educator, regardless of whether the information is accurate or wanted.⁹

An unpublished paper on the effects of telephone pornography on children demonstrates the modeling effect. Dr. Park Dietz (unpublished manuscript) cited two clinical examples of children who imitated the behavior and language that they had heard on a telephone pornography service. In the first example, children who had been exposed over the course of about a week approximately 6 weeks earlier to a telephone pornography service recalled many of the statements that they had heard. These included: "Remember when you squirted shampoo up my twat?" "You get me so hot. Oh, please, do it to me. Oh, come on, all the way. I can take it." "Come on, it feels so good. Oh, please! More! More!" The 13-year-old boy who had had the most exposure to the messages had vaginal intercourse with his sister's 12-year-old friend after they had listened to more messages and played a game of "dare." When the boy's mother asked him why he had engaged in sexual intercourse, he responded, "It sounded like fun. . . . You know, the phone call—the \$74 phone call."

In the second example Dietz cited, a 12-year-old boy listened to a telephone pornography service and at first considered the messages "disgusting," "terrible," and "sick." About a month later he listened with two friends to 75 calls in a 2-hour period. He later explained, "It was almost like we were off in some other world, and we weren't even thinking what we were doing right then." Two weeks later, the boy orally penetrated a 4-year-old girl.

Dietz's report clearly suggests the danger of exposing children to televised pornography, even when it contains only an audio component. As mentioned above, because of signal bleed, the audio component of televised pornography may sometimes be clearly heard in homes that do not subscribe to adult channels, regardless of the clarity of the picture.

Studies dealing with the effects of televised violence on children give additional insight into the potential effects of pornography on them.¹⁰ Violence shares with sexuality the potentials to stimulate and to be cognitively confusing to children in a manner influenced by their developmental stage; it also shares the propensity to elicit imitation. Exper-

iments^{11,12} have demonstrated that most subjects who observe media violence tend to behave more aggressively than do subjects in control groups. Research has also shown that young boys who watch violent television programs exhibit aggressive behavior.¹² In many of these investigations, children or adolescents were observed unobtrusively after being exposed to an aggressive or nonaggressive film. One meta-analysis¹² suggested that the influence of erotica and violent erotica on viewers is analogous to that of violent portrayals.

Research suggests that "cognitive priming" occurs as a result of television viewing. When one thought is activated, other thoughts strongly connected to that thought are also activated. Aggressive ideas in violent television programs are believed to activate other aggressive thoughts in viewers through their association in memory pathways.¹¹ By inference, sexual activity heard or seen on television may stimulate other sexual ideation in young children. Violence on television or in the movies may affect child viewers by reducing inhibitions against violence and by teaching them how to be aggressive.^{7,13} That television viewing has such a major impact on children is understandable because of the copious amounts of exposure they have to this medium. By the time they graduate from high school, American children will have been exposed to 15,000 hours of television viewing, a daily activity second only to sleeping.⁹

The potential harm to children in viewing televised pornography is not limited to the possibility that such exposure directly causes the child or adolescent to repeat or model the behavior. Harm may include changes in other domains, such as attitudes, morals, values, family or community relationships, and psychological and emotional well-being.² Exposure of children to pornography may encourage premature sexual activity because it may legitimize certain sexual behavior and counteract societal prohibitions concerning such conduct. It also may cause conflict within families when children imitate behavior or language contrary to the values taught by their parents.

A number of studies suggest that prolonged use of pornography increases beliefs that less-common sexual practices are more common.² The same studies indicate that as a function of exposure to certain forms of nonviolent pornography, some men become less repulsed by extreme forms of pornography, are more likely to believe that various unusual sexual behaviors are more common, and are less condemning of such behaviors. Once these permissive attitudes have been formed, they are not easily reversible. Malamuth² noted that these findings, from research conducted on young men at least 18 years old, are likely to be at least as strong for adolescents and children.

Studies on adults who have viewed pornography^{2,14} show that messages conveyed in pornography shape viewers' attitudes. When a certain type of adult sexual behavior is de-

picted in a positive light, children likewise may perceive it as a more normative act for them and are more likely to believe that they would derive pleasure from attempting it. For example, if participants are shown engaging in sodomy and appear to be enjoying it, children are more likely to believe that they, as children, would derive pleasure from the same activity. Again, once such attitudes have been formed, they may not be easily reversed by educational interventions. Thus, for children and adolescents, preventing their exposure to pornographic materials is the best course.²

THE NEED FOR MORE RESEARCH

Several existing sources of data might help to answer questions about the effects of televised pornography on children, but none lacks major difficulties that need to be considered when new research studies are contemplated. One major source consists of clinical studies and clinical experience. Obviously, clinical investigations have certain limitations. Children who come to the attention of clinicians ordinarily do not have a single problem with a single etiology. They often issue from troubled biopsychosocial backgrounds. Isolating the specific effects of the variable being considered (such as exposure to televised pornography) from other potentially influential variables is difficult if not impossible. Using clinical data alone, a researcher cannot attribute a particular amount of an observed effect to the variable in question. For example, in clinical practice one of us (EPB) saw a child who had been forced to watch televised pornography with her mother for long periods. How much of this young child's distress and sexual acting-out was attributable to the viewed pornography, how much to her mother's disturbance, and how much to enforced passivity was difficult to determine. However, it was clear that the child's language and behavior had to some extent been modeled on what she had been forced to view.

One of the most subtle problems emanating from clinical reports is observer bias, the tendency for persons who report on a clinical phenomenon to interpret and report their observations in a way that supports their beliefs about the phenomenon in question. For example, a psychiatrist served as a consultant in the case of a child who had been pinpointed as the leader of an epidemic of off-color language at his nursery school. The boy claimed to have viewed sexually explicit television. His parents agreed that their son had (inadvertently) viewed sexually explicit material on television. The psychiatrist related this incident as an example of modeling from television and was challenged for being a biased observer. The lawyers suggested other possible sources for the child's profanity, including playmates and parents using off-color language.

Information about the effects of televised pornography on

children and adolescents can also be obtained from experimental laboratory studies. Laboratory studies would allow researchers to assign subjects randomly to different conditions of exposure, to compare the effects of exposure to sexually explicit materials with those of exposure to sexually violent material, and to compare the effects of brief exposures with those of repeated exposures. However, some critics question the psychological validity of laboratory studies and suggest that they do not reflect the real world. Also, as noted previously, researchers face the ethical issue of the use of children and adolescents in such investigations.

Perhaps the most ethical and safe route to studying the effects on children of exposure to televised pornography is epidemiological studies of large populations and longitudinal investigations of subjects identified as having been exposed to televised pornography as children. Such studies could examine differences in potential bad outcomes between populations that differ in exposure to televised pornography, or changes over time as such material becomes more available. They could also be used to identify other risk factors, such as demographic variables. Further research could be done to determine whether the results of studies on exposure to televised violence are analogous to those on exposure to televised pornography.

SUMMARY

All youngsters are at some risk from exposure to televised pornography, as described above. At particular risk for harm, however, are the most vulnerable children in our society—children in single-parent homes, children with mental and emotional disturbances, mentally challenged children, children who have been physically and/or sexually abused, and children in dysfunctional families. Youngsters for whom television serves as a babysitter or parental surrogate unfortunately are exposed to few competing influences to television viewing.¹⁵ In addition, parents in such homes are least likely to know what their children are viewing and to be able to pass on their own values about sex and sexual behavior.

The main possible effects of televised pornography that must concern us as clinicians, educators, and parents are modeling and imitation of language heard and behaviors observed in televised pornography; negative interference with children's normal sexual development; emotional reactions such as nightmares and feelings of anxiety, guilt, confusion, and/or shame; stimulation of premature sexual activity; development of unrealistic, misleading, and/or harmful attitudes toward sex and adult male-female relationships; and undermining of family values with resultant conflict between parents and children.

Much more research is clearly needed on this topic. Because of the ethical and procedural problems surrounding

research on children exposed to pornography, ideal research designs may never be possible. Nonetheless, we hope that this article will stimulate further discussion and work. To devise public policy that protects children from potentially harmful material while at the same time respecting the media's First Amendment rights, such public discourse and responsible research are essential.

REFERENCES

1. Attorney General's Commission on Pornography. Final report. Washington, DC: US Department of Justice, 1986.
2. Malamuth NM. Pornography's impact on male adolescents. *Adolesc Med State Art Rev* 1993;4:563-76.
3. American Psychiatric Association. Principles of medical ethics with annotations especially applicable to psychiatry. Washington, DC: American Psychiatric Press, 1995.
4. Yates TT. Theories of cognitive development. In: Lewis M, ed. *Child and adolescent psychiatry: a comprehensive textbook*. 2nd ed. Baltimore: Williams & Wilkins, 1996:134-55.
5. Palermo GB. Adolescent criminal behavior: is TV violence one of the culprits? *Int J Offender Ther Comp Criminol* 1995;39:11-22.
6. Yates A. Childhood sexuality. In: Lewis M, ed. *Child and adolescent psychiatry: a comprehensive textbook*. 2nd ed. Baltimore: Williams & Wilkins, 1996:221-35.
7. American Academy of Child and Adolescent Psychiatry. *Children and TV violence, facts for families* (fact no. 13). Washington, DC: American Academy of Child and Adolescent Psychiatry, 1995.
8. Centerwall BS. Television and violence: the scale of the problem and where to go from here. *JAMA* 1992;267:3059-63.
9. Strasburger VC. Adolescent sexuality and the media. *Pediatr Clin North Am* 1989;36:747-73.
10. Liebert RM, Sprafkin J, Davidson E. The early window: effects of television on children and youth. Needham Heights, Massachusetts: Allyn & Bacon, 1988.
11. Felson RB. Mass media effects on violent behavior. *Ann Rev Sociol* 1996;22:103-28.
12. Paik H, Comstock G. The effects of television violence on antisocial behavior: a meta-analysis. *Communications Res* 1994;21:516-46.
13. Lazar BA. Why social work should care: television violence and children. *Child Adolesc Soc Work J* 1994;11:3-19.
14. Corne S, Briere J, Esses LM. Women's attitudes and fantasies about rape as a function of early exposure to pornography. *J Interpers Violence* 1992;7:454-61.
15. Page RM, Hammermeister J, Scanlan A, Allen O. Psychosocial and health-related characteristics of adolescent television viewers. *Child Study J* 1996;26:319-31.