

Dr. Jill Manning  
Mental Health Practitioner

Chairman Klemin and Members of the House Judiciary Committee,

I grew up in a military family and with a mother who was a teacher-librarian. I deeply cherish the freedoms and liberties we enjoy in this country. In line with these freedoms is the responsibility to protect our youth who are the most vulnerable audience of sexually explicit content. As a citizen, mother, and mental health practitioner, I support Senate Bill 2360 to protect minors from content that meets the legal standard of obscenity.

In the past, I was indifferent and ignorant of the impact of sexually explicit content. I had a ‘live and let live’ attitude, which I thought was evolved and open-minded of me, but in truth, it was an intellectual cop-out. When I became a marriage and family therapist, which included layered training in human sexuality, I started encountering people of all ages who were directly impacted by obscenity online and in print, and I realized I could no longer remain indifferent.

As a Licensed Marital & Family Therapist and Certified Clinical Trauma Professional, I now have over two decades of clinical and research experience with pornography-related issues. My practice specializes in the treatment of individuals impacted by sexual betrayal (the majority of whom are betrayed through secretive and persistent pornography use), and in the past, I have worked with adults and adolescents in both outpatient and inpatient settings who struggled with compulsive sexual behavior. I have published research in peer-reviewed journals and various other media on the impact of pornography. It is my experience that many who advocate for unfettered access to obscenity are sorely dissociated from what the social and medical science research reveals about the impact of it on developing brains and young nervous systems.

The scientific data reveals a range of troubling correlations which include but are not limited to:

1. The normalization and desensitization to obscenity.
2. Increased risk of exposure to incorrect information about sexual behavior.
3. Misperceptions of exaggerated sexual activity in the general populace.
4. Overestimating the prevalence of less common or illegal sexual practices (e.g., incest, group sex, bestiality, or sadomasochistic activity).
5. Perceiving sexual promiscuity as normal.
6. The adoption of permissive sexual attitudes.
7. Earlier age of sexual debut, thereby increasing the number of sexual partners over the lifespan and the risk of contracting sexually transmitted infections.
8. Acquiring a mechanical view of sexual activity.
9. Developing cynical attitudes about love and marriage.
10. Believing superior sexual satisfaction is attainable without having an attachment with or affection for one’s partner.
11. Developing a negative body image.
12. Increased risk for developing sexual compulsions.

13. Increased aggression and misogyny when exposed to violent content, including the trivialization of rape.
14. Increased risk of engaging in sexually risky behaviors.
15. Decreased social integration.
16. Increased behavioral problems and higher levels of delinquent behavior.
17. Higher incidence of depressive symptoms.
18. Decreased emotional bonding with caregivers, meaning relationship quality declines.

In closing, the rate, manner, and type of exposure to this content are categorically different from that of pre-Internet generations 34 years ago and before the advent of the Young Adult genre of literature came into being 50 years ago. We have a responsibility to protect young people from these harms in ways that reflect today's cultural landscape.

Wall Street Journal book critic, Megan Cox Gurdon, once stated, "The book business exists to sell books; parents exist to rear children and oughtn't be daunted by cries of censorship. No family is obliged to acquiesce when publishers use the vehicle of fundamental free-expression principles to try to bulldoze coarseness or misery into their children's lives."

I would ask that you vote Yes on Senate Bill 2360.

Respectfully,

Jill Manning, Ph.D., LMFT, CCPS, CCTP, BC-TMH

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