

Pornography is Causing a Public Health Crisis.

A Naked Truth Research Report
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About the Naked Truth Project.

The Naked Truth Project exists to create “**open eyes and free lives**” by helping people understand the impact of pornography and providing practical pathways to freedom. Our work includes relationships and pornography education in secondary schools, workshops for parents and a dedicated education and recovery app for teenagers. We equip young people, parents and professionals with the knowledge and tools to navigate the challenges of today’s digital world.

Alongside our education work, we provide accessible and affordable online professional recovery support for individuals, partners and spouses affected by pornography. We also work to raise awareness of the issue through research and advocacy. Today, the Naked Truth Project team is based in more than 50 cities worldwide, with registered charities in both the UK and South Africa, delivering awareness and education programmes across both nations and providing recovery programmes internationally.

A message from the CEO.

Since 2014, the Naked Truth Project has been working at the intersection of education, recovery, research and public policy to address the impact of pornography on individuals, relationships and society. We have supported thousands of people through specialist recovery services while equipping around 20,000 young people each year with the knowledge and skills to navigate an increasingly complex digital world. Throughout that time, one thing has become increasingly clear: the harms associated with pornography are not confined to individual experience but have significant implications for public health, relationships and wider society.

Our work has always been shaped by what we see on the frontline. Every conversation with a young person, every counselling session, every school workshop and every family seeking support reinforces the importance of evidence-informed responses to this issue. That is why we are committed not only to delivering practical support but also to contributing constructively to research, policy and public dialogue.

This report represents the culmination of many months of careful work by our research and policy team. I want to express my sincere gratitude to everyone who has contributed their expertise, time and dedication to producing this important piece of work, both the dedicated team at the Naked Truth Project and the external experts who have so generously shared their knowledge and insight. Their commitment to rigorous research, balanced analysis and practical recommendations reflects the high standards we seek to uphold as an organisation.

It is our hope that this report will provide policymakers, practitioners and decision-makers with a valuable evidence base to inform future discussion and action. We offer it as a constructive contribution to a conversation that is increasingly important for the wellbeing of individuals, families and communities across the UK.



Ian Henderson
CEO & Founder

Executive Summary.

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Pornography is causing a public health crisis.

Pornography has become a commonplace feature of modern digital life. Advances in internet technology, smartphones and social media have made pornography more accessible than at any point in history, with exposure often beginning during childhood or adolescence. While public debate has increasingly and quite rightly focused on online safety, violence against women and girls, and questions of addiction as these are all incredibly important issues, there has been less attention given to the broader health impacts associated with pornography use.

This report examines the evidence on pornography-related harms from a public health perspective. Drawing on a Rapid Evidence Assessment of 47 peer-reviewed studies and a review of gambling harms policy and public awareness campaigns, it explores the mental health, sexual health, and physical health associated with pornography use and considers the implications for public policy and prevention.

This report found that:

- Early exposure to pornography is associated with an increased risk of problematic pornography use and addiction, escalation to more extreme and illegal pornography, compulsive sexual behaviour, pornography-induced erectile dysfunction and sexual risk-taking later in life.
- Pornography use is associated with a range of mental health harms, including anxiety, depression, stress, loneliness, body dissatisfaction and broader psychological distress.
- A growing body of evidence suggests that problematic pornography use shares characteristics with recognised behavioural addictions, including compulsive use, cravings, impaired control, escalation and continued use despite negative consequences.
- Pornography use is associated with increased sexual risk-taking, including lower condom use, greater participation in casual sex and higher rates of sexually transmitted infections.
- One of the most consistent findings in the literature is the association between pornography use and erectile dysfunction during partnered sex.
- While many studies are correlational, the consistency of findings across multiple populations and methodologies suggests that pornography-related harms warrant greater attention as a public health issue.
- Unlike gambling harms, there is currently no coordinated national strategy for addressing pornography-related harms in the UK.



Pornography-related harms should be recognised as a public health issue requiring a coordinated response.

Key recommendations.

To address pornography-related harms as a public health issue, this report recommends:

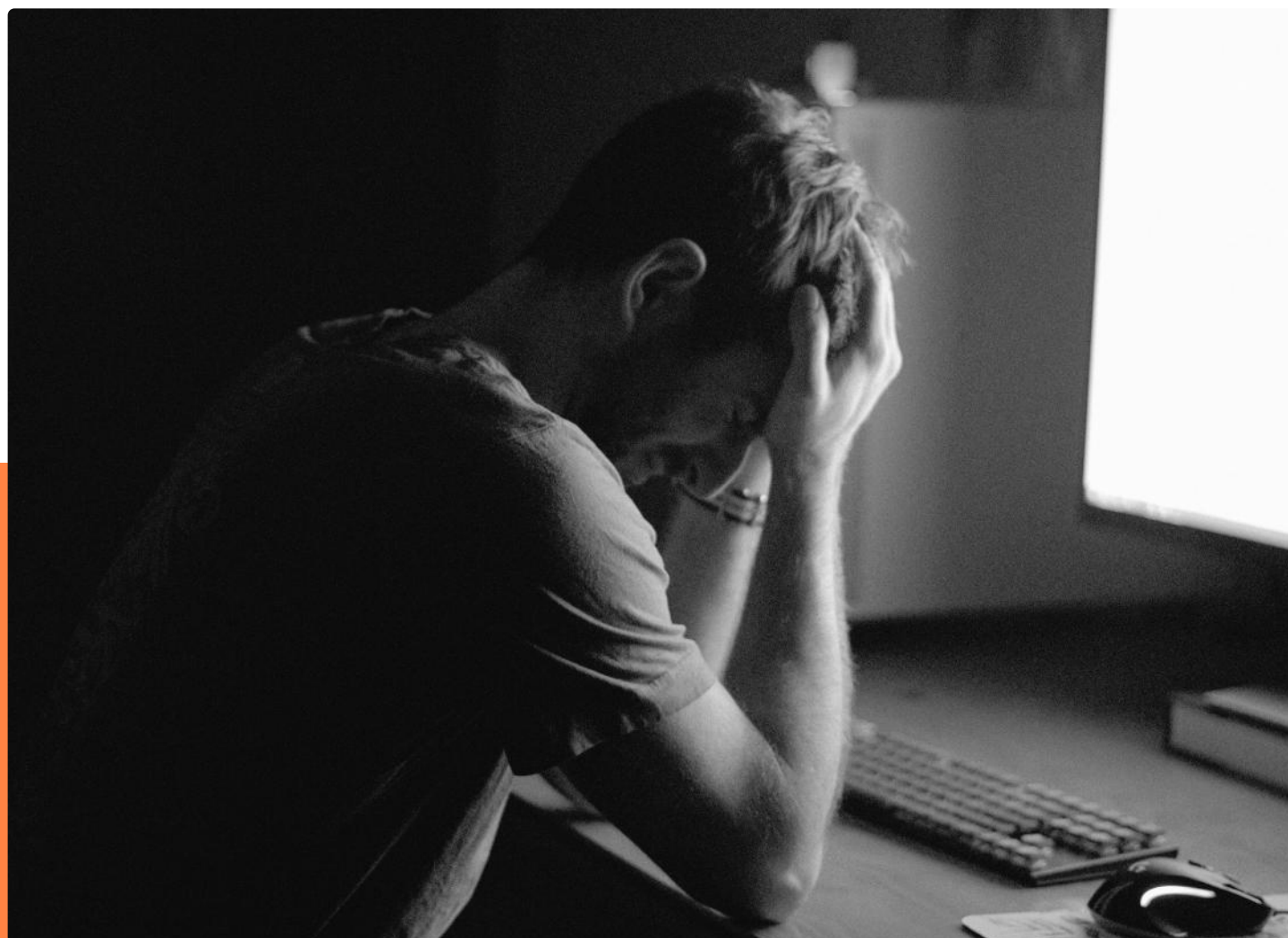
- Assigning clear government leadership by making a single government department responsible for coordinating policy on pornography-related harms.
- Developing a national strategy to reduce pornography harms, bringing together research, prevention, education, treatment and public awareness initiatives within a coherent framework.
- Developing NHS-backed information and resources to improve public understanding of pornography-related harms and signposting individuals to appropriate support.
- Improving public awareness of pornography-related harms through evidence-based campaigns and health warnings for pornography websites that reduce stigma, encourage help-seeking and promote informed decision-making.
- Greater depth and clarity in the delivery of relationships and sex education, enforced rigorously by Ofsted to ensure that children and young people receive evidence-based education on how the pornography industry works, the health harms of pornography including the risk of addiction, the messages about women and sexual relationships that pornography communicates and the impacts these have on perceptions and behaviours, and how to take back control and seek support if needed rather than general teaching on what pornography is which fails to fully cover all these risks, leaving students unable to make properly informed decisions about pornography.

- Improving access to support services for individuals, children and families experiencing pornography-related harms, including clear referral pathways and greater awareness among healthcare professionals and frontline practitioners.
- Supporting training for professionals, including teachers, General Practitioners and other healthcare professionals, youth workers and counsellors, to help them recognise and respond to pornography-related harms. As part of a national strategy to reduce pornography harms, each responsible professional body should develop guidelines and training for members with support from the new government department with responsibility for pornography.
- Continuing to strengthen prevention and early intervention efforts, such as Age Verification measures for pornography websites and device level restrictions for explicit content, ensuring these measures are implemented, monitored and enforced robustly.
- Encouraging cross-sector collaboration between government, health services, schools, charities, researchers and community organisations to support a coordinated public health response.

- Increasing investment in research alongside implementing these other recommendations to evaluate impact and strengthen understanding of the prevalence, causes and impacts of pornography-related harms, particularly through longitudinal studies.

The findings of this report suggest that pornography-related harms should be recognised as a public health issue requiring a coordinated response. A public health issue negatively impacts the health and wellbeing of a large population or community and requires substantial collective interventions, such as policy changes and public education to prevent illness. Pornography-related harms definitely meet this classification with our report showing that use is widespread nationally and cause a broad range of health harms including addiction.

While further research is needed to strengthen understanding of causal pathways, the evidence reviewed demonstrates that pornography-related harms extend beyond questions of addiction alone. A comprehensive public health approach encompassing research, prevention, education, awareness raising and support services will be essential to reducing harms and improving outcomes for individuals, families and communities across the UK.



Introduction.

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The growth of internet access and smartphone use has transformed the accessibility of pornography in the United Kingdom. Once largely confined to specialist publications and physical outlets, pornography is now available on demand and consumed by millions of people. Recent data from Ofcom¹ reported that 29 per cent of UK adults accessed a pornographic website in May 2024, equivalent to approximately 13.8 million people. Research by the BBFC² found that one in three adult pornography users had been exposed to violent or abusive content online within the previous three months, with over half expressing concern about the levels of violence depicted. Recent evidence³ also suggests that significant numbers of users continue to access unregulated pornography websites that operate outside age-verification requirements.

However, pornography is also widely accessed by children. Research conducted for the Children's Commissioner⁴ found that 70 per cent of young people had encountered pornography before the age of 18, with the average age of first exposure being 13 years. Many reported encountering pornography unintentionally, often through social media platforms⁵. Similar findings were reported by Dignify⁶, which found an average age of first exposure of 12 years and highlighted the role of accidental exposure, peer sharing and social media feeds in introducing children to pornography. Most children who encountered pornography subsequently viewed it again, and a substantial minority reported developing what they described as a pornography habit or addiction.

Growing concern has also been expressed about the role pornography plays in shaping young people's understanding of sex and relationships. Research⁷ has found that pornography is increasingly being used as a source of sex education, influencing expectations about sexual behaviour, consent and relationships. Studies commissioned by the Children's Commissioner⁸ and the BBFC⁹ found that many young people had encountered sexually violent content before adulthood and that exposure was associated with altered expectations regarding aggression and sexual behaviour. Nearly half of young adults surveyed reported having experienced a sexually violent act, raising important questions about the wider societal impact of pornography exposure during adolescence. A separate retrospective case file analysis¹⁰ of children subjected to harmful sexual behaviour who were referred to a sexual assault referral centre (SARC) found that to a large extent the harmful sexual behaviours documented mirrored those seen in online pornography, raising concerns about the impact pornography has on shaping sexual scripts and legitimising such violent behaviour.

To date, much of the policy debate surrounding pornography has focused on violence against women and girls, their online safety, and the question of whether problematic pornography use should be classified as an addiction. These are important issues, and legislative changes have attempted to provide better protections for the first of these issues, including introducing age verifications for pornography websites, restricting the most extreme content such as pornography

containing non-fatal strangulation and announcing a requirement for device level blocks on children sending and receiving explicit content. However, as both academic research and frontline support services increasingly demonstrate, the potential health harms associated with pornography both to adults and children extend beyond addiction alone. The evidence points to a broader range of mental, sexual, physical and behavioural harms that warrant greater attention from policymakers, health professionals and public health bodies.

The publication of the Independent Review of Pornography¹¹ by Baroness Bertin identified the work that had been done so far and represented an important step towards improving understanding of these harms. The review highlighted a range of concerns and made recommendations relating to regulation, public awareness and health policy. She noted that while progress has been made in areas such as age verification and restrictions on the most extreme content, significant gaps remain in understanding and responding to the broader health impacts of pornography use.

Against this backdrop, this report seeks to examine the evidence on pornography-related harms from a public health perspective. Drawing on a rapid evidence assessment of peer-reviewed research and a comparative review of gambling harms policy and prevention campaigns, it explores the mental health, sexual health and physical health impacts associated with pornography use. The findings are intended to inform future policy development, public awareness initiatives and support services aimed at reducing pornography-related harms in the UK.

Methodology.

The central part of the research was a review of literature on the health impacts, including mental health and sexual health, of pornography use among adults and adolescents. Several meetings were also undertaken with external experts and colleagues within Naked Truth with expertise in these areas to help develop the research methodology and provide additional advice and context. In addition to the review of literature, the project also included a brief review of campaigns to prevent gambling harms and research on the development of gambling policy and legislation in the UK. This component of the project was to help inform policy recommendations and provide insight into the most effective strategies for tackling behavioural harms.

Review of literature.

A rapid evidence assessment was undertaken between December 2025 and March 2026. The review sought to address the health impacts of frequent pornography use among adults and adolescents in general populations across the UK, US, Western Europe, and Australia, compared to non-users or individuals with lower usage patterns.

Appropriate search terms were formulated along with

inclusion and exclusion criteria. Literature included was restricted to peer-reviewed journals, although some grey literature is referenced in the report where it supports peer-reviewed findings. The review focused exclusively on pornography use, excluding literature on broader sexual disorders, unless these also included analysis of pornography use. Searches were run on Google Scholar, ProQuest Open Source and Scopus. Abstracts were then filtered based on the agreed inclusion and exclusion criteria.

Whilst there are undoubtedly health harms linked to the increase in sexual violence associated with pornography use (see report ‘Profits before People’ from CEASE⁷), there was an intentional decision made to exclude literature from this review exclusively looking at the impact of pornography on sexual violence. In a literature review conducted by the UK Government it was also concluded that *“there is substantial evidence of an association between the use of pornography and*

harmful sexual attitudes and behaviours towards women” (Upton et al. 2020, section 1.3¹²). Longitudinal research by Ybarra and Thompson (2018)¹³ also found that current exposure to violent pornography was strongly associated with sexual violence perpetration among 10 to 21 year olds.

As *Figure 1* demonstrates, the impacts of pornography are extensive. However, this review primarily focuses on the impacts to the individual rather than the broader harms of pornography to relationships, families, communities and society. The only exception to this is the health harms caused by ‘acting out’ or following specific actions from pornography where they may be done by choice (albeit potentially without full understanding of potential harms) therefore causing individual harm. Examples of this would be participating in unprotected anal or heterosexual anal sex which are riskier practices (as female anatomy puts them more at risk of harm) or choosing not to use a condom.

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One in three adult pornography users had been exposed to violent or abusive content online within the previous three months.

(Online Nation 2024, OFCOM)

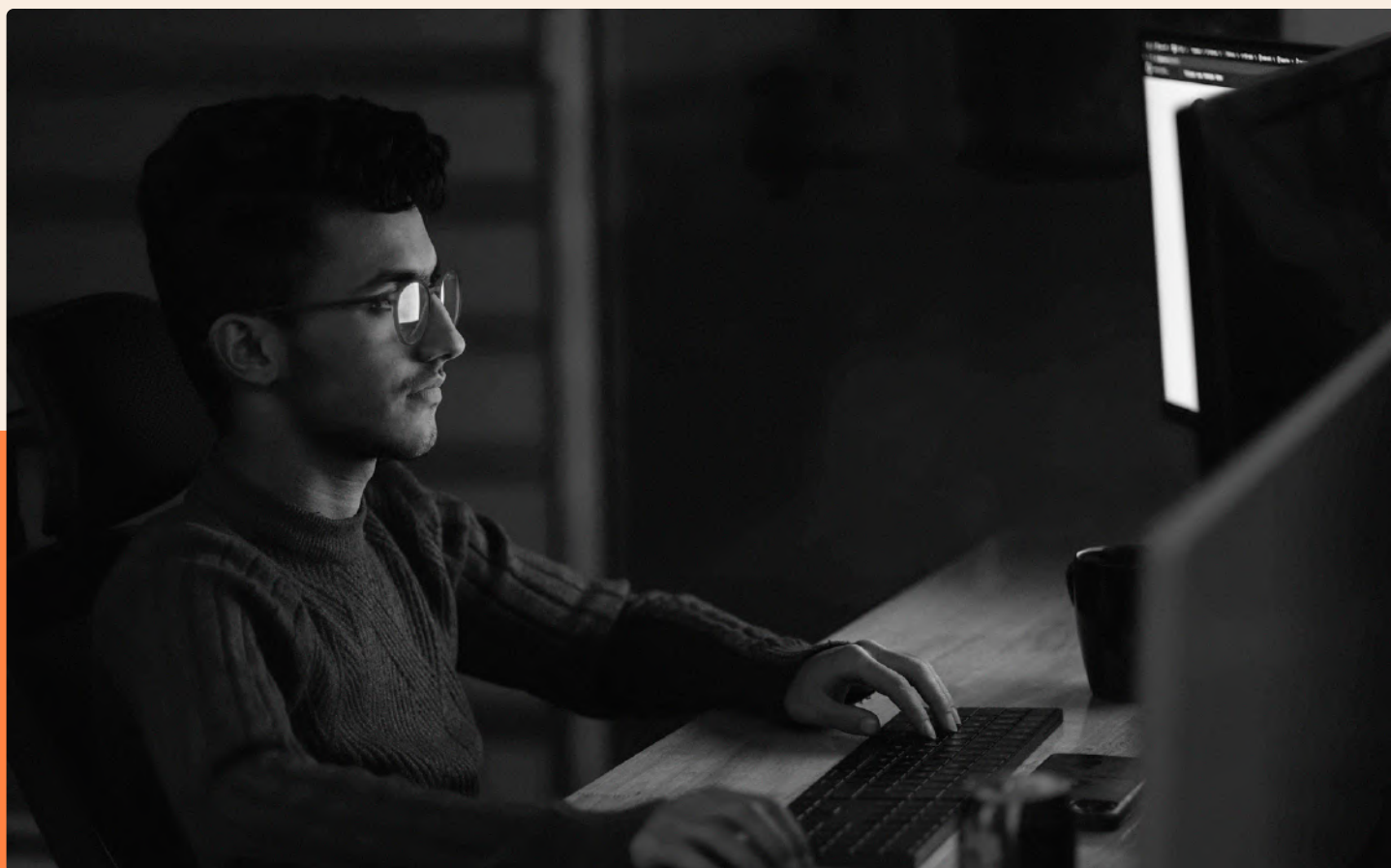


Figure 1:

Pornography is a public health issue.

Research shows that pornography causes individual harms and drives wider harms that affect relationships, communities and society.

Individual health harms.



Addiction

Compulsive use, loss of control, cravings.



Mental Health Harms

Anxiety, depression, stress, low self-esteem, body dissatisfaction.



Porn-related Erectile Dysfunction

Difficulty achieving or maintaining erections.



Sexual Risk Taking

Leads to lower contraceptive use and more sexually transmitted infections.

Broader harms: The cycle.



Porn Shapes Sexual Scripts

Men are portrayed as dominant, women as submissive.



Leads to Violence Against Women & Girls

Normalises inequality, coercion and aggression.



Acts Out What Is Seen

Increased risk of physical harm and sexual coercion.



Relationship Problems

Less satisfaction, loss of trust, conflict, infidelity.



Relationship Breakdown

Separation, family disruption, loneliness.



Further Mental Health Issues & Distress

Depression, anxiety, PTSD symptoms, low self-worth.

Harms extend beyond the individual.

These harms affect families, communities and society through:



- Increased gender inequality and violence.
- Poorer mental and physical health outcomes.



- Greater pressure on health and social services.
- Social and economic costs.

Reducing pornography builds safer, healthier communities.

Both the databases used for searches and the articles included were restricted to open-source content both due to budget and time constraints. Therefore, additional articles were also identified using relevant references from articles that met the inclusion criteria to ensure comprehensive coverage of the issue. All articles were assessed for quality using the Critical Appraisal Tools from the Joanna Briggs Institute¹⁴ and were only included if they were of sufficient quality. Forty-seven articles met the above criteria and were included in the final dataset.

Research on campaigns to reduce gambling harms.

Campaigns to reduce gambling harms were selected for investigation as gambling addiction has the most similarity to pornography harms as both are behavioural addictions, rather than alcohol or substance addictions and both are public health issues, requiring an approach encompassing research, prevention, education, awareness raising and support services to reduce harms for individuals, families, communities and society in the UK.

There has already been significant focus on gambling harm as a public health issue through policy interventions in the UK following the Gambling Act 2005 and the increase in gambling harms as online gambling and sports betting has seen substantial growth in recent years. As with pornography, this is largely due to increased accessibility with greater internet and smartphone usage. There is therefore an existing body of policy and interventions that can be explored. Taking this comparative approach looking at strategies to tackle gambling harms will enable lessons to be learned from the strengths and weaknesses of these approaches and hopefully will inspire the Government to take similar action to address the harms of pornography.

Web searches were undertaken using appropriate search terms to identify details of campaigns to tackle gambling harms, first confined to the UK and then looking more widely to the other countries included in the rapid evidence assessment. For each campaign an additional search was also undertaken to try and locate any evaluation of the campaigns. Campaigns were included in the review where the focus was clearly on tackling gambling harms and there was sufficient information on the campaign's aims, how it was delivered and the outcomes. This resulted in 13 campaigns being assessed for this project.

To understand the development of policy and legislation to tackle gambling harms in the UK, the main source of information was the Gambling Commission website and specifically the implementation actions and progress map¹⁵ for the National Strategy to Reduce Gambling Harms which ran from 2019 until 2022. This document provides a comprehensive summary of the organisations involved in the delivery of this strategy and the actions taken to tackle gambling harms in the UK. Other web searches were also taken to supplement and follow up on this information.

Findings

Rapid evidence assessment.

The health harms identified in the literature review can be grouped under four headings:

1. Harms of early onset pornography use
2. Mental health harms
3. Sexual health harms
4. Physical health harms



Citations.

¹[Ofcom, 2024](#)

²[British Board of Film Classification \(BBFC\), 2025](#)

³[The Independent, 2026](#)

⁴[Children's Commissioner, 2025a](#)

⁵[Children's Commissioner, 2025b](#)

⁶[Dignify, 2025](#)

⁷[Centre to End All Sexual Exploitation \(CEASE\), 2024](#)

⁸[Children's Commissioner, 2023](#)

⁹[British Board of Film Classification \(BBFC\), 2020](#)

¹⁰[Barraclough, Cain, Laws and Kelly, 2026](#)

¹¹[Baroness Bertin, 2025](#)

¹²[Upton, Hazell, Abbott and Pilling, 2020](#)

¹³[Ybarra and Thompson, 2017](#)

¹⁴[Joanna Briggs Institute, 2025](#)

¹⁵[Gambling Commission, 2022](#)

The harms of early onset pornography use.



Key findings.

Early exposure was associated with a greater likelihood of developing compulsive or addiction-like patterns of pornography use later in life. The evidence consistently suggests that exposure to pornography at younger ages is associated with an increased risk of a range of adverse outcomes later in life. These include higher rates of compulsive sexual behaviour, greater risk of problematic pornography use, increased risk of escalation to illegal pornography, increased sexual risk-taking, pornography-related erectile dysfunction, and poorer mental health outcomes.

Evidence summary.

Several different types of studies identified age of first exposure to pornography as an important predictor of later harms. Individuals who began viewing pornography at younger ages were more likely to report compulsive sexual behaviour, higher levels of pornography consumption, and greater indicators of problematic or addictive use (Voon et al., 2014¹⁶, Harper and Hodgins¹⁷, 2016). Early exposure was also associated with higher levels of anxiety and stress in later life (Camilleri et al., 2021¹⁸).

Research suggests that younger exposure to pornography may increase vulnerability because adolescence represents a critical period of neurological development. Taylor (2018)¹⁹ argues that pornography use during adolescence may contribute to the formation of particularly strong neural pathways due to the interaction between sexual arousal, reward mechanisms and

ongoing brain development.

Evidence also indicates a relationship between early exposure and pornography-related erectile dysfunction. Jacobs et al. (2021)²⁰ found that individuals who began masturbating to pornography at younger ages reported significantly higher rates of erectile dysfunction and higher scores on measures of problematic pornography use. Similarly, Harper and Hodgins (2016)¹⁷ found that earlier exposure was associated with more frequent pornography use, longer viewing sessions and greater likelihood of meeting criteria associated with addictive patterns of use.

Sexual risk-taking.

A consistent finding across the literature is that earlier exposure to pornography is associated with greater sexual risk-taking. Studies including both a systematic review and longitudinal study found that individuals exposed at younger ages were more likely to engage in behaviours such as casual sex, condom-less sex, concurrent sexual partnerships and substance use before sexual activity (Harkness et al., 2015; Rivas-Koehl et al., 2023²²). These behaviours are associated with increased risks of sexually transmitted infections, unintended pregnancy and other health harms.

Importantly, some of these associations were identified in longitudinal research, suggesting that early exposure may have consequences that extend well into adulthood. Rivas-Koehl et al. (2023)²², for example, found that early pornography use predicted later substance use before sex. A report by Hanson

(2020)²³ found that pornography leads to impersonal sexual scripts in adolescents and more objectified views of women. She found a strong association between pornography and risky consensual scripts, such as ambiguous communication, casual sex and alcohol use in relationships.

Research by Herbernick et al (2020)²⁴ showed a significant association between the age at which individuals began watching pornography and more dominant and harmful sexual practices, with those exposed to pornography at a younger age more likely to engage in practices such as choking, spanking, pressuring partners into sexual acts and aggressive fellatio (see section on physical harms for more details on the harms linked to these practices).

Longer-term impacts.

The evidence also points to potential longer-term consequences for relationships and sexual behaviour. Koletic et al. (2021)²⁵ found that individuals exposed to pornography at younger ages were more likely to report negative impacts on sexual satisfaction, relationship satisfaction and perceptions of sexual realism later in life.

Some studies have raised concerns about escalation in pornography consumption. Seigfried-Spellar (2016)²⁶ found that individuals reporting the use of deviant or illegal pornography were significantly more likely to have been exposed to pornography at younger ages than those reporting only legal pornography use. These findings align with concerns raised by the Lucy Faithfull Foundation²⁷ regarding escalation pathways and the role of novelty-seeking behaviour in pornography consumption.

Conclusion.

Taken together, there is clear evidence from a range of different scientific studies suggesting that early exposure to pornography is associated with a range of adverse outcomes affecting mental health, physical health, sexual health, relationships and behaviour. Where many different studies such as cross-sectional, experimental, longitudinal and qualitative are all identifying harms, it is clear that pornography is clearly negatively impacting children. Given that recent UK research suggests that many children first encounter pornography between the ages of 12 and 13, these findings make an urgent case for prevention, education and early intervention initiatives aimed at reducing exposure during childhood and adolescence.

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Exposure to pornography at younger ages is associated with an increased risk of a range of adverse outcomes later in life.



Citations.

¹⁶ [Voon, Mole, Banca, Porter, Morris, et al, 2014](#)

¹⁷ [Harper and Hodgins, 2016](#)

¹⁸ [Camilleri, Perry and Sammut, 2021](#)

¹⁹ [Taylor, Elisabeth, 2018](#)

²⁰ [Jacobs, Geysemans, Van Hal, Glazemakers, Fog-Poulsen, Vermandel, De Wachter, De Win, 2021](#)

²¹ [Harkness, Mullan and Blaszczyński, 2015](#)

²² [Rivas-Koehl, Valido, Espelage et al., 2023](#)

²³ [Hanson, 2020](#)

²⁴ [Herbernick et al, 2020](#)

²⁵ [Koletić, Štulhofer, Hald, and Træen, 2021](#)

²⁶ [Seigfried-Spellar, 2016](#)

²⁷ [Bailey and Moran, 2024](#)

Mental
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Key findings.

The evidence reviewed consistently links pornography use, particularly problematic or compulsive use, with a range of adverse mental health outcomes. Across multiple studies, pornography use was associated with higher levels of anxiety, depression, stress, loneliness, emotional dysregulation, body dissatisfaction and broader psychological distress. While the relationship appears complex and potentially bidirectional, the findings suggest that pornography use may both contribute to and be used as a coping mechanism for mental health difficulties.

Anxiety, depression and psychological distress.

A substantial body of evidence identified associations between pornography use and poorer mental health. Several studies found that individuals reporting problematic pornography use (PPU) or self-perceived problematic pornography use experienced significantly higher levels of anxiety, depression and stress than non-problematic users (Camilleri et al., 2021¹⁸; Altin et al., 2024²⁸; Mennig et al., 2022²⁹).

The relationship appeared particularly strong among individuals reporting compulsive patterns of use. Mennig et al. (2022)²⁹ found that problematic pornography use was associated with a broad range of psychological symptoms, including obsessive-compulsive tendencies, interpersonal sensitivity, hostility and psychoticism. Similarly, Sommantico et al. (2021)³⁰ reported links between problematic pornography use, depression, body dissatisfaction and reduced relationship satisfaction.

Evidence suggests that these harms are not confined solely to those experiencing severe addiction. Hesse and Floyd (2019)³¹ found that higher levels of pornography consumption were associated with increased symptoms of depression, but the majority of the participants in their study were low level users of pornography and didn't show problematic or addictive use. Research by Lim et al. (2017)³² also identified similar mental health difficulties among less frequent users, suggesting that harms may extend beyond those meeting criteria for problematic use.

Loneliness, emotional wellbeing and coping.

Several studies highlighted loneliness and emotional distress as important factors in understanding pornography use. Research suggests that individuals may turn to pornography as a way of coping with negative emotions, social isolation, stress or relationship difficulties (Cardoso et al., 2023³³; Vescan, 2024³⁴; Villena-Moya et al., 2025³⁵).

While pornography may initially provide temporary relief from difficult emotions, the evidence suggests that this coping strategy can become maladaptive over time. Studies found that individuals experiencing loneliness, anxiety and depression were more likely to report problematic pornography use,

while problematic pornography use itself was associated with worsening psychological wellbeing. This suggests a potentially reinforcing cycle in which mental health difficulties increase pornography use, which may in turn exacerbate emotional distress.

Qualitative research by Hanseder and Dantas (2023)³⁶ supports this interpretation. Participants frequently described using pornography to manage feelings of stress, anxiety, loneliness and low mood, while also reporting that excessive use ultimately contributed to poorer mental health, reduced motivation and diminished overall wellbeing.

The use of pornography as a coping mechanism may also have implications beyond mental health. Saqib and Davidson (2023)³⁷ found that using pornography for mood management was independently associated with an increased risk of sexual aggression, even when controlling for other factors. This finding suggests that the motivations underlying pornography use may be an important consideration when assessing potential harms and highlights the need for further research into the wider behavioural consequences of using pornography as a form of emotional regulation.

Compulsive Use and Addiction-like Behaviours.

A recurring theme across the literature was the presence of addiction-like behaviours among some pornography users. Several studies identified patterns of use characterised by impaired control, compulsive consumption, persistent cravings and continued use despite negative consequences for mental health, relationships and overall wellbeing.

Research has found that problematic pornography use shares several characteristics with recognised behavioural addictions. Individuals reporting problematic use frequently describe unsuccessful attempts to reduce or stop their pornography consumption, escalating use over time and difficulties controlling their behaviour despite experiencing adverse outcomes (Harper and Hodgins, 2019¹⁷; Cardoso et al., 2023³³). Qualitative studies similarly found that some participants experienced pornography use as compulsive and reported feelings of loss of control over their consumption (Hanseder and Dantas, 2023³⁶).

Neuroimaging studies have provided further evidence of similarities between problematic pornography use and addictive behaviours. Voon et al. (2014)¹⁶ found heightened activity in brain regions associated with reward, motivation and craving when individuals with compulsive sexual behaviour viewed sexual stimuli. The study also identified a distinction between "wanting" and "liking", whereby participants reported stronger cravings for pornography without a corresponding increase in enjoyment, which is consistent with incentive-saliency theories (see Robinson et al. 2008³⁸) applied to other addictions which state that there is enhanced wanting but not liking of the salient rewards. Similar findings have been reported in other studies examining reward

processing and cue reactivity among individuals experiencing problematic pornography use (Liberg et al. 2022³⁹, Pistre et al. 2023⁴⁰, Kunaharan et al. 2017⁴¹).

Research suggests that increasing frequency of pornography consumption may contribute to the development of problematic use and associated harms (Vieira and Griffiths, 2024⁴²) although Harper and Hodgins (2016)¹⁷ found no correlation between the amount and frequency of an individual's pornography use and found that the age of first exposure to pornography, being male and having an addiction to videogames were better indicators. This shows that even low-level pornography use can have significant mental health harms.

Importantly, not all individuals who consume pornography experience these difficulties. However, the evidence suggests that a significant minority may develop patterns of use characterised by compulsivity, impaired control and psychological dependence. These addiction-like behaviours may help explain many of the mental health, sexual health and relationship harms identified elsewhere in the literature and highlight the importance of ensuring that individuals experiencing problematic pornography use have access to appropriate support and treatment.

Body image and self-perception.

The review also identified evidence linking pornography use to negative body image and appearance-related concerns. Tylka (2014)⁴³ found that greater pornography consumption was associated with increased body surveillance, body shame and anxiety regarding physical appearance. Similar findings were reported by Laemmle-Ruff et al. (2019)⁴⁴, who found that pornography use was associated with men wanting their

(mostly female) partners to be more muscular and caused dissatisfaction with body image for some women.

Sommantico et al. (2021)³⁰ likewise reported significant associations between problematic pornography use and body dissatisfaction. These findings suggest that repeated exposure to idealised or unrealistic portrayals of bodies and sexual performance may influence self-perception and contribute to psychological distress.

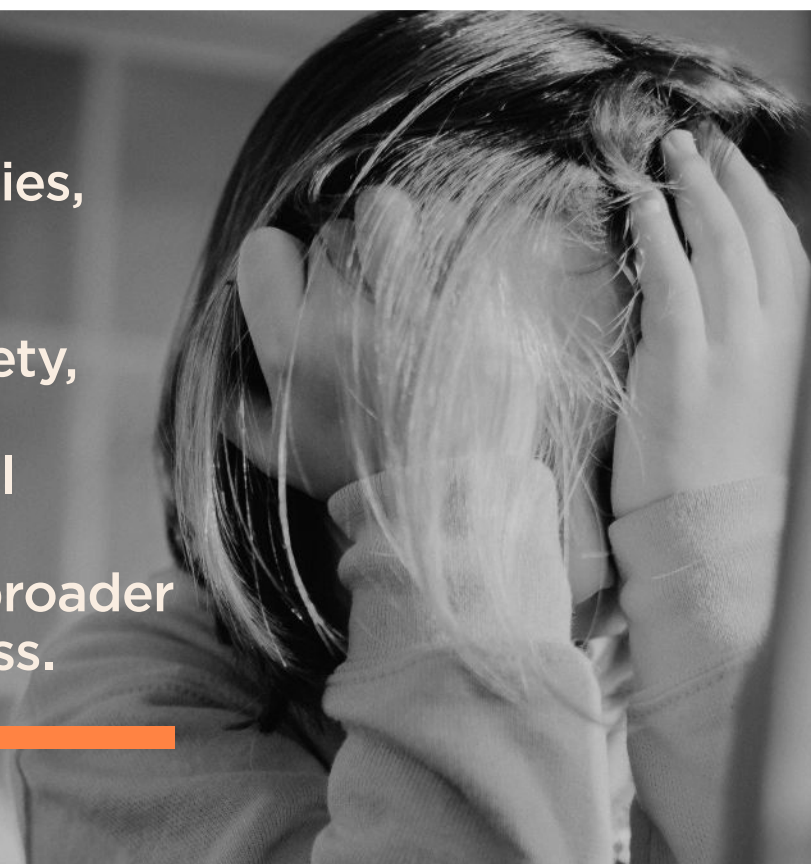
Compulsivity, impulsivity and broader mental health harms.

Several studies identified links between pornography use and difficulties with impulse control, compulsivity and emotional regulation. Pistre et al. (2023)⁴⁰ found associations between problematic pornography use and impulsive behaviours including craving, loss of control over sex (unable to resist sexual impulses, engaged more or longer than intended, failure to stop or excessive time recovering after sex), problematic pornography use, cybersex and negative consequences of sexual behaviours. While Liberg et al. (2022)³⁹ identified similar reward anticipation-related mechanisms and ventral striatum activation to that which would be seen with other behavioural addictions when participants with Compulsive Sexual Behaviour Disorder (CSBD) viewed erotic stimuli.

Research also highlighted associations with sleep disturbance, reduced concentration and poorer emotional functioning (Hanseder and Dantas, 2023³⁶; Noel et al., 2024⁴⁵). Altin et al. (2024)²⁸ further identified elevated levels of suicidal ideation among individuals reporting problematic pornography use, highlighting the potential severity of associated psychological distress for some users.

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Across multiple studies, pornography use was associated with higher levels of anxiety, depression, stress, loneliness, emotional dysregulation, body dissatisfaction and broader psychological distress.



Understanding the relationship.

The relationship between pornography use and mental health may also be influenced by individual beliefs and attitudes towards pornography. Several studies have explored whether factors such as religiosity, moral disapproval and moral incongruence mediate the association between pornography use and psychological distress.

Some evidence suggests that individuals who view pornography as morally wrong may experience greater psychological distress when they use it. Guidry et al. (2020)⁴⁶ found that individuals reporting both high levels of pornography use and high levels of moral disapproval experienced higher levels of anxiety and depression than those with lower levels of moral disapproval. Similarly, Grubbs and Gola (2019)⁴⁷ found that self-perceived problematic pornography use was strongly associated with moral incongruence, although pornography use itself remained a significant predictor of perceived problems across all study samples.

However, the evidence remains mixed. Ince et al. (2021)⁴⁸ found that neither religious beliefs nor moral disapproval significantly influenced the severity of problematic pornography use, while Sommantico et al. (2021)³⁰ similarly reported no significant effect of religiosity. A systematic review by Vieira and Griffiths (2024)⁴² concluded that findings regarding the role of religiosity and moral beliefs are inconsistent, suggesting that these factors may explain some experiences of distress but do not fully account for the broader associations identified between pornography use and adverse mental health outcomes.

Taken together, the evidence suggests that moral incongruence may contribute to psychological distress for some individuals, particularly where pornography use conflicts with strongly held personal values. However, the current literature does not support the view that mental health harms associated with pornography use can be explained solely by religious belief or moral disapproval.

The relationship between pornography use and mental health is unlikely to be straightforward. Many studies included in this review were cross-sectional and therefore cannot determine causality. It is possible that pre-existing mental health difficulties increase vulnerability to problematic pornography use, that pornography use contributes to poorer mental health outcomes, or that both processes occur in a spiral.

Nevertheless, the consistency of findings across multiple countries, populations and research methodologies suggests that pornography use should be considered a potential contributor to mental health harms. Importantly, the evidence indicates that adverse outcomes are not limited to individuals with severe or addictive patterns of use but may affect a broader population of users.

Conclusion.

On the whole, the evidence demonstrates a consistent association between pornography use and a range of adverse mental health outcomes, including anxiety, depression, stress, loneliness, body dissatisfaction and broader psychological distress. While further longitudinal research is needed to clarify causal pathways, the findings suggest that mental health harms should form a central part of future discussions about pornography as a public health issue.

“

Problematic pornography use shares several characteristics with recognised behavioural addictions.



Citations.

²⁸ [Altin, De Leo, Tribbia, Ronconi, and Cipolletta, 2024](#)

²⁹ [Mennig, Tennie and Barke, 2022](#)

³⁰ [Sommantico, Gioia, Bousier, Iorio, Parrello, 2021](#)

³¹ [Hesse, and Floyd, 2019](#)

³² [Lim, Agius, Carrotte, Vella and Hellard, 2017](#)

³³ [Cardoso, Ramos, Brito, and Almeida, 2023](#)

³⁴ [Vescan, Flack, Caudwell, 2024](#)

³⁵ [Villena-Moya, Potenza, Granero et al. 2025](#)

³⁶ [Hanseder and Dantas 2023](#)

³⁷ [Saqib and Davidson 2023](#)

³⁸ [Robinson and Berridge 2008](#)

³⁹ [Liberg, Görts-Öberg, Jokinen, Savard, Dhejne, Arver, Fuss, Ingvar and Abé 2022](#)

⁴⁰ [Pistre, Schreck, Grall-Bronnec, Fatseas, 2023](#)

⁴¹ [Kunaharan, Halpin, Sitharthan, Bosshard and Walla, 2017](#)

⁴² [Vieira and Griffiths, 2024](#)

⁴³ [Tylka, 2015](#)

⁴⁴ [Laemmle-Ruff, Raggatt, Wright, Carrotte, Davis, Jenkinson, Lim, 2019](#)

⁴⁵ [Noel, Jacob, Hicks, Gately, and Rosenthal, 2025](#)

⁴⁶ [Guidry, Floyd, Volk and Moen, 2020](#)

⁴⁷ [Grubbs and Gola 2019](#)

⁴⁸ [Ince, Yücel, Albertella, Fontenelle, 2021](#)

Physical health harms.

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4

Key findings.

The evidence reviewed suggests that pornography use may be associated with a range of physical health harms. These include neurological changes linked to reward processing and compulsive behaviour, sleep disturbance, and the normalisation of sexual practices associated with increased risks of injury and other adverse health outcomes. While the evidence base remains more limited than that relating to mental and sexual health harms, the findings indicate that pornography may influence both physiological functioning and sexual behaviours in ways that have implications for public health.

Neurological and behavioural impacts.

Several studies have identified neurological differences among individuals reporting compulsive sexual behaviour or problematic pornography use. Research using functional magnetic resonance imaging (fMRI) has found differences in brain regions associated with reward processing, motivation and sexual arousal. Kühn and Gallinat (2014)⁴⁹ reported that more frequent pornography use was associated with reduced grey matter volume in areas of the brain involved in reward processing and sexual stimulation. Importantly, these findings remained after controlling for internet addiction, suggesting that the observed effects were not simply attributable to heavy internet use. Volumetric differences in the striatum which is linked with reward processing have previously been linked with addictions to a range of substances and alcohol⁵⁰

As discussed in detail earlier in the section on mental health harms, Voon et al. (2014)¹⁶ found increased activation in brain regions associated with reward, motivation and craving when viewing sexual images in individuals with compulsive sexual behaviour which is consistent with what would be seen in patients with substance addictions. As noted above, these findings were supported by other studies which examined reward processing and cue reactivity among individuals experiencing problematic pornography use (Liberg et al. 2022³⁹, Pistre et al. 2023⁴⁰, Kunaharan et al. 2017⁴¹).

Together, these findings suggest that compulsive pornography use may involve neurological processes similar to those identified in other behavioural addictions, although further longitudinal research is needed to establish causality.

Sleep disturbance.

Evidence also suggests a relationship between pornography use and sleep problems. Noel et al. (2024)⁴⁷ found that individuals screening positive for insomnia were more likely to report pornography addiction, particularly among heterosexual men. The authors suggested that impaired cognitive functioning resulting from sleep deprivation may increase vulnerability to compulsive behaviours.

Conversely, qualitative research by Hanseder and Dantas (2023)³⁶ found that pornography use itself could contribute

to sleep deprivation. Participants reported spending extended periods consuming pornography late at night, resulting in reduced sleep quality, poorer mood and impaired daytime functioning. These findings suggest that the relationship between pornography use and sleep disturbance may be bidirectional.

Physical health risks associated with sexual practices.

A growing body of evidence suggests that pornography may contribute to the normalisation of sexual practices associated with increased physical health risks. Several studies have found associations between pornography use and engagement in heterosexual anal sex, particularly among younger populations (Lim et al., 2017³²; Harkness et al., 2015²¹). Herbernick et al. (2020)²⁴ found a relationship between past year frequency of porn use, lifetime porn use and participants' reporting of a range of behaviours likely to carry increased risk of harm including choking, heterosexual anal sex, pressuring partners into sexual activities, spanking and aggressive fellatio.

Taylor (2018)¹⁹ argues that pornography has contributed to the normalisation of practices such as heterosexual anal sex to the extent that many adolescents now perceive it as an expected component of sexual relationships. Similar concerns have been raised internationally, including evidence that exposure to pornography has influenced changes in sexual practices within communities previously unfamiliar with internet pornography.

These findings are particularly relevant given evidence that receptive anal intercourse may be associated with increased risks of physical injury, pain, bleeding, sexually transmitted infections and longer-term health complications. A recent systematic review by Gana et al. (2026)⁵⁰ found that many women reported participating in receptive anal intercourse due to perceived expectations within relationships, often despite discomfort or reluctance. Pain, bleeding, tearing and prolonged physical discomfort were commonly reported. The review also identified ongoing concerns regarding coercion, power imbalances and social pressure within heterosexual relationships. Herbernick et al. (2020)²⁴ found that 27 per cent of women and 31 per cent of men who had sex with men reported that their male partner had tried to have anal sex with them without asking or discussing it with them first. Given the increased health harms of this practice, it is vital that both partners give full informed consent.

Evidence from the UK suggests that these concerns may have important public health implications. Reporting on data from the National Survey of Sexual Attitudes and Lifestyles, a Guardian article⁵¹ highlighted a substantial increase in the prevalence of anal sex in recent decades, occurring during a period in which internet pornography has become increasingly accessible. While the available evidence cannot establish a causal relationship, researchers and clinicians have raised concerns that pornography is fuelling an increase in sexual practices which hold a high risk of physical harms to individuals.



Health professionals have also highlighted the potential physical health consequences associated with this trend, particularly for women. As noted by NHS clinicians cited in the article, increased participation in anal sex has been associated with higher risks of pain, bleeding, anal sphincter injury, faecal incontinence and sexually transmitted infections. Clinicians have reported seeing growing numbers of patients presenting with complications linked to these practices, reinforcing concerns about the need for greater public awareness of the associated risks.

As Herbernick et al. (2020)²⁴ found, it is not only engaging in anal sex which was linked to pornography use. Among the other behaviours, 21 per cent of women with any sexual experience reported having been choked, 32 per cent had their faces ejaculated on, 34 per cent were subjected to aggressive fellatio (gagging) and 66 per cent were spanked. Vera-Gray et al. (2021)⁵² noted that choking has become an almost commonplace behaviour on mainstream pornography sites. Wright et al. (2022)⁵³ found that repeated exposure to pornographic depictions of choking seemed to be associated with women finding the practice an erotic and appealing part of sex that they want to engage in and seek out. Pornography normalises the sexual script where the man chokes the woman and the woman feels she is in the role of the 'porn star' acting the role expected of her. The physical health risks of choking a partner during sex however are extensive and the practice can even be fatal. It can lead to brain and thyroid injury⁵⁴, neck and airway injury, lasting memory problems, damage to blood vessels in the neck and mental health problems⁵⁵. A newspaper article⁵⁶ summarises how pornography has normalised practices such as choking and slapping with

women seeing these practices as being expected of them. The UK Government banned pornography depicting strangulation in the Crime and Policing Act 2026, but it is essential that both adolescents and adults are made aware of how harmful this practice is to actually reduce deaths and physical harm from those still practising choking as part of their sex life.

Whilst banning strangulation pornography is a good start, it does not change the fact that other practices such as spanking and aggressive fellatio (gagging) are still commonplace in pornography and have become part of the sexual scripts of many young people. These still have the potential to cause both physical and mental health harms to the individuals. There needs to be greater awareness of these risks so that individuals truly make informed consent about whether to participate in these practices.

Conclusion.

Taken together, the evidence suggests that pornography-related harms may extend beyond mental and sexual health to include important physical health consequences. Research has identified associations between problematic pornography use and changes in reward processing, compulsive behavioural patterns and sleep disturbance, while other studies have highlighted major concerns regarding the normalisation of sexual practices associated with increased risks of injury, pain and sexually transmitted infections. It is clear that pornography has led to a cultural shift where individuals, particularly women, feel expected to participate in sexual acts that put them at significant risk of physical harm. Although further research is needed to clarify causal pathways and long-term impacts, the findings indicate that physical health harms should form part of wider discussions about pornography as a public health issue to hopefully start shifting the culture towards a healthier way of looking at sexual relationships.

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Pornography has led to a cultural shift where individuals, particularly women, feel expected to participate in sexual acts that put them at significant risk of physical harm.

Citations.

⁴⁹ [Kühn and Gallinat 2014](#)

⁵⁰ [Gana, Husnoo, Dev, Hunt, Limmer, Mateus, 2026](#)

⁵¹ [The Guardian, 2022](#)

⁵² [Vera-Gray, McGlynn, Kureshi and Butterby, 2021](#)

⁵³ [Wright, Herbenick and Tokunaga, 2022](#)

⁵⁴ [Victoire, de Boos, McMillan and White, 2026](#)

⁵⁵ [Government of Western Australia, North Metropolitan Health Service, 2025](#)

⁵⁶ [The Guardian, 2025](#)

Sexual
health
harms.

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5



Key findings.

The evidence consistently links pornography use with increased sexual risk-taking, including greater numbers of sexual partners, higher rates of casual sex, lower condom use, earlier sexual debut and increased risk of sexually transmitted infections.

Sexual risk-taking.

Multiple studies found associations between pornography use and higher numbers of sexual partners, increased casual sexual activity and greater engagement in behaviours associated with sexual health risks (Harkness et al., 2015²¹, Peter and Valkenburg, 2016⁵⁷, Sanz-Barbero et al., 2025⁵⁸).

These findings were observed among both adolescents and adults. A systematic review of adolescent pornography use found evidence linking pornography exposure to greater participation in casual sexual behaviour, while reviews of adult populations identified similar associations. Pornography use was also associated with earlier sexual debut and greater likelihood of engaging in unprotected sex.

Research suggests that family environment may influence these outcomes. Peter and Valkenburg (2016)⁶¹ identified some predictors of adolescent pornography use and in terms of social predictors, poor family functioning, family conflict, weaker emotional bonds with caregivers were associated with greater pornography use. Personality characteristics identified as predictors included lower self-control and sensation seeking tendencies.

Condom use and sexually transmitted infections.

Several studies found a direct relationship between pornography use and reduced condom use (Harkness et al., 2015²¹, Wright et al., 2019⁵⁹, Wright et al., 2022⁶⁰, Farre et al.,

2020⁶¹). Evidence suggests that individuals who consume pornography more frequently may be less likely to use condoms consistently, particularly when pornography is viewed as a realistic source of sexual information.

Wright et al. (2022)⁶³ found that lower condom use was particularly evident among individuals who perceived pornography to be realistic. This finding has important implications for public health messaging, as it suggests that challenging perceptions of pornography as an accurate representation of sexual relationships may help reduce risk-taking behaviours.

Violent pornography.

Sanz-Barbero et al. (2025)⁶¹ found that individuals who consumed violent pornography were more likely to engage in risky sexual behaviours, including casual sex, substance use before sexual activity and participation in unwanted sexual practices (see section on physical health harms above). They were also more likely to report sexually transmitted infections.

These findings are particularly significant given evidence regarding the prevalence of violence within mainstream pornography. Vera-Gray et al. (2021)⁵⁵ found that one in eight pornography titles promoted to first-time users in the UK described sexually violent or non-consensual activity. Similarly, Fritz et al. (2020)⁶² found that aggression was present in a substantial proportion of scenes on major pornography websites, with women overwhelmingly being the targets of aggressive behaviour. In a national longitudinal study, Ybarra and Thompson (2018)¹³ found that current exposure to violent pornography was strongly associated with the perpetration of sexual violence. As already touched on in the discussion around physical health harms, the prevalence of violent content highlights major concerns about the extent to which pornography is fuelling sexual practices with a high risk for harm and shaping cultural expectations that these

practices should be a normal part of sexual relationships.

Pornography related erectile dysfunction.

One of the consistent findings within the review was the association between pornography use and erectile dysfunction during partnered sex. Several studies found that erectile difficulties occurred primarily during sexual activity with partners rather than during masturbation using pornography (Voon et al., 2014¹⁶; Malki et al., 2021⁶³; Ince et al., 2021⁵⁰; Hanseder and Dantas, 2023³⁶).

Malki et al. (2021)⁶⁷ found that pornography use three or more times per week was associated with lower sexual satisfaction and greater erectile difficulties among men. Ince et al. (2021)⁵⁰ reported that almost half of participants with problematic pornography use experienced sexual dysfunction within relationships.

Evidence also suggests that these harms may not be confined to individuals meeting criteria for addiction. Jacobs et al. (2021)²⁰ found significant associations between erectile dysfunction and measures of problematic pornography use, with increased risk evident even at moderate levels of pornography-related problems. This suggests that pornography related erectile dysfunction may affect a broader population than those experiencing severe addiction.

Conclusion.

Taken together, the evidence reviewed suggests a consistent association between pornography use and a range of sexual health harms. Across multiple studies, pornography use was linked to increased sexual risk-taking, including lower condom use, higher numbers of sexual partners, greater participation in casual sex and an increased risk of sexually transmitted infections. The review also identified a substantial body of evidence associating pornography use with erectile dysfunction during partnered sex, one of the most frequently reported sexual health concerns in the literature. While many studies remain correlational and further longitudinal research is needed to clarify causal pathways, the consistency of findings across different populations and research methodologies suggests that pornography use may influence sexual behaviours, expectations and functioning in ways that have important implications for individual and public health. These findings indicate that sexual health harms should be considered a central component of future research, policy development and public awareness efforts relating to pornography use.

Overall, the evidence indicates a consistent association between pornography use and a range of sexual health harms, particularly sexual risk-taking and erectile dysfunction.

Overall limitations of the research.

Several limitations should be considered when interpreting the findings of this review.

A number of the studies included in the rapid evidence assessment were cross-sectional, meaning that they identify associations rather than establishing causal relationships. While consistent patterns emerged across multiple studies and populations, it is not always possible to determine whether pornography use causes the observed harms, whether existing difficulties increase pornography use, or whether both processes occur simultaneously.

Many studies also relied on self-reported measures of pornography use and associated harms, which may be influenced by recall bias, social desirability bias or differences in individual perceptions. Further work still needs to be done to also ensure consistency in how concepts such as problematic pornography use, pornography addiction and compulsive sexual behaviour are defined and measured.

Given the nature of the topic, some studies included samples that were not representative of the wider population, and many contained a higher proportion of male participants. However, despite these limitations, all studies included in this review were peer-reviewed and underwent quality screening. The paper also included a range of studies including cross-sectional, qualitative, longitudinal, meta-analyses and systematic reviews and as all these studies clearly highlight the health harms of pornography we can be confident of the impact. Using multiple methodologies rather than relying on a single approach means the potential weaknesses of individual studies are balanced, resulting in confidence that there is a strong evidence base upon which to act. Further longitudinal research would be helpful, but it is clear from the consistency of findings across different methodologies, countries and populations that pornography use needs urgent attention as a public health issue.

“

Pornography use three or more times per week was associated with lower sexual satisfaction and greater erectile difficulties among men.

Citations.

⁵⁷ [Peter and Valkenburg, 2016](#)

⁵⁸ [Sanz-Barbero, Cerdán-Torregrosa, Otero-García. et al., 2026](#)

⁵⁹ [Wright, Sun, Bridges, Johnson and Ezzell, 2019](#)

⁶⁰ [Wright, Herbenick, and Paul, 2022](#)

⁶¹ [Farré, Montejo, Agulló, Granero, Chiclana Actis, Villena, Maideu, Sánchez, Fernández-Aranda, Jiménez-Murcia, & Mestre-Bach, 2020](#)

⁶² [Fritz, Malic, Paul et al. 2020](#)

⁶³ [Malki, Rahm, Görts Öberg, Ueda, 2021](#)

Lessons from UK Gambling policy and campaigns.

What can be learnt from the history of gambling policy in the UK?

A useful comparison can be drawn between the UK's response to gambling harms and its current approach to pornography-related harms.

Over the past two decades, gambling has increasingly been recognised as a public health issue requiring coordinated action across government, healthcare, education, research and regulation. Responsibility for gambling policy sits primarily within the Department for Culture, Media and Sport, supported by the Gambling Commission, health bodies, devolved administrations and other stakeholders.

This coordinated approach has enabled the development of a National Strategy to Reduce Gambling Harms¹⁵ alongside substantial investment in research, education, treatment and prevention initiatives. Research has examined not only

gambling addiction but also wider social, financial, criminal justice and health impacts. Evidence has informed policy development, public awareness campaigns, professional training and treatment provision.

Public awareness has also been supported through NHS information resources, specialist support organisations and national campaigns designed to reduce stigma and encourage help-seeking behaviour.

While pornography and gambling differ in important ways, there are clear lessons that can be applied. The evidence reviewed in this report suggests that pornography-related harms would benefit from a similarly coordinated public health response. This could include clearer government leadership, greater investment in research, improved public awareness, better access to support services and stronger collaboration between public bodies, charities and practitioners.

“**Pornography-related harms would benefit from a similarly coordinated public health response [as gambling harms]. This could include clearer government leadership, greater investment in research, improved public awareness, better access to support services and stronger collaboration between public bodies, charities and practitioners.**”



A National Strategy to Reduce Pornography Harms would provide a framework for coordinating these activities and ensuring that policy responses are informed by evidence. As Baroness Bertin recommended in her Independent Review of Pornography¹¹, assigning responsibility to a single government department would be an important first step towards achieving this goal.

Review of gambling campaigns.

The review identified a range of gambling harm campaigns that provide valuable insights for future efforts to raise awareness of pornography-related harms. While gambling and pornography are distinct issues, the campaigns reviewed demonstrate how public awareness initiatives can reduce stigma, encourage help-seeking behaviour, increase understanding of harms and build support for policy change.

Framing harms as a public health issue.

A consistent theme across many gambling campaigns was the framing of gambling harms as a public health issue rather than solely a matter of individual responsibility. This approach sought to reduce stigma, increase public understanding and encourage people experiencing harm to seek support.

Many campaigns deliberately used the term “gambling harms” rather than “gambling addiction”. This reflected a recognition that harms can affect a wider group of people than those meeting clinical definitions of addiction and helped shift attention towards the broader health, social and financial consequences of gambling.

Campaigns such as GambleAware’s Let’s Open Up About Gambling⁶⁴ initiative focused on increasing public understanding of gambling harms, normalising conversations about the issue and encouraging individuals to access support services. Evaluation findings suggested that this approach was highly effective, with a large proportion of those who recognised the campaign reporting that they took some form of action as a result.

The success of these campaigns suggests that future awareness raising on pornography harms may benefit from adopting a similar public health framing. Positioning pornography-related harms as a health and wellbeing issue may encourage help seeking and more open conversations about people’s experiences of harm.

Increasing awareness and encouraging help-seeking.

Many successful gambling campaigns focused on helping people recognise the signs of harm and understand where support was available. Public education was often combined with practical tools such as self-assessment questionnaires, information resources and clear signposting to treatment and support services.

A common objective was to normalise seeking help and reduce feelings of shame among those experiencing difficulties. Rather than focusing solely on treatment, campaigns encouraged individuals, families and communities to recognise concerns early and seek support before harms became more severe.

This finding is particularly relevant to pornography harms. Greater public awareness could help individuals identify problems earlier and access support more quickly.

The importance of audience targeting.

The most effective campaigns were carefully tailored to specific audiences. Rather than relying on generic messaging, campaigns used audience research to identify groups at higher risk of harm and developed targeted communications based on their interests, behaviours and media consumption habits.

For example, the *Chapter One*⁶⁵ campaign focused on adults aged 18–34 and used social media platforms, digital advertising and content linked to interests such as football to maximise engagement. Similarly, the *Hidden Feelings*⁶⁶ campaign targeted men aged 18–44 and their families, focusing on the emotional impact of gambling harms and practical tools such as banking blocks.

These findings highlight the importance of audience segmentation when developing future pornography awareness campaigns. Adolescents and young adults are likely to require different messaging, channels and approaches than adults experiencing compulsive pornography use or relationship difficulties.

Challenging social norms.

Some gambling campaigns sought not only to support individuals experiencing harm but also to challenge wider social norms and industry practices. Campaigns such as *Odds Are: They Win*⁶⁷ and *Gambling Understood*⁶⁸ focused on increasing public awareness of how gambling products are designed and marketed, while encouraging greater scrutiny of industry practices.

These campaigns aimed to stimulate public debate and shift responsibility away from individuals alone, recognising the broader environmental and commercial factors that contribute to harm. Evaluations suggested that this approach generated substantial engagement and increased visits to support and information services.

There may be parallels with pornography-related harms. Public awareness initiatives could help encourage critical thinking about the role of pornography in shaping attitudes, expectations and behaviours, particularly among young people. They should highlight the way algorithms and other tactics are used by pornography companies to manipulate users. Such campaigns could also support wider conversations



about online safety, healthy relationships and consent. For pornography, any campaigns will also need to be carefully targeted and delivered to ensure that young children are not exposed to campaigns which may lead them to ask questions about adult content which would be inappropriate at that age.

Community engagement and partnerships.

The review found that campaigns were often most successful when they adopted a whole-community approach. Many initiatives worked alongside local authorities, sports organisations, charities, schools and community groups to increase reach and credibility.

Campaigns focused on gambling advertising and sponsorship, such as *The Big Step*⁶⁹, *Gambling with Lives*⁷⁰ and the Australian *Love the Game, Not the Odds*⁷¹ initiative, demonstrated the value of building partnerships with trusted organisations and mobilising communities around a shared goal. Evaluations found that these approaches increased awareness, stimulated discussion and encouraged organisations to adopt policies designed to reduce harm.

For pornography harms, a similar model could involve collaboration between charities, schools, health services, youth organisations and community groups. Such partnerships could support awareness raising, education and signposting to support services while ensuring that messaging reaches a wider audience. Again, framing campaigns in a way that does not invite questions from young children is vital.

Implications for pornography awareness campaigns.

The evidence suggests several key principles for future campaigns addressing pornography-related harms:

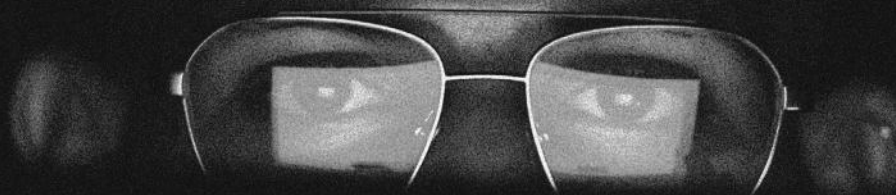
- Frame pornography harms as a public health issue rather than solely an individual problem.
- Reduce stigma by encouraging open conversations and normalising help-seeking behaviour.
- Highlight the manipulative practices used by pornography companies.
- Provide clear information about harms alongside practical routes to support.
- Use targeted messaging tailored to specific audiences, particularly adolescents and young adults.
- Employ multiple communication channels, including social media, digital advertising and community partnerships.
- Use real-life stories and lived experience to increase engagement and credibility.
- Combine awareness raising with wider efforts to influence policy, education and prevention.

Conclusion.

Although gambling and pornography differ in important respects, the review demonstrates that well-designed public awareness campaigns can play a significant role in increasing understanding of harms, reducing stigma and encouraging help-seeking behaviour. The most successful campaigns were evidence-based, audience-focused and supported by strong partnerships across communities and organisations. These findings suggest that a coordinated public awareness strategy should form a central component of any future public health response to pornography-related harms in the UK.

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Positioning pornography-related harms as a health and wellbeing issue may encourage help seeking and more open conversations about people's experiences of harm.



Citations.

⁶⁴ [Gamble Aware, 2023](#)

⁶⁵ [ChapterOne and Gambling with Lives, 2024](#)

⁶⁶ [23red and GamCare, 2025](#)

⁶⁷ [Greater Manchester Combined Authority, 2022](#)

⁶⁸ [Association of Directors of Public Health Yorkshire and Humber, 2023](#)

⁶⁹ [Gambling with Lives, 2022](#)

⁷⁰ [Gambling with Lives, 2026](#)

⁷¹ [Victoria State Government, 2026](#)

Conclusions.

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7

What does the evidence tell us about pornography-related harms?

Pornography has become a commonplace feature of modern digital life. Advances in internet technology, smartphones and social media have made pornography more accessible than at any point in history, with exposure often beginning during childhood or adolescence. As access has increased, so too has the body of evidence examining the impact of pornography on health and wellbeing.

This review identified a growing and increasingly consistent body of evidence linking pornography use to a range of mental, sexual, physical and relationship harms. The consistency in findings from a range of different research methodologies provides strong evidence that pornography use should be regarded as a significant and immediate public health concern and that urgent action is needed to address the health harms from pornography.

The evidence reviewed found associations between pornography use and negative impacts on a broad range of mental health outcomes, more common factors such as anxiety and depression but also on compulsive behaviours, emotional dysregulation and sleep disturbance.

The review also identified substantial evidence linking pornography use to sexual health harms. One of the most consistent findings was the association between pornography use and erectile dysfunction during partnered sex, often referred to as pornography-related erectile dysfunction. Importantly, evidence suggests that these harms are not limited to individuals experiencing severe addiction and may affect a broader population of users.

The findings further suggest that pornography may contribute to the normalisation of aggressive or physically harmful sexual behaviours, sexual scripts and expectations and attitudes towards consent and sexual relationships which have led to an increase in more harmful sexual practices.

Early exposure as a public health concern.

One of the most significant findings of the review was the relationship between early exposure to pornography and later harms. Studies consistently found that individuals exposed to pornography at younger ages were more likely to experience problematic pornography use, escalation of pornography use, compulsive sexual behaviour, pornography-induced erectile dysfunction and greater sexual risk-taking in later life.

These findings are particularly concerning given evidence that the average age of first exposure to pornography in the UK is only 12 or 13, and children are often exposed to pornography unintentionally and increasingly through mainstream online platforms. From a public health perspective, reducing childhood exposure and strengthening early prevention efforts should be considered a priority.

Pornography addiction.

Whilst addiction wasn't the sole focus of the review, recurring theme throughout the evidence was the role of problematic and compulsive pornography use. Across multiple studies, researchers identified patterns of behaviour characterised by impaired control, cravings, escalation and continued use despite negative consequences. The evidence suggests a significant minority will develop addiction-like patterns of use and harmful mental, sexual, physical and relational consequences. These findings strengthen the case for recognising pornography addiction as an important public health concern and ensuring that appropriate support and treatment pathways are available.

Learning from the response to gambling harms.

The review of gambling policy demonstrates how the UK can develop a coordinated response to an emerging public health issue. In contrast, the response to pornography-related harms remains weak and fragmented. While important work has been undertaken in areas such as online safety and age verification, there is currently no equivalent national strategy to address the wider health harms associated with pornography use. Responsibility for pornography policy remains dispersed across government, public awareness is limited and many individuals experiencing harm are unaware of where to seek support.

The comparison with gambling harms highlights the potential benefits of adopting a more coordinated public health approach to pornography-related harms.

The case for action.

The robust evidence in this review, alongside work done by many others makes a strong case that pornography-related harms require urgent recognition within public health policy, research and practice to avoid a public health crisis and even more pressure on the National Health Service (NHS).

A public health response should focus not only on treatment and recovery, but also on prevention, education and public awareness, to help individuals make informed choices, recognise early signs of harm and access support where needed. Both greater awareness and training among healthcare professionals, educators and frontline practitioners would also improve opportunities for early intervention.

Creating opportunities for open and evidence-informed discussion will be essential if support is to be accessible and effective.

Moving forward.

The evidence reviewed in this report demonstrates that pornography-related harms extend beyond questions of addiction alone. The findings point to a broader range of impacts affecting mental health, sexual health and physical health. While not every individual who uses pornography will experience harm, the scale of pornography use across society with almost a third of UK adults watching pornography every month¹ means that even relatively small increases in risk have the potential to affect large numbers of people.

As understanding of these harms continues to develop, pornography should increasingly be viewed through a public health lens. A coordinated strategy encompassing research, education, awareness raising, prevention and support services would provide a foundation for reducing harms and improving outcomes for individuals, families and communities across the UK.



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The consistency in findings... provides strong evidence that pornography use should be regarded as a significant and immediate public health concern and that urgent action is needed.

Glossary of terms.

Abstract

A brief summary of a research article, usually appearing at the beginning of a journal paper. It outlines the study's aims, methods, key findings and conclusions, helping readers determine the relevance of the research.

Age Verification

Systems or processes used to confirm that users meet minimum age requirements before accessing age-restricted online content.

Anal Sex (also referred to as receptive anal intercourse)

Sexual activity involving penetration of the anus. In this report, the term is discussed in relation to associated health risks and changing sexual norms.

Anxiety

A mental health condition characterised by excessive worry, fear, or nervousness that can affect daily functioning.

Behavioural Addiction

A pattern of compulsive engagement in a behaviour despite harmful consequences.

Body Dissatisfaction

Negative thoughts or feelings about one's physical appearance or body image.

Body Surveillance

The habit of constantly monitoring and evaluating one's physical appearance.

Casual Sex

Sexual activity occurring outside a committed romantic relationship.

Compulsive Behaviour

Repeated actions that an individual feels unable to control, even when those actions result in negative consequences.

Compulsive Sexual Behaviour

Persistent and repetitive sexual thoughts, urges or behaviours that are difficult to control and may cause distress or impairment.

Correlation

A statistical relationship between two variables. Correlation does not necessarily mean that one variable causes the other.

Cross-Sectional Study

A research design that examines data from a population at a single point in time. Such studies can identify associations but generally cannot establish causation.

Cue-Reactivity

An increased psychological or neurological response to triggers associated with a particular behaviour or reward.

Emotional Dysregulation

Difficulty managing, controlling or responding appropriately to emotional experiences.

Erectile Dysfunction (ED)

The persistent inability to achieve or maintain an erection sufficient for satisfactory sexual activity.

Escalation of Pornography Use

A pattern in which an individual progressively increases the frequency, duration, intensity or type of pornography consumed over time. Escalation may involve seeking more novel, extreme or explicit content to achieve the same level of stimulation or satisfaction as previously experiences.

Exclusion Criteria

The predefined characteristics that disqualify studies, participants or data from being included in a research review or study. Exclusion criteria help ensure that only relevant and appropriate evidence is considered.

Functional Magnetic Resonance Imaging (fMRI)

A brain imaging technique that measures changes in blood flow and oxygen levels to identify which areas of the brain are active during specific tasks, thoughts or experiences.

Grey Literature

Research and information produced outside traditional academic publishing, including government reports, policy papers and organisational publications.

Impulsive Behaviour / Impulsivity

A tendency to act quickly without fully considering the potential consequences. Impulsivity may involve difficulty delaying gratification, resisting urges or exercising self-control, and is commonly associated with a range of addictive and compulsive behaviours.

Inclusion Criteria

The predefined characteristics that studies, participants or data must meet in order to be included in a research review or study. Inclusion criteria help ensure that the evidence selected is relevant to the research question.

Interpersonal Sensitivity

Excessive awareness of, or concern about, the behaviour, opinions or reactions of others.

Longitudinal Study

A research study that follows participants over an extended period to examine changes and potential causal relationships.

Maladaptive Coping Mechanism

A strategy used to manage stress or difficult emotions that may provide temporary relief but ultimately causes harm or worsens problems over time.

Moral Disapproval

Negative judgement of a behaviour based on personal, cultural or religious values.

Moral Incongruence

Psychological discomfort that occurs when an individual's behaviour conflicts with their moral beliefs or values.

Neuroimaging Study

A study that uses imaging technologies to examine the structure or function of the brain and nervous system. Examples include MRI, fMRI, PET and CT scans.

Neurological Development

The process through which the brain and nervous system grow and mature.

Neurological Pathways (Neural Pathways)

Networks of interconnected nerve cells that transmit information within the brain and nervous system.

Obsessive-Compulsive Tendencies

Patterns of persistent, intrusive thoughts (obsessions) and repetitive behaviours or mental actions (compulsions) that an individual feels driven to perform. In research contexts, obsessive-compulsive tendencies may refer to elevated levels of these characteristics without necessarily meeting the criteria for obsessive-compulsive disorder (OCD).

Online Safety

Measures, policies and practices designed to protect individuals from harm when using the internet and digital technologies. Online safety can include protection from harmful content, exploitation, cyberbullying, fraud and privacy breaches.

Peer-Reviewed Research

Research that has been evaluated by independent experts before publication to ensure quality and scientific rigour.

Pornography-Related Erectile Dysfunction (PIED)

A term used to describe erectile difficulties attributed to pornography use, particularly during partnered sexual activity.

Problematic Pornography Use (PPU)

Pornography consumption that an individual experiences as excessive, difficult to control, or harmful to their wellbeing, relationships or daily functioning.

Psychological Distress

A broad term referring to emotional suffering that may include symptoms of anxiety, depression, stress or other mental health difficulties.

Psychoticism

A psychological trait associated with unusual perceptions, unusual thought patterns, social withdrawal, emotional detachment or difficulty distinguishing between internal experiences and external reality. In psychological research, psychoticism is often measured as a dimension of mental health symptoms and does not necessarily indicate the presence of a psychotic disorder.

Public Health

The science and practice of protecting and improving the health of populations through prevention, education, policy and research.

Rapid Evidence Assessment (REA)

A structured method of reviewing existing research within a limited timeframe while maintaining systematic and transparent procedures.

Recall Bias

A type of research bias that occurs when participants do not accurately remember past events, behaviours or experiences. This can affect the reliability of self-reported data.

Religiosity

The extent to which an individual holds religious beliefs, engages in religious practices or identifies with a religious tradition. Researchers often measure religiosity when examining how religious beliefs may influence attitudes, behaviours or wellbeing.

Reward Processing

The brain mechanisms involved in anticipating, experiencing and responding to rewarding stimuli.

Risk-Taking Behaviour

Actions that increase the likelihood of negative health, social or personal outcomes.

Self-Perceived Problematic Pornography Use

An individual's belief that their pornography use is excessive, harmful or difficult to control, regardless of whether they meet clinical criteria for a disorder.

Sexual Debut

An individual's first experience of sexual intercourse.

Sexual Health

A state of physical, emotional, mental and social wellbeing related to sexuality and sexual relationships.

Sexually Transmitted Infection (STI)

An infection spread primarily through sexual contact.

Social Desirability Bias

A tendency for research participants to provide responses they believe will be viewed favourably by others.

Sleep Disturbance

Problems affecting sleep quality, duration or patterns, including insomnia and disrupted sleep.

Stigma

Negative attitudes, stereotypes or discrimination directed towards individuals associated with a particular behaviour, condition or issue.

Systematic Review

A comprehensive review of research evidence conducted using predefined methods to identify, assess and synthesise relevant studies.

Wanting vs Liking

A concept in addiction research distinguishing between craving a reward ("wanting") and deriving pleasure from it ("liking").



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