

University of Porto Faculty of Psychology and Educational Sciences

**RELATIONSHIP BETWEEN PORNOGRAPHY CONSUMPTION AND SEXUAL
HEALTH**

Evandro Miguel Fonseca Raposo

October 2018

Dissertation presented for the Integrated Master in Psychology at the Faculty of Psychology and Educational Sciences of University of Porto, supervised by Professor Pedro Nobre (FPCEUP)

LEGAL NOTICES

The content of this dissertation reflects the work, views and interpretations of its author at the time of delivery. This work may contain inaccuracies, both conceptual and methodological, that may have been identified after its delivery. Therefore, any use of its contents should be exercised with caution.

By delivering this thesis, the author states that it results of his own work, that it contains original contributions and that all used sources are acknowledged, properly quoted in the text and identified in the references section. The author also states that this dissertation does not disclose any contents whose reproduction is prohibited by copyright or intellectual property rights.

Acknowledgements

Firstly, I would like to thank all the participants who spent their precious time answering and contributing to my thesis. Without them, this work wouldn't be possible.

To my supervisor, Prof. Pedro Nobre, for all the guidance and wisdom he bestowed upon me and my colleagues, you have my sincere gratitude. It wasn't an easy going relationship, but I deeply appreciate your patience. It has been an honor.

To Prof. Aleksandar Štulhofer, for his knowledgeable insights and helpful guidance, for your consideration and attention to this matter, I am very grateful for your support.

At last, to everyone who crossed my path and shared with me moments of kindness and encouragement, I'll remember you.

To myself remains the hardest lesson: that comparison is indeed the thief of all joy.

Abstract

Along with the technological *boom* that we have followed in the past years, it's easier than ever to have access to pornography. Its consumption can be explained by the very characteristics that define Internet, as established by the Triple-A-Engine (Accessibility, Affordability, Anonymity; Cooper, 1998). This definition determines Internet as mean of easy and fast access, as well as it guarantees full anonymity to whoever is using it. Therefore, it has been widely discussed how this new facet of pornography might be affecting the individual.

Research on the impact of internet pornography (IP) on sexual health have shown some inconsistent findings, with some studies emphasizing the negative effects of consumption on sexual functioning and others indicating a neutral or even positive effect on several dimensions of sexual health. The present study was aimed at investigating the association between IP (frequency and time spent consuming IP, types of IP, and reasons to consume IP) and sexual health (sexual functioning, sexual satisfaction) in men and women.

Between May 2016 and September 2016, 321 men and 487 women responded to a web-based survey regarding Internet Pornography consumption and sexual satisfaction and functioning.

Results indicated gender differences in the dimensions of frequency, reasons for IP use and types of pornography chosen, with male participants scoring higher, on average. Multiple hierarchical regression analyses showed that frequency and time-consuming internet pornography did not predict sexual functioning or satisfaction in men and women. Moreover, after controlling for frequency and time of IP consumption the best predictors of sexual functioning and sexual satisfaction were positive reasons to consume Internet Pornography (e.g., sexual curiosity). These results question the negative impact of pornography consumption on sexual functioning and satisfaction in men and women and open new possibilities to reframe its impact on sexual health.

Keywords: Internet Pornography, Sexual Functioning; Sexual Satisfaction, Types of IP, Reasons for IP use.

Resumo

Com o boom tecnológico que temos vindo a acompanhar nos últimos anos, tem sido mais fácil do que nunca aceder a pornografia. O seu consumo pode ser explicado pelas próprias características que definem a Internet, como estabelecido pelo Triple-A-Engine (Accessibility, Affordability, Anonymity; Cooper, 1998). Esta definição determina a Internet como um meio de rápido e fácil acesso, assim como garante anonimato a qualquer seja o seu utilizador. Assim sendo, tem sido vastamente discutido o como esta nova faceta da pornografia pode afetar o indivíduo.

A investigação relativa ao impacto da Pornografia na Internet na saúde sexual tem demonstrado alguns resultados inconsistentes, em que alguns estudos enfatizam os efeitos negativos do consumo no funcionamento sexual e outros indicando efeitos neutros ou positivos em várias dimensões da saúde sexual. Este estudo teve como objetivo investigar a associação entre IP (frequência e tempo dispendido em IP, tipos de IP e razões para consumo de IP) e a saúde sexual (funcionamento sexual, satisfação sexual), em homens e mulheres.

Assim sendo, durante o mês de maio de 2016 e setembro de 2016, 321 homens e 487 mulheres responderam a um questionário online a propósito do consumo de Pornografia na Internet e o Funcionamento e Satisfação Sexual.

Os resultados obtidos indicam diferenças de género nas dimensões de frequência, razões para consumo de IP e tipos de pornografia escolhida, sendo que, em média, os participantes do género masculino pontuaram mais nas escalas utilizadas. As regressões múltiplas hierárquicas utilizadas revelaram que a frequência de consumo e o tempo investido nesse consumo não predizem o funcionamento ou a satisfação sexual, tanto nos homens como nas mulheres. Na verdade, após controlar a frequência e tempo investidos em IP, os melhores preditores de funcionamento e satisfação sexual para o consumo de IP foram razões positivas (curiosidade sexual). Estes resultados questionam o impacto negativo do consumo de pornografia no funcionamento sexual e na satisfação sexual, nos homens e mulheres, abrindo novas possibilidades para a reformulação do seu impacto na saúde sexual.

*Palavras-chave: Internet Pornography, Funcionamento Sexual, Satisfação Sexual
Tipos de IP, Razões para o uso de IP.*

General index

Introduction	1
The importance of defining Pornography and Internet Pornography	1
Pornography and sexual health.....	3
Pornography as an addiction	7
Method.....	10
<i>1. Participants</i>	10
<i>2. Procedures</i>	11
<i>3. Measures</i>	12
<i>4. Data analysis procedures</i>	15
Results	15
Discussion.....	25
Conclusion	30
References	32
Appendix	38

Acronyms and abbreviations

% – Percent

B- Unstandardized Beta coefficient

β – Standardized Beta coefficient

e.g. – For example

Et al. – And colleagues

F – F-ratio

IP – Internet Pornography

M – Mean

Max – Maximum value

Min – Minimum value

n – Number of subjects

p – Statistical significance level (p value)

R² – Coefficient of determination

R²_a – Adjusted coefficient of determination

SD – Standard deviation

SE B – Standard error for standardized regression coefficients

ΔR^2 – Increase of the coefficient of determination

Introduction

Along with the technological *boom* that we have followed in the past years, it's easier than ever to have access to pornography. Its consumption can be explained by the very characteristics that define Internet, as established by the Triple-A-Engine (Accessibility, Affordability, Anonymity; Cooper, 1998). This definition determines Internet as mean of easy and fast access, as well as it guarantees full anonymity to whoever using it. This last characteristic leads to fewer constraints to Internet Pornography consumers, in comparison to other means of access to sexual explicit material. While in the past, acquiring this type of content would implicate physical contact or sharing of information about the individual, nowadays, it's quite the opposite. Furthermore, along with ease of access, there was an increased availability of online sexual content, explicit or not, as well as its propagation. At the distance of a click, and confidentially, it is possible to access a vast variety of sexual content, of constant novelty, with barely any constraints.

Thus, it matters to understand the impact that different levels of pornography consumption may have in sexual functioning/satisfaction as well as satisfaction with life in general, either related to the individual or to the couple. It is relevant to analyze the influence that this consumption may have in the domains referred above, knowing that the influence may be negative (e.g. sexual dysfunctions, marital conflict) or positive (e.g. greater sexual knowledge). Our fundamental interest resides in understanding the extension of these influences associated with the consumption of Internet Pornography, knowing that the data presented in the revised literature lacks in consensus and has systematically reported both negative and positive effects of this consumption to general sexual health and functioning. Additionally, being thorough with the reasons why the researched literature is not consensual, in regard to the effects of pornography use, should shed a light towards a better understanding of what should be done in terms of methodology, evaluation and approach when studying this phenomenon.

The importance of defining Pornography and Internet Pornography

One of the fundamental questions related to the research about pornography has to do with its very definition. The diversity of definitions that can be applied to pornography is vague and somewhat well-illustrated in this brief famous quote by US judge Potter Stewart: "I know it when I see it" (in the case of *Jacobellis v. Ohio*, 1964). Even though

our definitions may vary, and nurture from phenotypical influences, it seems mandatory to us that, when investigating the particular effects of a determined practice, the subjects and the researchers should share the same definition of that said practice to avoid some sort of “my-side bias”.

In a meta-analysis by Short et al. (2012), relative to the existing research about the use of Internet Pornography (IP), that used samples of adult non-deviant individuals, (didn't present any psychopathology traits), findings showed a high inconsistency regarding the definition of IP, method, and evaluation of the different forms, functions and effects of IP use across 42 studies. In this meta-analysis, some suggestions are offered for future research regarding IP use which should be taken into consideration given their relevance. Moreover, some of the suggestions made by the researches is that, not only there should be a definition of pornography presented to the subjects of this type of research, it is also recommended that the definition and evaluation of IP use should include both form and function, namely, the type of pornography (e.g. only nudity; explicit genitals or not) and the reasons behind its visualization (e.g. sexual excitement; distraction; sexual knowledge) (Short et al., 2012). Besides that, and regarding the measurement of IP use, it is also commonly recommend that the differences which result of cultural factors and gender should always be taken into account (Stack, Wasserman & Kern, 2004). While on the other side, some suggest the use of a specific terminology, instead of wide designations like pornography (Malamuth, Addison & Koss, 2000).

So in order to assess the necessity of defining the concept of pornography, it felt that “Internet Pornography” best suited our view and focus on this study: the electronic aspect of Pornography that is so easily accessible nowadays. This facilitates the way participants share the conceptualization and notion of the term at study, IP, with the researcher, in a way that inconsistencies between studies can be avoided and to assure that the existent variability between the participants is due to their idiosyncrasies and not differentiated interpretation of the term. All off this is relevant due to the fact that different definitions of pornography can refer to distinct forms of sexual content. For example, the term “Softcore Pornography” usually refers to material where there usually is no display of genitalia, while on the other hand, the term “sexually explicit material”, refers to sexual content in a non-specific way, which could include the display of genitalia or not. The latter term is commonly used as a euphemism for pornography, which by default includes

“sexual relations and display of genitalia” (written material, photography, art) (Fisher & Barak, 2001).

In the same meta-analysis, Short et al. (2012) present, at last, a definition that wraps all this different concepts in the revised research: “any sexually explicit material that displays genitalia with the purpose of sexual excitement or fantasy”. For the current study, a definition of IP that we feel adequate is one that comprehends any type of material available online that can be accessed and also exposes genitalia clearly and explicitly. We included any form of IP that shows these features, for example websites with images and/or videos, interactive chat rooms with live streaming, as well as any other platform that exhibits content that falls under this definition.

In regard to function of IP use by the individual, three big categories were taken into account: obtain information about sexuality; establish personal connections; sexual arousal or entertainment (Goodson, McCormick & Evans, 2000).

Conclusively, we defined Internet Pornography as “every material that exposes genitalia involving oral, anal or vaginal sex and masturbation (e.g. websites with images and/or videos, interactive chat rooms with live streaming) which functions as mean to obtain information about sexuality, establish personal connections, sexual entertainment or excitement”.

Pornography and sexual health

Concerning research about the effects of pornography consumption, although some findings seem to be contradictory, most of the studies conclude that there is no negative effects associated, especially when the search and consumption is voluntary. Even though, we will discuss about research that reported negative effects of pornography use in the dimensions of sexual health and sexuality, in an attempt to understand the underlying cause of this results.

In a recent study by Landripet and Stulhofer (2015), referring to pornography consumption and sexual dysfunctions, findings showed that pornography does not constitute a significant risk in men with ages between 17 and 40, in the categories of desire and erectile/orgasmic difficulties. These conclusions contradict the popular belief, disseminated on public media, that proposes a causality effect between pornography consumption and prevalence of erectile dysfunction in young adult males. It should be taken into consideration that these results not only contest pornography use as a risk factor

for sexual functioning, but for sexual health in general (which includes sexual satisfaction and general satisfaction with life).

One of the concerns regarding IP use refers to the role of IP on triggering sexual compulsivity. A retrospective study conducted by Stulhofer, Jelovica and Ruzic (2008), in which was evaluated the relation between early exposure to pornography and sexual compulsivity, concluded that there is no significant association between these two dimensions, which redirects towards the idea that is prior high sexual compulsivity in the individual that could lead to search and consumption of IP use, and not the other way around. Actually, early exposure to pornography can lead to a better understanding of the reality regarding sexually explicit material, which can possibly affect attitudes towards recreational sex (Peter & Valkenburg, 2006). In another hand, it should be noted that at young ages, a continuous exposition to pornography (beginning at age 14) has a negative impact in intimate relationships of young males, as reported by Stulhofer et al. (2007). In this last study, was concluded that the consumption of pornography is positively related to the overlap between the sexual scripts of pornography and those of “good sex”, which are negatively associated with intimacy levels with their partners. It seems that early exposure to pornography could be detrimental when the individual is not capable of realizing, on its own, that pornography sexual scripts do not portray reality or “real sex”. Although this fact could be considered as negative effect of IP use, there is no evidence of this phenomenon affecting adults significantly, specifically those who have already engaged in sexual relationships. Adolescents often lack the risk attenuation needed to discern and manage online dangers and content in safe and healthy ways (Delmonico & Griffin, 2008). If almost every movie, magazine and TV Show portrays sex in a fictional way, it is obviously difficult for the inexperienced individual to distinguish what is real or not. Or at least, what behaviors are really conceivable in a normal relationship. In a study by Twohig, Crosby and Cox (2009) about the prevalence of problematic consumption of IP and underlying psychological processes involved showed that approximately 50% of male individuals use IP. Even though, of those, between 20 to 60%, approximately and depending of the domain of interest, reported that their use of IP was problematic, the strongest negative effects reported do not refer to sexual health problems but to psychological and spiritual domains, as well as behavior consequences (e.g., problems at work or school). However, these negative consequences did not increment with the increase of visualization which reveal that the *locus* of the problems might reside within the individual and is not related to IP use. It should be noted that the differences between participants that considered their

pornography consumption problematic were not investigated. Related research systematically shows that use of IP is associated with problematic consequences to some, but not all individuals, and especially at younger ages.

Another topic that is concurrent in research is the compulsive consumption of pornography which refers to frequency of consumption. According to a study by Schneider (2000), “when compulsive use of Internet sex reaches dozens of hours per week, it is clear that it restraints the availability, involvement and care of the user towards his family, which can be detrimental to marriage and/or sexual relationships”. Obviously, when the consumption of pornography implies a high number of hours (e.g. more than six hours a day) the individual simply does not have time for other social activities. The same could be said for any other practice that would consume that much time. In regard to frequency of consumption, a study by Cooper, Putnam, Planchon & Boies (1999), shows us that individuals who spend eleven or more hours per week searching cybersex, experience more intrapersonal and interpersonal negative consequences than those who consume occasionally (between 1 to 3 hours per week).

On the other hand, a study by Cooper et al. (2002), were the researchers intended to evaluate the consequences of Online Sexual Activities (OSA), most of the participants that use Internet for sexual search, reported that their use did not cause any problems in their lives. Almost every participant evaluated negatively the following statement “discovering about online sexuality was the worst thing that happened in my life” (97.5%). A similar percentage also reported that their use of online content for sexual activities never (78.2%) or rarely (12.6%) got out of control. Only a small percentage reported negative effects of this consumption. No measurements of frequency were assessed in this study.

It seems that, when an individual spends a good portion of his day on IP, research findings seem to systematically indicate that that high frequency of consumption results in negative consequences, but do not conclude that the cause of those effects is IP *per se*. It is necessary as well to consider, regardless underlying influence of compulsivity and impulsivity in problematic pornography consumption, the maintenance of the consumption through negative reinforcement, as coping method for negative emotions (e.g. boredom, loneliness, etc.). This can be problematic, even more when associated to ease of access to such materials. Through repetitive contact with sexual gratification opportunities in the Internet (e.g., advertisement) and involvement with that material, the individual may start to use IP not only as positive reinforcement (e.g., sexual gratification) but as well as

negative reinforcement (Wetterneck et al., 2012). This suggests once more that it might not be the use of IP *per se* that is problematic but rather the underlying nature of its use.

Apropos of the types of pornography consumed, the impact of different types of pornographic content seem to be a logical consequence of an active choice of those contents, done by the consumers. For example, the choice of zoophilic pornography by an individual and the consequences of that constant consumption, when problematic, refer to the “why” behind that choice rather than to the content itself. Therefore, considering that personality traits might influence the choice of pornographic content is an important step towards understanding the impact of such content in users (Paul, 2009).

Effectively, some studies determined that the incidence of problems with Internet or other online related issues, including compulsive sexual tendencies, varies between 5.9 to 13% (Cooper, Delmonico et al., 2000; Morahan-Martin, 2001; Morahan-Martin & Schumacher, 2000, cit in, Cooper et al., 2002, p.117). The small percentage of those that report negative effects may be, once again, explained by the existence of compulsivity problems related to the Internet, to idiosyncrasies of the individual or to the methodological characteristics of the studies.

In a study by Hald and Malamuth (2008), participants reported little to no negative effects of IP in the domains of sexual knowledge, attitudes towards same sex and opposite sex individuals, perception of the opposite sex, sexual life and quality of life in general. As a matter of fact, participants from both genders reported a moderate number of positive effects in the domains above.

Along the same lines, pornography has shown a positive role in the acquisition of sexual scripts. Some of the behaviors that previously could be considered strange, through pornography consumption, can start to be viewed as normal. An example of this has to do with the association between visualizing pornography and propensity to use a vibrator (knowing that the presence of vibrators in pornography is common) (Weinberg, Williams, Kleiner & Irizarry, 2009). Indubitably, for this acquisition of sexual scripts to be healthy, it is presupposed that the individual is capable of distinguishing which behaviors are acceptable or not in a way that they enhance positively their sexual life. It is also worth of mention the importance of pornography use as a supplement to the common sexual dysfunction treatments (Bruitton et al., 1993; Hald & Malamuth, 2008, cit in, Hald, Seaman & Linz, 2014, p.23).

Pornography as an addiction

Research on pornography consumption frequently tackles the association between problematic consumption and psychological variables, mainly on adolescents. Actually, most of the social concern where pornography is found to be detrimental to young adults, results from categorizing IP use as an addiction. Many studies refer to the effects of pornography consumption on brain structures, claiming that addiction to pornography acts as any other addiction on a physiological level: it causes a dysfunction of the mesolimbic reward centers of the brain. In 2005 Nestler explains that all addictions occur when these reward/pleasure pathways are hijacked by exogenous elements, such as drugs or by natural processes such as food or sex. He also states that these cerebral regions actively mediate the positive emotional effects of natural rewards such as sex, food and social interactions. By 2008, Nestler published another article addressing animal models of drug and natural addiction, in relation to the protein DeltaFosB. As described by Nestler, this protein appears to be “over-represented in the neurons of addicted subjects”. Although, initially found in the neurons of subjects with drug addictions, this pattern has also been found in subjects that over-consume natural rewards, namely in the *nucleus accumbens*, a specific area of the hypothalamus. Despite the fact that this study doesn't aim at investigating neuroscientific dimensions and characteristics of addiction and in particular, of pornography addiction, it seems relevant to us to identify the evidence pointing towards the problem of the addiction to pornography consumption as a “real” addiction. In relation to this phenomenon, it seems important to state that this effect can be more problematic during adolescence, as it may interfere in normal cerebral maturation processes. Besides that, as young individuals are more susceptible of being negatively influenced by what they see, it seems that the logical pathway to tackle this issue at this age gap is proper sexual education (regarding sexual intercourse, internet pornography, etc.) and an approach that takes into account the feelings and emotions involved on the consumption of such content. Furthermore, research findings make a clear support to the idea that pornography doesn't influence individuals uniformly, emphasizing the importance of considering individual, cultural and contextual differences when investigating the effects of pornography consumption (Hald, Seaman & Linz, 2014). This means that it's not a cause-effect relation. Internet pornography consumption doesn't necessarily result in addiction, like drug consumption also doesn't. There is a risk to it, but education might be the key.

After a review of the literature, differences between studies can be attributed to diverse causes. Not only the revised research show that most studies are based on researcher-questions, but they also usually just use one validated measure. Besides that, most studies do not use measures of sexual functioning often. For example, masturbation, as a preferred practice while visualizing IP, is a strong physical and psychic experience (Jensen, 2008, cit in, Flood, 2009), and not including any measures about masturbation, orgasm, consumption frequencies and sexual functioning in general, we may be underestimating the real pornography consumption effects. Considering the common methodology presented in the revised research, it is also important to consider that self-reported contributions might be biased. As shown by Lo and Wei (2002), most individuals believe that IP has an increased negative influence on others than themselves and female individuals tend to perceive bigger negative effects of IP in male individuals. Our conclusion is that the perceptual bias existent in IP consumption evaluation should be considered when discussing the results of the present study.

Therefore, our objective is to tackle the dimensions often measured in the current literature, with the use of validated measures for reasons behind IP use, types of pornography chosen, general/sexual health and frequency of IP consumption. Considering the methodology of existing studies on the subject, we believe that by using a clear definition of IP and validated measures related to the topic at hand, results could help understanding how the adult Portuguese population manifests their consumption of Internet Pornography, but also to compare these results to those of research with similar methodology. Apart from that, due to the lack of studies regarding IP use in Portuguese adult men and women, we hope that the following study sheds a light in general understanding of this phenomenon in our country.

As it was demonstrated by Short et al. (2012) in their meta-analysis, research lacks in studies which share the same methodology processes or even the same contents/concepts. Besides that, a good portion of studies use clinical samples which don't allow any extrapolations to the general population and also inherit the inevitable problem of IP consumption consequences being a result of independent individual characteristics. As reported before, most of the revised studies don't assess any dimensions of sexual functioning and function of IP (e.g. erectile function, orgasm, lubrication, purpose of consumption etc.), and also the different forms of Internet Pornography used (e.g. types/categories of pornography, consumption behaviors, frequencies, etc.).

Considering the state of existing literature and its inconsistencies across studies, we defined our investigation as being exploratory not only because no other studies used the same instruments combined but also because some of the shared variables were operationalized differently. Nonetheless, there were similarities, like in the study of Landripet and Stulhofer (2015), we also intended to use the same measure to evaluate sexual function, the *International Index of Erectile Functioning* (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick, & Mishra, 1997), as well as the *Pornography Consumption Inventory* for reason behind IP use (PCI; Reid et al. 2011), as it is used by Brown et al. (2017) in a Korean sample, or even the SIS/SES (Janssen et al. 2002), which was planned to be included as mean of measuring sexual arousal/inhibition. This, to demonstrate that we tried to use a similar approach to some of the most relevant investigations, while adding some layers of control on the variables at study (sexual functioning, sexual satisfaction, types/frequency/form of IP consumption and reasons for IP use). Following the inconsistencies of the literature referred above and the suggestions given by multiple authors, we decided that in order to properly perceive the consequences of IP use on the individual, variables such as depression, medical problems, age and sexual orientation should be controlled, step-wise, before measuring the mediating role of the variables related to IP on general/sexual satisfaction and sexual functioning. Moreover, it seemed pretty obvious that we ought to include frequency and time spent on IP consumption variables, as control. Furthermore, we considered it was necessary to assess the mediating role of the motivation for that consumption, as well as the influence of the type of pornography being consumed, or in another words, the function and form of IP as referred by Short et al. (2012), dimensions that are often overlooked in the literature. This being said, we believed that managing and designing a study in these parameters would allow us to answer our initial questions such as “How is sexual functioning influenced by IP use, regardless of time spent and idiosyncrasies of the individual?” and if so “Does it cause a decreased in sexual satisfaction?” or even “What are the differences between male and female participants in regard to IP use?”. Along these questions, we also always questioned ourselves about which results such study would disclose in regard to Portuguese young adults, how is this population being framed by this phenomenon and if is there any evidence at all that IP use is detrimental to the individual.

In conclusion, we intended to assess the dimensions affected by IP use that would be relevant in the context of clinical psychology and that would “feed” us relevant data on the topic, which would lead to a more precise study and, ultimately, to the development of

tools that would be helpful to the evaluation and treatment of IP addiction and its consequences.

Method

1. Participants

Eight hundred and twelve Portuguese participants (321 men, 487 women) completed the online survey. Participants received no compensation for their participation. Those who did not meet the minimum age of 18 were excluded from the sample ($n = 4$). The final eight hundred and eight that compose this sample, range from 18 to 60 years of age ($M = 24.92$ years; $SD = 7.215$). Relating to sexual orientation, 417 (51.7%) of the participants reported being “*Exclusively Heterosexual*” and 35 (4.3%) “*Exclusively Homosexual*”. Sixty-seven percent of participants were college graduates. In regard to profession/occupation, 526 (65.1%) are students and 244 (30.2%) have an ongoing/temporary job. Relationship status included 286 participants who were single (35.4%), 9 divorced (1.1%), 99 (12.3%) were married and 411 reported being in a relationship (50.9%). The mean number of sexual partners throughout life was 5 ($M = 5.09$; $SD = 11.849$). Forty-eight percent of participants were very satisfied with their current relationship, according to a *Likert* scale (from 1 – *Very unsatisfied* to 7 – *Very satisfied*). When asked about having any unwanted sexual experience, 92 (11.4%) of the total participants answered *Yes*. These socio-demographic characteristics can be seen in more detail in Table 1.

Table 1

Socio-demographic characteristics of the sample ($n = 808$)

	Female	Male
Age		
M	24.21	26.04
Min-Max (years)	18-56	18-60
SD	6.593	7.979
%	Female	Male
Educational Qualifications		
(higher level achieved)		
9 th grade	1.1	0.6
High school diploma (Standard or Vocational	34.9	28
Bachelor’s Degree	40	36.1
Master’s Degree	20.5	31.8

Doctorate	3.5	3.4
Profession/Occupation		
Active	25.5	37.4
Unemployed	4.5	4
Retired	0	0.6
Student	69.8	57.9
Relationship Status		
Single	33.3	38.6
Dating	54.2	45.8
Married/Civil Union	10.9	14.3
Separated/Divorced	1.2	0.9
Widowed	0.4	0.3
Number of sexual partners (throughout life)		
	Female	Male
M	3.96	6.84
Min-Max	1-40	1-250
SD	5.14	17.69
%		
	Female	Male
Sexual Orientation		
1-Exclusively homosexual	1	9.4
2	0.8	6.3
3	1.7	3.3
4	10.9	4.1
5	11.7	5.3
6	25.5	14.7
7- Exclusively heterosexual	48.3	56.9
Unwanted Sexual Experience		
Yes	13.5	8.4
No	86.5	91.8
Satisfaction with current relationship		
	Female	Male
M	6.1	5.99
Min-Max	1-7	1-7
SD	1.374	1.352

M=mean. Min=minimum. Max=maximum. SD=standard deviation.

2. Procedures

During May 2016 and September 2016, 321 men and 487 women responded to a web-based survey (www.limesurvey.org, Lime Survey™, Fa. Carsten Schmitz/Germany) regarding Internet Pornography consumption and sexual satisfaction and functioning (cf., Appendix). The survey was distributed using universities mailing platforms accessible,

mainly University of Porto. A request was sent to other universities mailing lists across the country but we have no means of verifying if our survey was publicized on their platforms. Firstly, the participants were informed of the study's duration (approx. 20 minutes) and purpose of understanding the relation between pornography consumption and sexual satisfaction and functioning. Additionally, after reading and agreeing to the informed consent, participants were invited to fill socio-demographic questions. Depending on the gender, different questions would be shown, specifically about sexual functioning. The participants were also informed that in order to safeguard the privacy and anonymity, data was collected and located at the University server, and that no IP address was recorded. The study was approved by the University Ethics Committee.

3. Measures

3.1 Socio-demographic Questionnaire

In order to evaluate socio-demographic characteristics, participants were invited to answer questions about their personal information (age, gender, qualifications, profession, marital status, and residency). This questionnaire (Pereira, Nobre, & Oliveira, 2013) is an adaption of the “*Questionário Introdutório Geral*” (Oliveira, Nobre, & Vilarinho, 2011). In addition to marital status, the questionnaire included a question about the length of the relationship, being this question followed by “*To what degree are you satisfied with your relationship*”, according to a *Likert* scale (from 1 – *Very unsatisfied* to 7 – *Very satisfied*). Regarding sexual orientation, the following question was responded by the participants “*How would you define your sexual orientation?*” on a *Likert* scale (from 1- *Exclusively homosexual* to 7 – *Exclusively heterosexual*). To address sexual activity, participants answered to the question “*How frequently do you get involved in sexual activity with your partner?*” according to a *Likert* scale (0 – *I never got involved in sexual activity*, from 1 – *Less than 1 time per year* to 7 – *More than once a day*). Participants also answered to questions about number of sexual partners, religion and diseases. In regards to sexual functioning, brief Yes/No questions were answered about premature ejaculation, orgasmic difficulties, erection problems, desire and genital pain.

3.2 Pornography Consumption Inventory

In order to assess the reasons behind the IP consumption participants answered to the *Pornography Consumption Inventory* (PCI; Reid et al. 2011) which is a four factor

scale (Excitement seeking, Emotional Avoidance, Sexual Curiosity and Sexual Pleasure) composed of 15 items. Each question is on a *Likert* scale (from 1 – *Never like me* to 7 – *Very often like me*). Reliability analysis of the scale calculated, by the author, using Cronbach’s alpha coefficient, found high internal reliability for the overall scale ($\alpha = .83$) and for the subscales: Emotional Avoidance, $\alpha = .85$; Sexual Curiosity, $\alpha = .87$; Excitement Seeking, $\alpha = .73$; and Sexual Pleasure, $\alpha = .71$; suggesting the PCI is an internally consistent measure. All respective subscales were positively correlated with the overall PCI total scale score. In our sample, the scale showed a good internal consistency, after using Cronbach’s alpha coefficient ($\alpha = .91$)

3.3 Questions about pornography

Regarding IP use, we decided to create a group of questions that would refer to the frequency of consumption as well as function and form. This is due to the inexistence of a scale that measures frequency and ways of consuming. Along that, we initially presented our definition of IP. To evaluate frequency of consumption or if there is even any consumption at all, participants answered to the following Yes/No questions “*Have you ever used Internet Pornography, alone or with a partner?*” and “*In the last 30 days, have you used Internet Pornography?*”. Additionally, they answered to the questions “*In the last 30 days, how frequently have you used Internet Pornography?*” according to a *Likert* scale (0 – *Never*, from 1 – *Once or twice a day* to 6 – *Multiple times a day*) and “*Usually, how much time in average do you spend using Internet Pornography?*” according to a *Likert* scale (from 1 – *One hour a month* to 7 – *More than 15 hours a week*). We had one more question regarding IP consumption frequency “*In the past 12 months, how often did you use Internet Pornography?*” according to a *Likert* scale (from 1 – *Never* to 6 – *More than 20 times*). Regarding IP consumption form, participants answered to the question “*Usually, how do you use IP?*”. In this last question, the participants had to choose between four options (1 – *I just visualize*, 2 – *I masturbate without reaching orgasm*, 3 – *I masturbate till orgasm*, 4 – *None of the above*).

3.4 Sexual Functioning/Satisfaction

To assess sexual functioning in men, we included the *International Index of Erectile Functioning* (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick, & Mishra, 1997). This scale is composed by 15 items, on a 5-point *Likert* scale, which measure five dimensions of male’s sexual functioning (*erectile function, orgasmic function, sexual*

desire, sexual satisfaction and general satisfaction). In this scale, higher scores mean better sexual function. The Portuguese version of the scale shows satisfactory psychometric characteristics (Quinta Gomes & Nobre, 2012), with a good internal consistency (Cronbach's alpha ranging between .72 and .86). In our sample scale also showed a good internal consistency after using Cronbach's alpha coefficient (Cronbach's $\alpha=.95$).

For women, the participants responded to the *Female Sexual Functioning Index* (FSFI; Rosen, Brown, Heiman, Leiblum, Meston, Shabsigh, et al., 2000). This is a self-report questionnaire that includes 19 questions which are accountable for the dimensions of *sexual interest and desire, sexual excitement, lubrication, orgasm, sexual satisfaction and sexual pain*, which are measured in a 5-point *Likert* scale. In this scale, higher scores mean better sexual function. This scale has showed good temporal stability (correlations between .79 and .86 for all dimensions and .88 for the scale as whole) and a good internal consistency with an alpha value of .93 for the total scale, in the Portuguese version (Pechorro, Diniz, Almeida, & Vieira, 2009). In our sample, this scale showed a good internal consistency (Cronbach's $\alpha=.95$).

3.5 Paraphilic Pornography Use Scale

Regarding the types of Internet Pornography used, participants answered to the *Paraphilic Pornography Use Scale* (PPS; Hald, G. M., & Štulhofer, A., 2015), which is a five factor scale (Sadomasochism, Bondage and dominance, Violent sex, Bizarre/extreme, Fetish). Through latent structure analyses, the authors were able to pin-point common categories across multiple types of pornography, resulting in a five-item (types) scale of paraphilic nonmainstream pornography content that has been focused on existent literature, and frequently associated with negative effects. The reliability of the scale was determined by using Cronbach's alpha. Across gender and sexual orientation, the internal consistency was found to be high, ranging from .82 to .85. In the present sample, the value for Cronbach's alpha was .80 for the total scale.

3.6 Beck's Depression Inventory

In order to assess the presence of depressive symptoms the *Beck Depression Inventory* (BDI, A. Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), which is a 21 item scale in two dimensions: cognitive (sadness, guilt, feelings of failure and pessimism) and

biological (sleep difficulties and loss of weight and appetite). Each item includes symptoms and attitudes that can be measured in a scale from 0 to 3. Originally, the instrument has good internal consistency with a Cronbach's alpha of .88 (Natter, 1992). The Portuguese version also showed good psychometric characteristics (Vaz-Serra, A., & Areu, J., 1973). In this sample, the scale showed a good internal consistency (Cronbach's $\alpha=.91$).

4. Data analysis procedures

The statistical analysis of the data was conducted on the 24th version of *IBM SPSS Statistics*, for Windows. With the goal of initially testing the predictive power of recurrent variables in the revised literature (age, sexual orientation, medical problems, BDI total score) on sexual functioning and satisfaction (measure as IIEF's and FSFI's total score), we used the Pearson product-moment correlation coefficient. After that, to measure the input granted by those variables and their predictive power on sexual functioning and satisfaction, while having and controlling pornography consumption frequencies, several multiple regression analyses were conducted, according to the hierarchical method.

In all of the analyses, a significance level below .05 ($p<.05$) was considered as an indicator of statistically significant differences. Regarding the conducted correlations, their strength was analyzed according to the guidelines suggested by Cohen (1988): $r = .10$ to $.29$ – poor correlation; $r = .30$ to $.49$ – moderate correlation; $r = .50$ to 1.0 – strong correlation.

Results

1. Descriptive statistics of pornography consumption frequency

According to frequency analyses, 86.5% of participants ($n = 698$) reported that they had used (accompanied or alone), Internet Pornography at least once. Regarding pornography consumption in the last 30 days, 64.1% ($n = 513$) reported that they did use Internet Pornography. Additionally, about 8.3% ($n = 67$) of the participants reported consuming pornography everyday/almost every day. Regarding time spent in pornography consumption, the majority of the participants 59.7% ($n = 467$) watches one hour a month. In regard to how the participants behave while consuming pornography, 63.2% ($n = 511$) reported that they masturbate until reaching orgasm (See table 2).

Table 2

Pornography consumption frequencies based on how much time usually spent (n = 782)

	Women		Male	
	n	%	n	%
1 hour a month	368	78.6	99	31.5
1-4 hours a month	81	17.3	86	27.4
1-2 hours a week	14	3	70	22.3
3-5 hours a week	2	0.4	36	11.5
6-9 hours a week	2	0.4	16	5.1
10-15 hours a week	1	0.2	2	0.6
More than 15 hours a week	0	0	5	1.6

2. Gender differences in reasons for pornography consumption

A one-way between-groups multivariate analysis of variance was performed to investigate gender differences in reasons for pornography consumption. Four dependent variables, which compose the *Pornography Consumption Inventory*, were used (Emotional Avoidance, Sexual Curiosity, Sexual Pleasure and Excitement Seeking). The variables *age*, *sexual orientation*, *BDI total* and *medical problems* were included as covariates in order to control their effect. The independent variable was gender. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. There was a statistically significant difference between males and females on the combined dependent variables: $F(4, 682) = 20.988$, $p = .000$; Wilks' Lambda = .890; partial eta squared = .110. When considering the results for the dependent variables separately, there were differences with statistical significance, after using a Bonferroni adjusted alpha level of 0.013, on three out of the four dependent variables: Emotional Avoidance $F(1, 689) = 49.07$, $p = .000$, partial eta squared = .067; Sexual Pleasure $F(1, 689) = 59.19$, $p = .000$, partial eta squared = .080; Excitement Seeking $F(1, 689) = 37.03$, $p = .000$, partial eta squared = .051. An inspection of the mean scores indicated that, overall, females identify themselves less with the reasons presented for pornography consumption than males (see Table 3).

Table 3

Reasons for Pornography Consumption (n = 691)

	Women		Men	
	M	SD	M	SD
Sexual Curiosity	9.82	4.85	10.33	4.40
Sexual Pleasure	9.21	4.63	11.90	3.22
Emotional Avoidance	7.52	3.94	9.8	4.83
Excitement seeking	6.78	2.99	8.36	3.00

3. Gender differences in types of pornography consumed

In order to investigate the differences between both genders in the types of pornography consumed, having *age*, *sexual orientation*, *BDI total* and *medical problems* as covariates, a one-way between-groups multivariate analysis of variance was performed. Five dependent variables, which compose the *Paraphilic Pornography Use*, were used (somasochism, Bondage and dominance, violent sex, bizarre/extreme, fetish). The independent variable was gender. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. There was a statistically significant difference between males and females on the combined dependent variables: $F(5, 692) = 7.89, p=.000$; Wilks' Lambda =.946; partial eta squared=.054. When considering the results for the dependent variables separately, the only differences to reach statistical significance, after using a Bonferroni adjusted alpha level of .01, were on Fetish (including latex) $F(1, 700) = 8.93, p =.003$, partial eta squared =.013; and Bizarre/Extreme $F(1, 700)=18.11, p=.000$, partial eta squared =.025. Apart from that, on Fetish (including latex), males reported a significant higher level of consumption ($M=1.53, SD=.918$) than females ($M=1.35, SD=.793$). Similar results were observed on the type Bizarre/Extreme, where males significantly scored higher ($M=1.29, SD=.668$) than females ($M=1.10, SD=.395$). For detailed information check table 4.

Table 4

Likelihood of choosing a Paraphilic type of Pornography (n = 702)

	Women	Men
--	-------	-----

	M	SD	M	SD
Sadomasochism	1.36	.846	1.24	.618
Fetish	1.34	.789	1.51	.900
Violent sex	1.41	.924	1.55	.923
Bondage and Dominance	1.45	.935	1.44	.869
Bizarre/Extreme	1.10	.403	1.28	.673

4. Gender differences in frequency of pornography consumption

Regarding the frequency of pornography consumption, two questions were designed for this matter, one of them being “*In the last 30 days, how frequently have you used Internet Pornography*”. Those who answered “*Never*” were excluded from the analyses (N=288). An independent-samples t-test was conducted, for females and males. There was a significant difference in the results in which males scored higher ($M= 3.41$, $SD= 1.368$), being on a *Likert* scale “*Once or twice a week*”. Females reported an average frequency of consumption ranging between “*Once or twice a month*” to “*Three to four times a month*” [$M=1.77$, $SD=1.058$; $t(515) = 14.990$, $p= .000$]. The magnitude of the differences in the means was high (eta squared= .304).

5. Pearson’s product-moment correlations

In order to study the relationship between our previously stipulated co-variates *age*, *sexual orientation*, *BDI total* and *medical problems* (which according to the revised literature, might potentially influence our dependent variable) and sexual functioning/satisfaction (as measured/defined by the total scores of FSFI and IIEF, for the female and male sample correspondingly), Pearson product-moment correlation coefficients were used. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity (see table 5).

Table 5

Pearson product-moment correlations for IIEF and FSFI (n= 808)

	IIEF (Total)
Age	.073
Sexual Orientation	.143*
BDI (Total)	-.093
Medical Problems	-.027

Note: * $p \leq .05$

	FSFI (Total)
Age	.078
Sexual Orientation	.002
BDI (Total)	-.258**
Medical Problems	-.173**

Note: ** $p \leq .01$

Taking into account the potential effect of the frequency of IP consumption on general sexual satisfaction and functioning, we conducted a Pearson product-moment correlation between the two previously referred variables that measure frequency of consumption and IIEFF/FSFI's totals, namely, "*In the last 30 days, how frequently have you used Internet Pornography*" and "*Usually, how much time, on average, do you spend using Internet Pornography*" (See table 6).

Table 6

Pearson product-moment correlations between IIEF/FSFI and consumption frequencies (n = 808)

	IIEF (Total)
<i>"In the last 30 days, how frequently have you used Internet Pornography"</i>	-.050
<i>"Usually, how much time, on average, do you spend using Internet Pornography"</i>	-.113*

Note: * $p \leq .05$

	FSFI (Total)
<i>"In the last 30 days, how frequently have you used Internet Pornography"</i>	-.032
<i>"Usually, how much time, on average, do you spend using Internet Pornography"</i>	-.020

6. The predictive role of reasons for pornography consumption on male's Sexual functioning

A three stage hierarchical multiple regression analysis was used to develop a model for predicting male participant's sexual functioning from frequency and time spent in pornography consumption and reasons for pornography consumption (PCI, Reid et al., 2011). Firstly, the independent variables *age*, *sexual orientation*, *BDI total* and *medical problems* were introduced as co-variates to control for their effect on sexual functioning (Block 1). Secondly, the independent variables regarding the frequency of IP use "*In the last 30 days, how frequently have you used Internet Pornography*" and "*Usually, how*

much time, on average, do you spend using Internet Pornography” were introduced (Block 2). Thirdly, the four components (*Excitement seeking, Emotional Avoidance, Sexual Curiosity and Sexual Pleasure*) of the PCI were entered in a last step as a measure to control the reasons for IP use (Block 3). As for sexual functioning as our dependent variable, IIEF’s total score was used. Thus, from this analysis we obtained three models, where in the first stage we added *age, sexual orientation, BDI total and medical problems* as controlled variables which didn’t explain significantly the variation on sexual functioning [$F(4,262) = 1.254, p = .288$], accounting for 0.4% of the variance explained ($R^2a = .004$). The addition of frequency variables didn’t result in a significant variation [$F(2,260) = 2.290, p = .103$] of sexual functioning (0.1% of the variance ($\Delta R^2 = .001$)). The addition of reasons for IP use at stage 3 explained an additionally 6.9% of the variation ($\Delta R^2 = .069$) in Sexual functioning, with statistical significance [$F(4,256) = 4.969, p \leq .001$]. Only the dimensions of Sexual Curiosity ($\beta = .215, p < .005$) and Sexual Pleasure ($\beta = .145, p < .05$) showed to significantly and positively predict overall sexual functioning (See Table 7, model 3).

Table 7

Summary of Hierarchical Regression Analysis for reasons of IP use as predictors for Male’s Sexual Functioning (IIEF Score)

Variable	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Age	.164	.138	.076						
Sexual Orientation	.733	.510	.089						
BDI	-.128	.146	-.056						
Medical Problems	.543	1.23	.029						
“In the last 30 days...”				1.37	.871	.127			
“Usually, how much time...”				-2.1	1	-.16*			
Sexual Curiosity							.851	.272	.215*
Sexual Pleasure							.805	.398	.145*
Excitement Seeking							.291	.482	.050
Emotional Avoidance							-.429	.269	-.119
R^2a			.004			.014			.070
<i>F</i> for change in R^2			1.254			2.290			4.969*

Note: * $p < .05$ ** $p \leq .001$

7. The predictive role of reasons for pornography consumption on female’s Sexual functioning

A second hierarchical multiple regression analysis was conducted to develop a model for predicting female participant’s sexual functioning from frequency and time spent in pornography consumption and reasons for pornography consumption. As for the male sample, *age, sexual orientation, BDI total and medical problems* were introduced as co-

variates (Block 1), and then, both questions regarding frequency of IP use were introduced (Block 2). The four dimensions of the PCI scale were entered in a single step (Block 3). As dependent variable, FSFI's total score was used. Adding the same controllable variables at stage 1 revealed that they contributed significantly to the regression model [F (4,338) =7.616, $p \leq .000$] and accounted for 7.2% of the variation ($R^2 = .072$) in sexual functioning (IIEF's total score). Adding the frequency variables at stage 2, explained 0.1% of the variation in R^2 ($\Delta R^2 = .001$) and this change was not statistically significant [F (2,336) =.183, $p = .833$]. Entering reasons for IP use at a third stage did not result in a statistically significant increased variation [F (4,332) =1.083, $p = .364$] of 1.2% ($\Delta R^2 = .012$). Although the model was not statistically significant, when we look at the individual predictors we observe a trend for Sexual Curiosity to predict sexual functioning in women ($\beta = .113$, $p = .075$) (see Table 8).

Table 8

Summary of Hierarchical Regression Analysis for reasons of IP use as predictors for Female's Sexual Functioning (FSFI Score)

Variable	Model 1		Model 2			Model 3			
	B	SE B	B	B	SE B	β	B	SE B	β
Age	.016	.027	.031						
Sexual Orientation	-.088	.150	-.031						
BDI	-.099	.027	-.20*						
Medical Problems	-.426	.153	-.152						
"In the last 30 days..."				-.08	.206	-.024			
"Usually, how much time..."				.234	.388	.038			
Sexual Curiosity							.082	.046	.113
Sexual Pleasure							-.032	.061	-.041
Excitement Seeking							-.002	.100	-.002
Emotional Avoidance							-.067	.059	-.073
$R^2 \Delta$.072			.067			.068
F for change in R^2			7.616*			.183			1.083

Note: * $p < .001$

8. The predictive role of types of consumed pornography on male's sexual function

In order to address the predictive power of the types of consumed pornography on general sexual functioning, another hierarchical multiple regression was conducted. As before, *age*, *sexual orientation*, *BDI total* and *medical problems* were introduced as covariates (Block 1), and then, both questions regarding frequency of IP use were introduced (Block 2). At last, the five dimensions of the *Paraphilic Pornography Use* (Sadomasochism, Bondage and dominance, violent sex, Bizarre/extreme, Fetish) were introduced in a single step (Block 3). The controllable variables entered at stage one

explained 1.9% ($R^2a = .019$) of the variation in sexual functioning and this change was not statistically significant [$F(4, 265) = 1.303, p = .269$]. The addition of the frequency variables at stage 2 added 1.7% to the variance explained ($\Delta R^2 = .017$) and this was also a not significant increase [$F(2, 263) = 2.306, p = .102$]. At stage three, the addition of the types of IP used explained an additional 2.3% of the variance ($\Delta R^2 = .023$) in sexual functioning, and this was not statistically significant as well [$F(5, 258) = .291, p = .952$]. (See table 9).

Table 9

Summary of Hierarchical Regression Analysis for types of IP used as predictors for Male's Sexual Functioning (IIEF Score)

Variable	Model 1			Model 2			Model 3		
	B	SE B	B	B	SE B	β	B	SE B	β
Age	.157	.135	.074						
Sexual Orientation	.754	.508	.091						
BDI	-.130	.145	-.057						
Medical Problems	.519	1.22	.028						
"In the last 30 days..."				1.32	.863	.123			
"Usually, how much time..."				-2.1	.994	-.17*			
Sadomasochism							-.844	2.399	-.030
Bondage and Dominance							2.419	2.001	.122
Violent Sex							-.555	1.613	-.030
Bizarre/Extreme							3.124	1.967	.122
Fetish							-1.237	1.379	-.064
R^2a			.004			.014			.019
F for change in R^2			1.303			2.306			1.239

Note: * $p < .05$

9. The predictive role of types of consumed pornography on female's sexual function

A hierarchical multiple regression was conducted in order to evaluate the predictive power of the same variables (types of pornography chosen) on female's general sexual functioning and satisfaction. The same methodology as above was applied. Age, sexual orientation, BDI total and medical problems were introduced as co-variables (Block 1), and then, both questions regarding frequency of IP use were introduced (Block 2). At last, the five dependent variables, which compose the *Paraphilic Pornography Use* (Sadomasochism, Bondage and dominance, violent sex, Bizarre/extreme, Fetish) were introduced in a single step (Block 3). When entering the same independent variables at stage 1, 6.9% ($R^2a = .069$) of the variation on sexual functioning was explained significantly [$F(4, 345) = 7.477, p \leq .001$]. The addition of frequency variables added 0.1% ($\Delta R^2 = .001$) to the explained variation of sexual functioning and this change in R^2 was not significant [$F(2, 343) = .98, p = .907$]. Adding the types of IP used at a third stage explained

an additional 0.3% ($\Delta R^2=.001$) of the variation on our dependent variable and this change on R^2 was also not statistically significant [$F(5, 338) = .223, p = .952$] (See table 10).

Table 10

Summary of Hierarchical Regression Analysis for types of IP used as predictors for Female’s Sexual Functioning (FSFI Score)

Variable	Model 1		Model 2			Model 3		
	B	SE B	B	SE B	β	B	SE B	β
Age	.024	.027	.048					
Sexual Orientation	-.079	.149	-.028					
BDI	-.101	.027	-.20*					
Medical Problems	-.388	.152	-.138					
“In the last 30 days...”				-.09	.205	-.029		
“Usually, how much time...”				.122	.382	.021		
Sadomasochism						.151	.309	.038
Bondage and Dominance						-.016	.302	-.005
Violent Sex						.025	.276	.007
Bizarre/Extreme						-.043	.517	-.005
Fetish						-.248	.256	-.059
$R^2 a$.069*		.064		.053	
F for change in R^2			7.477		.098		.223	

Note: * $p < .001$

10. The predictive role of reasons for pornography consumption on male’s sexual satisfaction

As before, a three stage hierarchical multiple regression analysis was used. Our intent was to develop a model for predicting male’s sexual functioning from frequency and time spent in IP use (while controlling age, sexual orientation, depression and medical problems) and reasons motivating that consumption (PCI, Reid et al., 2011). Again, a three step regression was conducted, where the independent co-variates were introduced in two steps, firstly the constants referred above, and then the variables regarding frequency of IP use. On a third step, and referring to sexual satisfaction, our dependent variable was introduced “*What is your level of satisfaction with your sex life in general?*”. At stage one, the independent variables referred accounted for 0.1% ($R^2 a = .001$) of the variation in sexual satisfaction and didn’t contribute significantly to the regression model [$F(4, 262) = 1.067, p = .373$]. Adding the frequency variables explained the 1.5% ($\Delta R^2 = .015$) increase of the variation in sexual satisfaction, but this change in R^2 was not statistically significant [$F(2, 260) = 2.073, p = .128$]. At a third stage, entering the reasons for IP use accounted for an increased 3.7% ($\Delta R^2 = .037$) of the explained variation in sexual satisfaction and contributed significantly to the regression model [$F(4, 256) = 2.557, p < .05$]. The dimension of Sexual Curiosity showed to significantly and positively predict general sexual satisfaction ($\beta = .155, p < .05$) (See Table 11).

Table 11

Summary of Hierarchical Regression Analysis for reason of IP used as predictors for Male's Sexual Satisfaction

Variable	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Age	.029	.039	.047						
Sexual Orientation	.221	.143	.096						
BDI	-.014	.041	-.022						
Medical Problems	.309	.343	.060						
"In the last 30 days..."				.459	.244	.152			
"Usually, how much time..."				-.48	.280	-.14			
Sexual Curiosity							.171	.077	.155*
Sexual Pleasure							.202	.113	.130
Excitement Seeking							.019	.138	.012
Emotional Avoidance							-.091	.077	-.090
R^2a			.001			.009			.032
<i>F</i> for change in R^2			1.067			2.073			2.557*

Note: * $p < .05$

11. The predictive role of reasons for pornography consumption on female's sexual satisfaction

In order to examine the predictive power of reasons for IP use on female's general sexual satisfaction, a multiple regression was conducted, using the same constant variables as before, as well as the same frequency indicators. The dependent variable was "*What is your level of satisfaction with your sex life in general*". At a stage one, the controlled variables accounted for 5% ($R^2a = .050$) of the variation in sexual satisfaction and contributed significantly to the regression model [$F(4,373) = 5.948, p < .001$]. Adding the frequency variables explained an additional 1.7% ($\Delta R^2 = .017$) of the variation in our dependent variable and this change in R^2 was not significant [$F(2,371) = 3.452, p = .033$]. At a third stage, entering the reasons of IP use accounted for an additional 2.3% ($\Delta R^2 = .023$) of the explained variation in sexual functioning, contributing significantly to the regression model [$F(4,367) = 2.340, p = .055$]. The dimension of Emotional Avoidance showed to significantly and negatively predict general sexual satisfaction ($\beta = -.165, p < .05$) (See Table 12).

Table 12

Summary of Hierarchical Regression Analysis for reason of IP used as predictors for Female's Sexual Satisfaction

Variable	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Age	.000	.008	.003						
Sexual Orientation	.029	.044	.034						
BDI	-.028	.008	-.19*						
Medical Problems	-.080	.045	-.094						
"In the last 30 days..."				-.06	.059	-.06			
"Usually, how much time..."				-.17	.11	-.09			

Sexual Curiosity		.015	.013	.069
Sexual Pleasure		.019	.018	.083
Excitement Seeking		-.020	.029	-.057
Emotional Avoidance		-.045	.017	-.165*
R^2	.050	.062	.076	
F for change in R^2	5.948*	3.452*	2.340	

Note: * $p < .05$

Discussion

This current study held, as a fundamental purpose, understanding and knowing if pornography consumption had an impact in sexual functioning on male individuals. This concern was a result of a social belief that consuming pornography would inherently result in erectile problems and sexual arousal. Even though this concern is not that evident in our country, it is of concurrent debate in countries like the USA. Therefore, it was our design that this study would contemplate a solid methodological way of measuring sexual functioning in male individuals. This study does not constitute, by any means, intent of establishing grounding evidence in this field of research, but exclusively aims at exploring some aspects of the phenomena of IP use by following pre-determined baselines present in the literature. Aside our initial purpose, we believed that comparing data on frequency, reasons and types chosen of IP between male and female individuals would be a valid contribution, not only due to the fact that the literature lacks at providing information of female's use of IP, but also because there isn't really much information about it on the Portuguese population. After deciding to include female individuals in our study, we developed the need to include ways of measuring sexual function in this population, as it differs from the male one for obvious reasons.

As might seem manifest, we can only emphasize the importance of the work of Short et al. (2012), where they provided, through their meta-analysis, a conceptual/methodological stepping stone for this study and probably, to most of the research that is currently being conducted. Following their guidelines, we designed a questionnaire that contemplated what we thought that was of utmost necessity: a definition of IP and validated instruments to measure the motivations behind IP use and the types consumed, that had previously been successfully integrated in previous studies and would constitute a common ground in this field of research. By that, we are specially referring to the *Pornography Consumption Inventory* (PCI; Reid et al. 2011) and the *Paraphilic*

Pornography Use Scale (PPS; Hald, G. M., & Štulhofer, A., 2015). In regard to the measurement of frequency of IP use which is also lacking in research, for example as in the study of Cooper et al. (2002), we designed the concurrent questions present in this manuscript, by following the guidelines that were also provided by Short et al. (2012).

That being said, we proceeded to do initial analyses to compare male and female participants use of IP. Through an independent-samples t-test we concluded, that male individuals reported to use IP, on average, “*Once or twice a week*” ($M= 3.41$, $SD= 1.368$), while for female the participants, the average was “*Once or twice a month*” to “*Three to four times a month*” [$M=1.77$, $SD=1.058$; $t(515) = 14.990$, $p= .000$]. In the frequency analyses conducted, we verified that 86.5% of the total participants reported that they had used IP at some point. Nonetheless, only a small percentage of 8.3 ($n=67$) have reported to use IP on a daily basis. Although it was figured in our revision of the literature that the way people consumed IP could be relevant to the present study, we decided that it was obvious that masturbation was a preferred practice while viewing IP and was not a preponderant fact in this matter. This was verified when 63.2% of the participants reported that not only they masturbate when using IP, but also they do it till reaching orgasm ($n=511$).

Even though these results point in the same direction as the research in general, which is that males are prone to use IP more often and spending more time doing so, a good number of studies have reported that IP use rates can widely range between 50-99% for males, and 30-86% for females (Gunther, 1995; Hald, Kuyper, Adam, & De Wit, 2013; Hald & Mulya, 2013; Hammarén & Johansson, 2001; Janghorbani & Lam, 2003; Li & Michael, 1996; E. M. Morgan, 2011; Perse, 1994; Peter & Valkenburg, 2006, 2009a, 2009b; Rogala & Tyden, 2003; Sørensen & Kjørholt, 2007; Štulhofer et al., 2010; Træen, Nilsen, & Stigum, 2006; Tydén, Olsson, & Haggstrom-Nordin, 2001, cit in, Hald, Seaman & Linz, 2014). As a side note, most of these results are explained and heavily influenced by the sample characteristics (e.g. age, sexual experience, sexual orientation, study methodology) which, once again, should be dealt with care when being referenced (Flood, 2010; Hald, 2006; Rosser et al., 2012).

Regarding gender differences in reasons behind IP use and types of pornography chosen, we noted that there were significant differences between males and females on the combined dependent variables for reasons [$F(4, 682) = 20.988$, $p= .000$; Wilks' Lambda = .890; partial eta squared = .110] and a similar significance for types [$F(5, 692) = 7.89$, $p= .000$; Wilks' Lambda = .946; partial eta squared = .054]. Even though there was a significant difference between genders, males seem to score higher in all of the dependent

variables from both analyses, as can be verified by a simple inspection of the means scores in tables 3 and 4. Although we controlled for age, sexual orientation, depression and medical problems, these differences can still be due to lower frequency of IP consumption in females. As referred by Cooper et. al. (1999), individuals that consume pornography occasionally (in comparison to those who do it more frequently) are prone to identify fewer negative consequences and motivations towards IP. This leads us to the conclusion that women, in general, identify themselves less with the reasons presented for IP use, as well for the types of pornography chosen. In regard to the types of pornography chosen, we believe in the fact that the types presented being paraphilic, and a result of a cluster of problematic types of IP previously studied (Hald, G. M., & Štulhofer, A., 2015), may be less appealing or even known to participants who report lower frequency of consumption. For the avid consumer, finding pornography in these categories may happen more frequently and even involuntarily, as result of the design of current pornographic websites. Regardless the fact that it's usually a personal preference that leads to the search of such materials, by the very design of IP, individuals can get access to types of IP considered problematic by a simple click, even without an active choice.

Taking into account these concerns and limitations, we decided that using multiple hierarchical regressions would be a more fit analyses for this data, giving us the possibility of developing a predictive model accountable for the various constant variables that, according to literature, appear to have influence on sexual functioning and satisfaction. As a result of that, we developed multiple models where we evaluated the mediating role of reasons and types on IIEF's and FSFI's total scores. In line, with most of the studies that we considered that had a proper methodology and approach to the problem of IP use, we found that for both male and females participants, when the pursue of IP had the underlying purpose of sexual curiosity and sexual pleasure, participants showed an higher level of sexual function. This effect was significantly verified in males, where the model developed revealed a solid statistical significance [$F(4,256) = 4.969, p \leq .001$] and explained 7% of the variance ($R^2 = .070$) within (check table 7). For female participants, even though the predictive model was not statistical significant [$F(4,332) = 1.083, p = .364$], looking at the predictors on an individual level, a strong tendency was verified on sexual curiosity to predict overall sexual functioning ($\beta = .113, p = .075$). Similar results were found in men when we established "sexual satisfaction" as the dependent variable, resulting in a statistically significant model [$F(4,256) = 2.557, p < .05$], explaining 3.2 % of the variation ($R^2 = .032$) in sexual functioning by adding to the regression model the

reasons for IP use. Specifically, Sexual Curiosity showed to significantly and positively predict general sexual satisfaction ($\beta=.155, p<.05$) (See Table 11). In the case of females, although the regression model was all but significant [$F(4,367) = 2.340, p=.055$] with the dimension of Emotional Avoidance showing to strongly and negatively mediate the variation in sexual satisfaction ($\beta=-.165, p<.05$), it still constitutes a suggestion for further research on female population as research reports in a different direction. These findings could be related to the fact that females usually show lower frequency levels of IP use and being so, those who consume in higher frequencies, might be motivated to consumption as a mean of coping mechanism to other underlying problems, which we can't describe. Moreover, we in fact control for frequency of IP use, so we are not able to extrapolate this result. As shown by Petersen and Hyde (2010) and Woo et al. (2011), women seem to demonstrate more sex guilt about their pornography use than man, as a result of differences in sexual socialization, but differences in methodology and conceptualization between this studies and ours makes it impossible for us to compare these results.

. It should be taken into account that these analyses could be skewed by the fact that our measure of "sexual satisfaction" was an IIEF's component, which is one question on a *Likert* scale from 1 to 7. Although statistically significant, we believe that sexual satisfaction is a complex topic which can't be easily evaluated in a self-report questionnaire with one question. Differentiated interpretations of the term might have occurred, as we didn't share any with the participants but we can conclude that searching and consuming IP by "sexual curiosity" motives, seems to predict overall sexual function and satisfaction in men. Nonetheless, we still believe that further investigation and a different methodological approach to this dimension might be required. Yet, in regard to "sexual functioning", even though our statistical model was not significant in female individuals, it showed to be somewhat similar to what we had found in males and found by Cameron et al. (2017), who states that "despite the fact the women are usually IP abstainers, curiosity is usually their main motivation when getting into IP".

All these results seem to be in line with what was reported by Landripet and Stulhofer (2015), specifically on adult men, where pornography didn't constitute a significant risk on sexual functioning (specifically, erectile and orgasmic difficulties). Actually, it was quite the opposite. Our results directly support the idea that individuals often use IP with "good" motivations and that it positively predicts overall sexual functioning, as was previously and similarly reported on other studies (Hald & Malamuth, 2008; Hald, Smolenski, & Rosser, 2013; Hald et al., 2015; Kvaalem et. al. 2014)..

In regards to the effect of types of pornography chosen, both our analyses where we defined sexual functioning as our dependent variable didn't result in statistical significant models, neither for males [$F(5, 258) = .291, p = .291$, explaining 1.9% of the variance ($R^2 = .019$)] nor for females [$F(5, 338) = .223, p = .952$, explaining 5.3% of the variance ($R^2 = .053$)]. We hypothesize that these results are due to the fact that we control for frequency and that it is usually individuals who spend more time visualizing IP, that get in touch with these specific, although problematic, types of IP. Even though, we can't make any assumption, computing this analyses was due to the fact that "different types of pornography (e.g., violent pornography) are shown or hypothesized to demonstrate larger associations with certain outcomes (e.g., sexually aggressive attitudes or behaviors) and that knowing the relative consumption of these types is highly important for evaluating the likely practical and applied impacts of such findings" (Allen, D'Alessio, & Brezgel, 1995; Hald et al., 2010).

This study possesses some limitations that should be stated. One of them, as reported by a participant, is that we assume that male individuals who report being homosexual engage in active and passive sexual penetration. Besides that, we don't address any way of measuring sexual functioning on individuals who don't identify themselves as being either male or females. Moreover, we believe that a longitudinal approach to this phenomenon, from adolescence until adulthood, would result in a better understanding, even though we understand the implications and costs of such approach. The fact that our sample was obtained from online questionnaires through self-report constitutes a limitation, as individuals are usually prone to "ascribe greater effect of media (e.g. pornography) to others than themselves" (Davidson, 1983; Lo & Paddon, 2000, cit in, Hald, G.M. & Malamuth, N.M. (2008). Also, our sample was not that representative of the Portuguese population as it was composed mainly by young adults. Moreover, we feel that some of the variables used were not optimally computed, as for example, the total score for medical problems was an addition of self-report pathologies, which doesn't discriminate conditions that could have a direct impact in overall results.

Conclusion

One of our main intentions was to understand how the phenomenon of consuming Internet Pornography was affecting young individuals in sexual functioning but also to gather data on how this consumption and how the concerns manifested throughout the revised literature were reflected in Portuguese population. As we have referred before, research is neither clear nor consensual on how Internet Pornography and its consequences should be investigated or even which dimensions should be at focus. Most of our efforts went into applying a methodology that would have some common ground with other studies, while learning on the fly the *nuances* and necessities of this kind of investigation. It can be noted that we didn't delve too much into any particular facet of IP, this being a direct result of a tentative to "build upon" already existent theory. We simply wanted to prove if consuming pornography, even at large scales, would constitute a risk factor for young individuals and if so, what could be done to tackle this problem. As we found, and despite our methodological and procedural bias, there seems to be no reason of alarm when discussing the possibility of IP consumption being harmful to an individual – it clearly seems to only affect a small portion of individuals, who usually show other traits that are present *a priori* to any contact to IP (even at ages below those we have addressed). We recommend that for further understanding of this topic, new and innovative methodological processes should be adopted, as the topic at hand is continuously changing with the addition of new technology (e.g. Virtual Reality). As it is, these results seriously question the negative impact of pornography consumption on sexual functioning and satisfaction in men and women and open new possibilities to reframe its impact on sexual health.

We believe that this study promotes the research being done on Internet Pornography, specifically in Portugal, where there aren't many studies on the topic, even more, with this methodological approach. Despite being an exploratory study, we are certain that the obtained results allow investigators and all professionals on the field to draw conclusions about the phenomenon and its impact on the average Portuguese adult, and if whether or not there is a need for concern. Even if Pornography demonstrates to have a positive influence on individuals, we must not forget that a continuous and concise approach to the sexual education and, in this case, the artificiality of Pornography, just like in any form of media, could be decisive in the healthy sexual development of an adolescent or young adult. As we depend progressively and exponentially more on technology in

every aspect of our lives, the outcome of such relation is mostly unknown to us at long-term, so it seems that studying the relationship between this “technology related novelties” and the well-being of an individual, is a matter of the utmost importance.

References

- Brown, C.C., Conner, S., & Vennum, A. (2017). Sexual Attitudes of Classes of College Students Who Use Pornography. *Cyberpsychology, behavior and social networking*, 20(8), 463-469. DOI: 10.1089/cyber.2016.0362
- Buss, D. M., & Schmitt, D. P. (2011). Evolutionary psychology and feminism. *Sex Roles*, 64, 768–787. <https://doi.org/10.1007/s11199-011-9987-3>
- Cavaglion, C. (2008). Narratives of self-help of cyberporn dependents. *Sexual Addiction & Compulsivity*, 15, 195–216, DOI: 10.1080/10720160802289157
- Cohen, J. (1988), *Statistical Power Analysis for the Behavioral Sciences*, 2nd Edition. Hillsdale, N.J.: Lawrence Erlbaum.
- Cooper, A., Morahan-Martin, J., Mathy, R.M. & Maheu, M. (2002). Toward an increased understanding of user demographics in online sexual activities. *Journal of Sex & Marital Therapy*, 28, 105–129.
- Cooper, A., Putnam, D.E., Planchon, L. A., & Boies, S.C. (1999). Online sexual compulsivity: Getting tangled in the net. *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention*, 6(2), 79-104.
- Costa, P.T., Jr. & McCrae, R.R. (1992). *Revised NEO Personality Inventory (NEO-PIR) and NEO Five-Factor Inventory (NEO-FFI) manual*. Odessa, FL: Psychological Assessment Resources.
- Fisher, W. A., & Barak, A. (2001) Internet pornography: A social psychological perspective on Internet sexuality. *Journal of Sex Research*, 38, 312–23.
- Flood, M. (2009). The harms of pornography exposure among children and young people. *Child Abuse Review*, 18, 384–400 DOI: 10.1002/car.1092
- Flood, M. (2010). Young men using pornography. In K. Boyle (Eds.), *Everyday pornography* (pp. 164–178). London: Routledge.

- Goodson, P., McCormick, D. & Evans, A. (2000). Sex and the internet: A survey instrument to assess college students' behavior and attitudes. *Cyber Psychology and Behavior*, 3, 129–149.
- Hald, G. M. (2006). Gender differences in pornography consumption among young heterosexual Danish adults. *Archives of Sexual Behavior*, 35, 577–585. doi:10.1007/s10508-006-9064-0
- Hald, G.M. & Malamuth, N.M. (2008). Self-perceived effects of pornography consumption. *Archives of Sexual Behavior*, 37, 614–625 DOI 10.1007/s10508-007-9212-1
- Hald, G.M., Seaman, C. & Linz, D. (2014). Sexuality and Pornography. In L. Tolman & L. M. Diamond (Ed). *APA Handbook of Sexuality and Psychology* (Vol. 2. Chap. 1, pp. 3-35). American Psychological Association
- Hald, G. M., & Štulhofer, A. (2015). What types of pornography do people use and do they cluster? assessing types and categories of pornography consumption in a large-scale online sample. *The Journal of Sex Research*, 1-11.
- Hilton, D. L., & Watts, C. (2011). Pornography addiction: A neuroscience perspective. *Surgical Neurology International*, 2, 19. <http://doi.org/10.4103/2152-7806.76977>
- Hunt, S.A. & Kraus, S.W. (2009). Exploring the relationship between erotic disruption during the latency period and the use of sexually explicit material, online sexual behaviors, and sexual dysfunctions in young adulthood. *Sexual Addiction & Compulsivity*, 16, 79–100 DOI: 10.1080/10720160902724228
- Jacobellis v. Ohio, 387 U.S. 184. (1964).
- Janssen, E., Vorst, H., Finn, P. & Bancroft, J. (2002). The Sexual Inhibition (SIS) and Sexual Excitation (SES) Scales: I Measuring sexual inhibition and excitation proneness in men. *The Journal of Sex Research*, 39, 114-126.

- Janssen, E., Vorst, H., Finn, P. & Bancroft, J. (2002). The Sexual Inhibition (SIS) and Sexual Excitation (SES) Scales: II. Predicting psychophysiological response patterns. *The Journal of Sex Research*, 39, 127-132.
- Kohut, T., & Štulhofer, A. (2018). Is pornography use a risk for adolescent well-being? An examination of temporal relationships in two independent panel samples. *PLoS ONE*, 13(8), e0202048. <http://doi.org/10.1371/journal.pone.0202048>
- Landripet, I & Stulhofer, A. (2015). Is pornography use associated with sexual difficulties and dysfunctions among younger heterosexual men? *Journal of Sexual Medicine*, 12, 1136–1139. DOI: 10.1111/jsm.12853
- Lo, V. & Wei, R. (2002). Third person effect, gender and pornography on the internet. *Journal of Broadcasting & Electronic Media*, 46, 13-33.
- Malamuth, N. M., Addison, T., & Koss, M. (2000). Pornography and sexual aggression: Are there reliable effects and can we understand them? *Annual Review of Sex Research*, 11, 26–91.
- Miller, D. J., Hald, G. M., & Kidd, G. (2018). Self-perceived effects of pornography consumption among heterosexual men. *Psychology of Men & Masculinity*, 19(3), 469-476. <http://dx.doi.org/10.1037/men0000112>
- Nestler, E.J. (2005). Is there a common molecular pathway for addiction? *Nature Neuroscience*, 8, 1445–1449
- Nestler, E. J. (2008). Transcriptional mechanisms of addiction: role of Δ FosB. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 363(1507), 3245–3255. <http://doi.org/10.1098/rstb.2008.0067>
- Nobre, P.J., Gouveia, J.P. & Gomes, F.A. (2003). Sexual Dysfunctional Beliefs Questionnaire: an instrument to assess sexual dysfunctional beliefs as

- vulnerability factors to sexual problems. *Sexual and Relationship Therapy*, 18, 171-204. DOI: 10.1080/1468199031000061281
- Oliveira, C., Nobre, P. J., & Vilarinho, S. (2011) Questionário Introdutório Geral.
- Paul, B. (2009). Predicting internet pornography use and arousal: The role of individual difference variables. *Journal of Sex Research*, 46, 344–357 doi: 10.1080/00224490902754152
- Pechorro, P., Diniz, A., Almeida, S., & Vieira, R. (2009). Validação portuguesa do índice de Funcionamento Sexual Feminino (FSFI). *Laboratório de Psicologia*, 7(1).
- Peter, J., & Valkenburg. P. M. (2006). Adolescents' exposure to sexually explicit online material and recreational attitudes toward sex. *Journal of Communication*. 56, 639-660.
- Petersen, J. L., & Hyde, J. S. (2010). A meta-analytic review of research on gender differences in sexuality, 1993–2007. *Psychological Bulletin*, 136, 21–38. <https://doi.org/10.1037/a0017504>
- Philaretou, A.G., Mahfouz, A.Y. & Allen, K.R. (2005). Use of internet pornography and men's well-being. *International Journal of Men's Health*, 4, 149-169.
- Quinta Gomes, A. L., & Nobre, P. J. (2012) The International Index of Erectile Function (IIEF-15): Psychometric properties of the Portuguese version. *Journal of Sexual Medicine*, 9, pp 180-187. DOI: 10.1111/j.1743-6109.2011.02467.x.
- Reid, R.C., Li, D.S., Gilliland, R., Stein, J.A. & Fong, T. (2011). Reliability, validity, and psychometric development of the pornography consumption inventory in a sample of hypersexual men. *Journal of Sex & Marital Therapy*, 37, 359-385
- Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D. & D'agostino, R., Jr. (2000). The female sexual function index (FSFI): A

- multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, 26, 191–208
- Rosen, R., Riley, A., Wagner, G., Osterloh, I., Kirkpatrick, J., & Mishra, A. (1997). The international index of erectile function (IIEF): A multidimensional scale for assessment erectile dysfunction. *Urology*, 49, 822-830
- Rosser, B. R. S., Grey, J. A., Wilkerson, J. M., Iantaffi, A., Brady, S. S., Smolenski, D. J., & Horvath, K. J. (2012). A commentary on the role of sexually explicit media (SEM) in the transmission and prevention of HIV among men who have sex with men (MSM). *AIDS and Behavior*, 16, 1373–1381. doi:10.1007/s10461-012-0135-z
- Schneider, J. (2000). Cybersex addiction: Effect on the family. *Sexual Addiction and Compulsivity*, 7, 31–58.
- Short, M.B., Black, L., Smith, A.H., Wetterneck, C.T & Wells, D.E. (2012). A Review of internet pornography use research: Methodology and content from the past 10 years. *Cyberpsychology, Behavior, And Social Networking*, 15, 13-23 DOI: 10.1089/cyber.2010.0477
- Stack, S., Wasserman, I. & Kern, R. (2004). Adult Social Bonds and Use of Internet Pornography. *Social Science Quarterly*, 85, 75-88
- Stulhofer, A., Jelovica, V. & Ruzic, J. (2008). Is early exposure to pornography a risk factor for sexual compulsivity? Findings from an online survey among young heterosexual adults. *International Journal of Sexual Health*, 20, 270- 280
- Twohig, M.P., Crosby, J.M. & Cox, J.M. (2009). Viewing internet pornography: For whom is it problematic, how, and why? *Sexual Addiction & Compulsivity*, 16, 253–266 DOI: 10.1080/10720160903300788

- Vaz-Serra, A., & Abreu, J. (1973). Aferição dos quadros clínicos depressivos I: Ensaio de aplicação do “Inventário Depressivo de Beck” a uma amostra portuguesa de doentes deprimidos. *Coimbra Médica*, 20, 623-644.
- Ybarra, M. L., Mitchell, K. J., Hamburger, M., Diener-West, M., & Leaf, P. J. (2011). X rated material and perpetration of sexually aggressive behavior among children and adolescents: Is there a link? *Aggressive Behavior*, 37, 1–18. doi:10.1002/ab.20367
- Wetterneck, C.T., Burgess, A.J., Short, M.B., Smith, A.H. & Cervantes, M.E. (2012). The role of sexual compulsivity, impulsivity, and experiential avoidance in internet pornography use. *The Psychological Record*, 62, 3–18
- Woo, J., Brotto, L. A., & Gorzalka, B. B. (2011). The role of sex guilt in the relationship between culture and women’s sexual desire. *Archives of Sexual Behavior*, 40, 385–394. DOI:10.1007/s10508-010-9609-0
- Wright, P. J., Miezian, E., & Sun, C. (2018, July 24). Pornography Consumption and Sexual Satisfaction in a Korean Sample. *Journal of Media Psychology: Theories, Methods, and Applications*. Advance online publication. <http://dx.doi.org/10.1027/1864-1105/a000246>

Appendixes

Appendix A. Assessment Protocol, Presentation Page and Informed Consent Form



Saúde sexual e o consumo de Pornografia

O presente estudo encontra-se integrado na dissertação de Mestrado em Psicologia Clínica e da Saúde, do aluno Evandro Miguel Fonseca Raposo, pela Faculdade de Psicologia e Ciências da Educação da Universidade do Porto, estando sob a orientação do Professor Doutor Pedro Nobre. Trata-se de um projeto que obteve parecer favorável da Comissão de Ética da Universidade do Porto.

O objetivo do projeto é estudar a relação entre a saúde sexual e o consumo de pornografia. Deste modo, para participar apenas é necessário ser maior de idade. Com a sua participação, estará a contribuir para melhorar a compreensão acerca dos fenómenos mencionados.

A resposta ao questionário demora cerca de 20 minutos. Algumas das questões serão acerca de características individuais (e.g. idade), enquanto outras serão acerca da sua sexualidade. Caso não tenha certezas acerca da resposta mais precisa, assinale a que considerar mais aproximada da que melhor ilustra a sua opinião/experiência. De modo a conseguir obter informações válidas, é essencial que **responda da forma mais sincera possível**. O questionário deve ser preenchido de forma autónoma, sem qualquer interferência externa.

Após a conclusão do estudo poderá solicitar informação sobre os resultados do mesmo enviando um e-mail para o investigador Evandro Raposo (mipsi11072@fpce.up.pt)

Acrescentamos que **o questionário é anónimo**, sendo que nenhum dado pessoal será recolhido e não será guardado o IP. Assim, apenas os investigadores terão acesso aos dados, não sabendo a quem pertencem. Além disso, informamos que não haverá nenhuma recompensa financeira por colaborar no estudo, sendo um **estudo voluntário** e podendo **terminar a sua participação a qualquer momento**.

Leia este formulário com atenção e, em caso de dúvida, envie as suas questões ou comentários através do seguinte e-mail: mipsi11072@fpce.up.pt

Sair e limpar questionário Carregar inquérito não terminado Seguinte >

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.



Saúde sexual e o consumo de Pornografia

0% 100%

*
Foi-me prestada uma explicação integral acerca da natureza e objetivos do estudo, sendo-me concedida a possibilidade de esclarecer todos os aspetos que considere pertinentes. Se assim o desejar, sei que sou livre de abandonar o estudo em qualquer momento.
Não serão recolhidos dados que permitam a minha identificação, permanecendo confidenciais. Concordo que estes sejam analisados pelos investigadores responsáveis pelo estudo, sob autoridade delegada do investigador principal. Além disso, não procurarei restringir o uso dos dados para os quais o estudo se dirige.
Declaro ainda que sou maior de idade e que li o formulário de consentimento.

Sim, confirmo a informação declarada anteriormente, concordo e aceito participar no presente estudo.

Sair e limpar questionário Continuar mais tarde < Anterior Seguinte >

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix B. General introductory questionnaire



Saúde sexual e o consumo de Pornografia

0% 100%

Idade:
Neste campo só é possível introduzir números

Género:
Escolha uma das seguintes respostas

Masculino
 Feminino
 Outro

Habilitações literárias (nível mais alto):
Escolha uma das seguintes respostas

Menos de 4 anos de escolaridade
 4ª Classe
 6º ano
 9º ano
 12º ano ou Curso Tecnológico/Profissional
 Licenciatura/Bacharelato
 Mestrado
 Doutoramento

Profissão/Ocupação:
Escolha uma das seguintes respostas

Ativo
 Desempregado
 Reformado
 Estudante

Zona de residência atual:
Escolha uma das seguintes respostas

Norte
 Lisboa
 Alentejo
 Madeira
 Centro
 Alentejo
 Açores
 Estrangeiro

Situação relacional:
Escolha uma das seguintes respostas

Solteiro
 Namorado
 Casado ou união de facto
 Separado ou divorciado
 Viúvo

Número de parceiros sexuais ao longo da vida:
Neste campo só é possível introduzir números

Com que frequência se envolve em atividade sexual com um parceiro(a)?
Escolha uma das seguintes respostas

Nunca me envolvi em atividade sexual
 Menos de 1 vez por ano
 Menos de 1 vez por mês
 Entre 1 a 3 vezes por mês
 Entre 1 a 2 vezes por semana
 Entre 3 a 5 vezes por semana
 Todos ou quase todos os dias
 Mais do que uma vez por dia

Alguma vez teve uma experiência sexual não desejada?

Sim Não

Appendix B. General introductory questionnaire (continued)

Alguma vez se envolveu em atividade que o pusesse em risco de contrair SIDA? <input type="radio"/> Sim <input type="radio"/> Não
Como definiria a sua orientação ou preferência sexual? Escolha uma das seguintes respostas <input type="radio"/> 1 Exclusivamente Homossexual <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 Exclusivamente Heterossexual
Professa alguma religião? <input type="radio"/> Sim <input type="radio"/> Não
Por favor indique se alguma vez teve problemas ou se apresenta atualmente queixas nas seguintes áreas. Selecione todas as que se aplicam <input type="checkbox"/> Tensão arterial elevada <input type="checkbox"/> Diabetes <input type="checkbox"/> Problemas cardíacos <input type="checkbox"/> Doença neurológica <input type="checkbox"/> Problemas ginecológicos <input type="checkbox"/> Endometriose <input type="checkbox"/> AVC (Acidente Vascular Cerebral) <input type="checkbox"/> Problemas sanguíneos <input type="checkbox"/> Cancro <input type="checkbox"/> Ansiedade <input type="checkbox"/> Depressão <input type="checkbox"/> Problemas urológicos <input type="checkbox"/> Problemas na coluna <input type="checkbox"/> Dores de cabeça crónicas/enxaquecas <input type="checkbox"/> IST (Infecção Sexualmente Transmissível) <input type="checkbox"/> Dor crónica <input type="checkbox"/> Abuso de drogas <input type="checkbox"/> Abuso de álcool <input type="checkbox"/> Outro: <input type="text"/>
Por favor indique se toma ou tomou algum dos seguintes medicamentos nos últimos 6 meses. Selecione todas as que se aplicam <input type="checkbox"/> Anti-hipertensores <input type="checkbox"/> Anti-depressivos <input type="checkbox"/> Anti-psicóticos <input type="checkbox"/> Hormonas/contraceção hormonal <input type="checkbox"/> Outro: <input type="text"/>
Número de filhos Neste campo só é possível introduzir números <input type="text"/>
Sair e limpar questionário <input type="button" value="Continuar mais tarde"/> <input type="button" value="Anterior"/> <input type="button" value="Seguinte >"/>

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix C. International Index of Erectile Functioning (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick, & Mishra, 1997)



Saúde sexual e o consumo de Pornografia

0% 100%

Coloque uma cruz na resposta que mais se adequa à sua situação tendo em conta as últimas quatro semanas.

Com que frequência foi capaz de conseguir uma ereção durante a sua atividade sexual?
Escolha uma das seguintes respostas:

- Não tive atividade sexual
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Quando teve ereções com estimulação sexual, com que frequência estas ereções foram suficientemente rígidas para permitir a penetração?
Escolha uma das seguintes respostas:

- Não tive relações sexuais
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Quando tentou ter relações sexuais, com que frequência foi capaz de penetrar a(o) sua (seu) companheira(o)?
Escolha uma das seguintes respostas:

- Não tentei ter relações sexuais
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Durante as relações sexuais, com que frequência foi capaz de manter a sua ereção depois de ter penetrado a(o) sua (seu) companheira(o)?
Escolha uma das seguintes respostas:

- Não tive ter relações sexuais
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Durante as relações sexuais, qual a dificuldade que teve para manter a sua ereção até ao fim da relação sexual?
Escolha uma das seguintes respostas:

- Não tive relações sexuais
- Extrema dificuldade
- Muita dificuldade
- Dificuldade moderada
- Ligeira dificuldade
- Nenhuma dificuldade

Quantas vezes tentou ter relações sexuais?
Escolha uma das seguintes respostas:

- Não tentei
- Uma a duas tentativas
- Três a quatro tentativas
- Cinco a seis tentativas
- Sete a dez tentativas
- Onze ou mais tentativas

Quando tentou ter relações sexuais, qual a frequência com que se sentiu satisfeito?
Escolha uma das seguintes respostas:

- Não tentei ter relações sexuais
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Qual o grau de satisfação que teve com as suas relações sexuais?
Escolha uma das seguintes respostas:

- Não tive relações sexuais
- Nenhuma insatisfação
- Pouca satisfação
- Satisfação moderada
- Grande satisfação
- Muito grande satisfação

Appendix C. International Index of Erectile Functioning (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick, & Mishra, 1997) (continued)

<p>Quando teve estimulação sexual ou relações sexuais, com que frequência ejaculou?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não tive estimulação/relações sexuais<input type="radio"/> Quase nunca/nunca<input type="radio"/> Poucas vezes (muito menos de metade das vezes)<input type="radio"/> Algumas vezes (cerca de metade das vezes)<input type="radio"/> A maior parte das vezes (muito mais de metade das vezes)<input type="radio"/> Quase sempre/sempre
<p>Quando teve estimulação sexual ou relações sexuais, com que frequência teve a sensação de orgasmo ou clímax?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não tive actividade sexual<input type="radio"/> Quase nunca/nunca<input type="radio"/> Poucas vezes (muito menos de metade das vezes)<input type="radio"/> Algumas vezes (cerca de metade das vezes)<input type="radio"/> A maior parte das vezes (muito mais de metade das vezes)<input type="radio"/> Quase sempre/sempre
<p>Com que frequência sentiu desejo sexual?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Quase nunca/nunca<input type="radio"/> Poucas vezes<input type="radio"/> Algumas vezes<input type="radio"/> A maior parte das vezes<input type="radio"/> Quase sempre/sempre <p><input checked="" type="checkbox"/> Esta questão é sobre o desejo sexual. O desejo sexual é um sentimento que pode incluir o desejo de ter uma experiência sexual (por exemplo, relação sexual ou masturbação), pensar em ter relações sexuais ou senti-se frustrado por falta de sexo</p>
<p>Como classifica o seu desejo sexual?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Muito baixo/nenhum<input type="radio"/> Baixo<input type="radio"/> Moderado<input type="radio"/> Elevado<input type="radio"/> Muito elevado <p><input checked="" type="checkbox"/> Esta questão é sobre o desejo sexual. O desejo sexual é um sentimento que pode incluir o desejo de ter uma experiência sexual (por exemplo, relação sexual ou masturbação), pensar em ter relações sexuais ou senti-se frustrado por falta de sexo</p>
<p>Qual a sua satisfação com a sua vida sexual em geral?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Grande insatisfação<input type="radio"/> Insatisfação moderada<input type="radio"/> Iguamente satisfeito e insatisfeito<input type="radio"/> Satisfação moderada<input type="radio"/> Grande satisfação
<p>Qual a sua satisfação com o seu relacionamento sexual com a(o) sua(su) parceira(o)?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Grande insatisfação<input type="radio"/> Insatisfação moderada<input type="radio"/> Iguamente satisfeito e insatisfeito<input type="radio"/> Satisfação moderada<input type="radio"/> Grande satisfação
<p>Qual a confiança que tem em conseguir atingir e manter uma ereção?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Muito baixa<input type="radio"/> Baixa<input type="radio"/> Moderada<input type="radio"/> Elevada<input type="radio"/> Muito elevada
<p>Quando teve ereções com estimulação sexual qual o grau de dificuldade que teve para atingir o orgasmo?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não tive relações sexuais<input type="radio"/> Extrema dificuldade<input type="radio"/> Muita dificuldade<input type="radio"/> Dificuldade moderada<input type="radio"/> Ligeira dificuldade<input type="radio"/> Nenhuma dificuldade
<p>Qual o seu nível de satisfação com a sua capacidade para atingir o orgasmo durante a atividade sexual?</p> <p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Nenhuma satisfação<input type="radio"/> Pouca satisfação<input type="radio"/> Satisfação moderada<input type="radio"/> Grande satisfação<input type="radio"/> Muito grande satisfação

Appendix C. International Index of Erectile Functioning (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick, & Mishra, 1997) (continued)

Durante as relações sexuais, com que frequência ejaculou sem o desejo, antes ou logo após a penetração?
Escolha uma das seguintes respostas:

- Não tive relações sexuais
- Quase nunca/nunca
- Poucas vezes (muito menos de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- A maior parte das vezes (muito mais de metade das vezes)
- Quase sempre/sempre

Durante as relações sexuais qual a dificuldade que teve para controlar a sua ejaculação ?
Escolha uma das seguintes respostas:

- Não tive relações sexuais.
- Extrema dificuldade
- Muita dificuldade
- Dificuldade moderada
- Ligeira dificuldade
- Nenhuma dificuldade

Qual o seu nível de satisfação com a sua capacidade para controlar a ejaculação durante a atividade sexual?
Escolha uma das seguintes respostas:

- Nenhuma satisfação
- Pouca satisfação
- Satisfação moderada
- Grande satisfação
- Muito grande satisfação

Sair e limpar questionário Continuar mais tarde < Anterior Seguinte >

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix D. Questions about Internet Pornography (investigator's questions)



Saúde sexual e o consumo de Pornografia

0% 100%

As questões que se seguem têm como foco o seu consumo de pornografia na Internet. Por pornografia na Internet, entenda-se todo o material que inclua exposição de genitália como sexo anal, oral, vaginal ou masturbação (e.g. websites com imagens e/ou vídeos, chat rooms interativos com transmissão de vídeo em tempo real) e que tenha como propósito obter informação relativa à sexualidade, estabelecer conexões pessoais e entretenimento sexual ou excitação. Certifique-se que responde a todas as questões.

Alguma vez usou, sozinho ou com parceiro, Pornografia na Internet?

Sim Não

Nos últimos 30 dias utilizou Pornografia na Internet?

Sim Não

Nos últimos 30 dias, com que frequência usou Pornografia na Internet?

Escolha uma das seguintes respostas

Nunca
 Uma a duas vezes por mês
 Três a quatro vezes por mês
 Uma a duas vezes por semana
 Três a cinco vezes por semana
 Todos/quase todos os dias
 Várias vezes ao dia

Habitualmente, quanto tempo em média passa a usar Pornografia na Internet?

Escolha uma das seguintes respostas

< 1 hora por mês
 1-4 horas por mês
 1-2 horas por semana
 3-5 horas por semana
 6-9 horas por semana
 10-15 horas por semana
 Mais de > 15 horas por semana

Qual a percentagem em que partilha o uso de Pornografia na Internet?

	0-10%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	80-90%	90-100%
com um parceiro sexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
com outros que não parceiros sexuais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sozinho	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Habitualmente, como utiliza a Pornografia na Internet?

Selecione todas as que se aplicam

Apenas visualizo
 Masturbo-me sem atingir o orgasmo
 Masturbo-me até atingir o orgasmo
 Nenhuma das anteriores

Sair e limpar questionário

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix E. Pornography Consumption Inventory (PCI; Reid et al. 2011)



Saúde sexual e o consumo de Pornografia

0% 100%

Abaixo estão uma série de afirmações que explicam várias razões pelas quais as pessoas usam pornografia. Por favor responda a cada afirmação e indique em que grau elas o descrevem. Para este questionário, Pornografia na Internet é definida como todo o material que inclua exposição de genitália, como sexo anal, oral, vaginal ou masturbação (e.g. websites com imagens e ou vídeos, chat rooms interativos com transmissão de vídeo em tempo real) e que tenha como propósito obter informação relativa à sexualidade, estabelecer conexões pessoais e entretenimento sexual ou excitação. Certifique-se que responde a todas as questões.

	Nada a ver comigo	Raramente a ver comigo	Mais ou menos a ver comigo	Frequentemente a ver comigo	Muito a ver comigo
Uso para aprender mais sobre uma actividade ou prática sexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dá-me uma oportunidade para me distrair dos desafios da vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recorro quando me sinto em baixo, triste ou sozinha.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenho curiosidade sobre o tipo de sexo que as outras pessoas têm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para escapar para um mundo de fantasia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para dar alguma novidade ou variedade à minha vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para me excitar sexualmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para aumentar os meus conhecimentos sobre as possibilidades sexuais.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para sentir prazer físico.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para mudar o meu estado de humor quando estou ansioso/a, stressado/a ou zangado/a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dá-me uma sensação de excitação.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para evitar sentir emoções desconfortáveis ou desagradáveis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alimenta o interesse que eu tenho em compreender mais sobre o sexo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso como ajuda para me masturbar, para uma libertação (descarga) física.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso para me desligar de circunstâncias ou situações desagradáveis que experimento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sair e limpar questionário

Continuar mais tarde

Anterior Seguinte

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix F. Paraphilic Pornography Use Scale (PPS; Hald, G. M., & Štulhofer, A., 2015)



Saúde sexual e o consumo de Pornografia

0% 100%

Usando a escala de 5 pontos abaixo, por favor indique até que ponto usou cada um dos seguintes tipos de pornografia nos últimos 12 meses.

	Nada	Um pouco	Moderadamente	Grande parte	Muito
Sadomasoquismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fetiches (incluindo látex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexo violento (incluindo simulação de violação, agressão e coerção)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Escravidão e dominância (incluindo disciplinamento)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicamó/Extremo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sair e limpar questionário

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.

Appendix G. Beck Depression Inventory (BDI, A. Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)



Saúde sexual e o consumo de Pornografia

0% 100%

Este questionário é composto por grupos de afirmações. Por favor leia atentamente cada grupo e escolha a afirmação que para cada grupo descreve melhor a forma como se tem vindo a sentir durante a última semana (incluindo hoje). Escolha apenas uma afirmação para cada grupo. Por favor confirme se leu todas as afirmações em cada grupo antes de responder.

<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não me sinto triste<input type="radio"/> Anão "neura" ou triste<input type="radio"/> Sinto-me "neura" ou triste todo o tempo e não consigo evitá-lo<input type="radio"/> Sinto-me tão triste ou infeliz que não consigo suportar mais este estado
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não estou demasiado pessimista nem me sinto desencorajado em relação ao futuro<input type="radio"/> Sinto-me desencorajado em relação ao futuro<input type="radio"/> Sinto que não tenho nada a esperar do que surge no futuro<input type="radio"/> Não tenho qualquer esperança no futuro e penso que a minha situação não pode melhorar
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não me sinto um fracassado<input type="radio"/> Sinto que tive mais fracasso que a maioria das pessoas<input type="radio"/> Quando analiso a minha vida passada, tudo o que noto são uma quantidade de fracassos<input type="radio"/> Sinto-me completamente falhado como pessoa (pai, mãe, marido, mulher)
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Tenho tanta satisfação com as coisas como anteriormente<input type="radio"/> Não tenho satisfação com as coisas que me alegravam anteriormente<input type="radio"/> Não consigo obter verdadeira satisfação seja com o que for<input type="radio"/> Sinto-me descontente com tudo
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não me sinto culpado por nada em particular<input type="radio"/> Sinto grande parte do tempo que sou culpado<input type="radio"/> Sinto-me bastante culpado a maior parte do tempo<input type="radio"/> Sinto-me sempre culpado
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não sinto que esteja a ser vítima de algum castigo<input type="radio"/> Tenho o pressentimento que posso ser castigado<input type="radio"/> Penso que no futuro serei castigado<input type="radio"/> Sinto que estou a ser castigado
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não me sinto descontente ou desapoiado comigo<input type="radio"/> Estou desiludido comigo<input type="radio"/> Estou bastante desgostoso comigo<input type="radio"/> Odeio-me
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não sinto que seja pior do que qualquer outra pessoa<input type="radio"/> Critico-me a mim mesmo pelas minhas fraquezas ou erros<input type="radio"/> Estou sempre a culpar-me pelas minhas próprias faltas<input type="radio"/> Acuso-me por tudo de mal que acontece
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não tenho quaisquer ideias de fazer mal a mim próprio<input type="radio"/> Tenho ideias de pôr termo à vida, mas não seria capaz de as concretizar<input type="radio"/> Gostaria de por termo à minha vida<input type="radio"/> Matar-me-lia se tivesse oportunidade

Appendix G. Beck Depression Inventory (BDI, A. Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) (continued)

<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Actualmente não choro mais do que o costume<input type="radio"/> Choro agora mais do que o que costumava<input type="radio"/> Actualmente passo o tempo a chorar<input type="radio"/> Costumava ser capaz de chorar, mas agora não consigo, mesmo quando tenho vontade
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não fico agora mais irritado do que ficava<input type="radio"/> Fico aborrecido ou irritado mais facilmente do que ficava<input type="radio"/> Sinto-me permanentemente irritado<input type="radio"/> Já não consigo ficar irritado por coisas que me irritavam anteriormente
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não perdi o interesse que tinha nas outras pessoas<input type="radio"/> Actualmente sinto menos interesse pelas outras do que costumava ter<input type="radio"/> Perdi quase todo o interesse pelas outras pessoas<input type="radio"/> Perdi por completo o interesse pelas outras pessoas
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Sou capaz de tomar decisões tão bem como antigamente<input type="radio"/> Actualmente evito tomar decisões mais frequentemente do que antes<input type="radio"/> Tenho mais dificuldade em tomar decisões do que anteriormente<input type="radio"/> Sinto-me completamente incapaz de tomar qualquer decisão
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não acho que tenho pior aspecto do que costumava<input type="radio"/> Estou preocupado porque estou a parecer velho e pouco atraente<input type="radio"/> Sinto que se deram modificações permanentes na minha aparência que me tornam pouco atraente<input type="radio"/> Sinto que sou feio ou que tenho um aspecto repulso
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Sou capaz de trabalhar tão bem como antigamente<input type="radio"/> Agora preciso de um esforço maior do que dantes para começar a trabalhar<input type="radio"/> Tenho de despende um grande esforço para fazer seja o que for<input type="radio"/> Sinto-me incapaz de realizar qualquer trabalho por mais pequeno que seja
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Consigo dormir tão bem como dantes<input type="radio"/> Não durmo tão bem como costumava<input type="radio"/> Acordo cerca de 1-2 horas mais cedo do que é costume e custa-me voltar a adormecer<input type="radio"/> Acordo todos os dias várias horas mais cedo do que o costume e não consigo voltar a dormir
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não me sinto mais cansado do que o habitual<input type="radio"/> Fico cansado com mais facilidade do que antigamente<input type="radio"/> Fico cansado quando faço seja o que for<input type="radio"/> Sinto-me tão cansado que sou incapaz de fazer o que quer que seja
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> O meu apetite é o mesmo de sempre<input type="radio"/> O meu apetite não é tão bom como costumava ser<input type="radio"/> Actualmente o meu apetite está muito pior do que anteriormente<input type="radio"/> Perdi por completo todo o apetite que tinha
<p>Escolha uma das seguintes respostas</p> <ul style="list-style-type: none"><input type="radio"/> Não tenho perdido muito peso, se é que perdi algum, ultimamente<input type="radio"/> Perdi mais de 2.5 quilos de peso<input type="radio"/> Perdi mais de 5 quilos de peso<input type="radio"/> Perdi mais de 7.5 quilos de peso

Appendix G. Beck Depression Inventory (BDI, A. Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) (continued)

Escolha uma das seguintes respostas

- A minha saúde não me preocupa mais do que o habitual
- Sinto-me preocupado com a minha saúde, com dores e sofrimento, com má disposição de estômago ou prisão de ventre ou ainda outras sensações físicas desagradáveis
- Estou muito preocupado com a minha saúde e torna-se difícil pensar noutra coisa
- Estou tão preocupado com a minha saúde que não consigo pensar noutra coisa

Escolha uma das seguintes respostas

- Não notei qualquer mudança recente no meu interesse pela vida sexual
- Tenho menos interesse pela vida sexual do que costumava ter
- Actualmente sinto-me muito menos interessado pela vida sexual
- Perdi completamente o interesse que tinha pela vida sexual

Sair e limpar questionário Continuar mais tarde « Anterior Seguinte »

Neste momento este inquérito não está activo. Não poderá gravar as suas respostas.