

# How Pornography Is Impacting Patients

## Introduction

Historically, healthcare professionals have taken the lead in raising awareness and mitigating many types of public health crises, such as infectious diseases, mental health, opioids, and community violence. The current crisis of pornography exposure among children requires the same approach. Porn exposure undermines the whole-person health of young people. It impacts every facet of their developmental wellness: social, emotional, cognitive, sexual, and physical.

**It is essential to talk with patients and parents about pornography exposure because of its significant negative health impacts on children and adolescents.**

## The Problem

- Pornography today is easily accessible, free, and anonymous.<sup>1</sup>
- The average age kids are exposed to violent pornography is 12.<sup>2</sup>
- Pornography has become the major form of sex education.<sup>3</sup>
- Mainstream pornography is violent and based on the degradation and abuse of women and children.<sup>4</sup>

## Health Risks

Exposure to pornography is linked with numerous health risks in children and adolescents.

Research shows that it:

- gives rise to sexual misconduct.
- can lead to abuse of younger children.
- leads to violent sex.
- encourages strangulation.
- puts girls at risk of being victimized.
- teaches that hurting women is pleasurable.
- can lead to bullying.
- decreases the capacity for empathy, which is linked to poor relationship skills.
- is related to substance abuse.
- can harm social relations.
- alters young people's brains.
- can lead to depression.
- teaches sexism and objectification.
- teaches acceptance of violence against women.
- is linked to negative body image and low self-esteem in girls.
- is linked to risky sexual behavior (i.e. multiple sex partners, earlier age of first sexual encounter, decreased condom use, higher risk for STIs).

1 See [Crabbe et al., 2024](#); [Donevan & Mattebo, 2017](#); [Horner, 2020](#); [Massey et al., 2020](#); [Mori et al., 2023](#);

2 See [Crabbe et al., 2024](#); [Gassó et al., 2021](#); [Herbenick et al., 2020](#); [Robb & Mann, 202](#)

3 See [Davis et al., 2017](#); [Pirrone et al., 2022](#); [Wright et al., 2018](#)

4 See [Bernstein et al., 2022](#); [Bridges et al., 2010](#); [Carrotte et al., 2020](#); [Davis et al., 2018](#); [Horner, 2020](#)

## Talking Points with Parents/Caregivers About Pornography

- Let them know that accessing online pornography today is simple, as any child with a connected device is only several clicks away from porn ([American College of Pediatricians, 2024](#)). This can be intentional or unintentional exposure.<sup>1</sup>
- Reinforce that while parental controls are indeed useful, they cannot be the only solution to this problem. Even if a device is being monitored, children can be exposed to pornography through peers, older siblings, or school devices.
- Discuss some of the research provided above on the health risks to children. For many kids, online porn has become their primary source of sex education. It is developmentally normal for kids to be curious about sex, but pornography does not endorse healthy intimacy or healthy relationships.
- Encourage them to talk with their child about pornography. One useful resource to offer parents and caregivers is [Culture Reframed's free courses](#).
- Explain to parents that these conversations can be uncomfortable. Encourage them to start small. It is better to have a series of short conversations instead of one long conversation.
- Ensure that when talking to younger or neurodivergent children the conversation is developmentally appropriate.
- Encourage parents to be empathetic and non-judgmental in their conversation, and to praise their child for being open and willing to talk with them. Let them know that their safety and well-being is the top priority.

## Talking Points with Patients About Pornography

- Ask patients if they view pornography as you assess for online safety (see screening tool and education). While porn exposure is common at young ages, the questions need to be appropriate for the patient's development and age.
- Be open and non-judgmental. Do not blame or shame the patient.
- Make appropriate referrals for concerns around problematic sexual behavior, habitual pornography use, or risky behaviors online.<sup>2</sup>

[Sign up here to explore more resources.](#)

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<sup>5</sup> See [Camilleri et al., 2021](#); [Rodrigues, 2023](#);

<sup>6</sup> See [Lane & Seltzer, 2023](#); [Midwest Regional Medical Academy, 2019](#); [Thompson & Svendsen, 2023](#)