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Pornography Actresses: An Assessment of the Damaged Goods Hypothesis

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ARTICLES

Pornography Actresses: An Assessment of the Damaged Goods Hypothesis

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The damaged goods hypothesis posits that female performers in the adult entertainment industry have higher rates of childhood sexual abuse (CSA), psychological problems, and drug use compared to the typical woman. The present study compared the self-reports of 177 porn actresses to a sample of women matched on age, ethnicity, and marital status. Comparisons were conducted on sexual behaviors and attitudes, self-esteem, quality of life, and drug use. Porn actresses were more likely to identify as bisexual, first had sex at an earlier age, had more sexual partners, were more concerned about contracting a sexually transmitted disease (STD), and enjoyed sex more than the matched sample, although there were no differences in incidence of CSA. In terms of psychological characteristics, porn actresses had higher levels of self-esteem, positive feelings, social support, sexual satisfaction, and spirituality compared to the matched group. Last, female performers were more likely to have ever used 10 different types of drugs compared to the comparison group. A discriminant function analysis was able to correctly classify 83% of the participants concerning whether they were a porn actress or member of the matched sample. These findings did not provide support for the damaged goods hypothesis.

Pornography is a multibillion-dollar industry and has been a morally debated social issue for decades. Some individuals have claimed pornography is harmful to all those involved (e.g., MacKinnon, 1993), whereas others have suggested it is fairly benign (e.g., Strossen, 1995). There exists a gender disparity in pornography such that most adult films are produced and consumed by men (Dines, Jensen, & Russo, 1998). Some have suggested this gender inequity may be related to the view that porn actresses are sexual objects because adult films emphasize sexual acts that are primarily arousing to men (Sun, Bridges, Wosnitzer, Scharrer, & Liberman,

2008). For example, a recent study found that approximately 90% of top-selling adult films contained aggressive acts toward women; of those, more than 95% of the targets of the aggression provided a response that was either neutral or pleasurable (Bridges, Wosnitzer, Scharrer, Sun, & Liberman, 2010). These common portrayals of women in adult films may be related to how society views porn actresses. Stereotypes of those involved in adult entertainment have been used to support or condemn the industry (Evans-DeCicco & Cowan, 2001) and to justify political views on pornography, although the actual characteristics of porn actresses are unknown because no systematic study on this group of women has been conducted. What is known is that attitudes toward pornography vary across individuals (Senn, 1993), and those attitudes are related to opinions

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toward the actresses who perform in adult films (Polk & Cowan, 1996).

A series of studies (Evans-DeCicco & Cowan, 2001; Polk & Cowan, 1996) examined how individuals perceived actresses in the adult entertainment industry. In the first study (Polk & Cowan, 1996), porn stars were viewed more negatively than the average woman and movie stars but more positively than prostitutes. In addition, negative attitudes toward pornography were shown to be positively related to the attribution of negative characteristics to porn stars. Furthermore, those who viewed pornography as harmful were also more likely to believe that porn stars did not like their work. A later study (Evans-DeCicco & Cowan, 2001) reported that individuals believed porn stars came from backgrounds with sexual and physical abuse. In addition, porn stars were rated more negatively than women in general on a composite measure consisting of a variety of dimensions (e.g., psychological health, self-esteem, drug use, shame). Last, a positive relationship was found between attitudes toward pornography and beliefs about pornography actresses. Although not causal, a strong correlation showed that more negative views of pornography were associated with more negative beliefs toward porn stars. Although both studies (Evans-DeCicco & Cowan, 2001; Polk & Cowan, 1996) provided valuable data, a shortcoming was that the studies offered information on individuals' perceptions of porn stars rather than on porn stars' self-reported characteristics.

These stereotypical perceptions of sex workers can be referred to as the "damaged goods" hypothesis. The damaged goods hypothesis is not a scientific postulate; rather, it is the public perception that actresses involved in the pornography industry come from desperate backgrounds and are less psychologically healthy compared to typical women. This negative perception has been reported in several studies (Evans-DeCicco & Cowan, 2001; Polk & Cowan, 1996) and in other literature as well. For example, some descriptions of actresses in pornography have included attributes such as drug addiction, homelessness, poverty, desperation, being pimped out, and being victims of sexual abuse (e.g., Dworkin, 1989; MacKinnon, 1993). Some have made extreme assertions, such as claiming that all women in pornography were sexually abused as children (e.g., MacKinnon, 1993). However, without data, claims regarding the attributes of pornography actresses lack support.

At present, very little is known about the actual characteristics of porn actresses. The limited amount of information from individual actresses that does exist is in the form of personal reports (Lovelace, 1980), case studies (Faludi, 1999), anecdotal evidence (Campbell, 1990; Gittler, 1999; Strossen, 1995; Wilkenson, 1994), and qualitative studies with small sample sizes (Abbott, 2000; Stoller, 1991; Stoller & Levine, 1993), which have provided both positive and negative accounts. Stoller

(1991) and Stoller and Levine (1993) conducted ethnographic investigations using interviews of a few actors, producers, and writers in the pornography industry and reported that all participants were hostile or ambivalent toward accepted social conventions, lacked employment options, and had experienced CSA. The most extensive study on women in the adult entertainment industry was conducted by Abbott (2000), who interviewed 31 actresses. Abbott's qualitative investigation examined motivations for becoming a pornography actress and factors associated with staying in the business. The study indicated that the primary reasons for entering the adult entertainment industry included money, fame and glamour, freedom and independence, opportunity and sociability, and being naughty and having sex. With regard to the sexual aspect, a career in pornography provided actresses an opportunity to go against the norms of acceptable sexual behavior. Similarly, money was the primary factor for keeping actresses involved in the industry because other jobs with the same amount of freedom and flexibility were difficult to find. The fame and glamour aspect of being a performer as well as admiration from fans were also important incentives to keep actresses in the industry. Although the study did provide some information on the motivations for beginning and continuing a career as a pornography actress, no issues regarding other characteristics of the women were investigated, and the small sample size restricted generalizations.

The main obstacle in conducting research on individuals in the adult entertainment industry has been the extreme difficulty of gaining access to this population. For example, Stoller (1991) was unable to find a single male actor willing to talk with him. Similarly, Faludi (1999) had difficulty gaining access to individuals and documented the lives of only a few male porn actors, focusing on an actor who committed suicide. Abramovich (2005) highlighted that no studies provide quantitative data on porn actresses. There are two primary reasons why researchers have had difficulty accessing this population. First, there is an issue with identifying and locating porn actresses. There is no public registry of actresses, and individuals outside of the pornography industry are not granted access to productions. Thus, there are few settings in which a large number of performers can be found at a given time. A second and related reason is that the pornography industry is a fairly closed community. Due to the nature of the work, much of society may consider this group of women to be "deviants"; thus, porn actresses tend to associate with others in the industry rather than be shunned by those with different views (Abbott, 2000). To date, the authors are unaware of any systematic study that has collected data on a large number of porn actresses; thus, the perceptions that individuals hold regarding this group of women is assumptive. Evans-DeCicco and Cowan (2001) suggested that a large-scale

study investigating the characteristics of women in pornography would be useful as an initial step in supporting or disconfirming some of the stereotypes of porn actresses. The present study fills a gap in the literature by identifying actual characteristics of porn actresses in the adult entertainment industry in the areas of sexual behaviors and attitudes, self-esteem, quality of life, and drug use, and comparing the self-reports of porn actresses to a matched sample to test the damaged goods hypothesis.

Method

Participants

The participants in this study represented two groups: pornography actresses and a matched comparison group. The pornography actresses included 177 female performers in the adult entertainment industry. An individual was classified as a pornography actress if she was paid to work as an actress on at least one X-rated movie in which she participated in a sexual act. Female pornography actresses were on average 26 years old (range = 18 to 50), with a mean of 3.5 years in the adult entertainment industry (range = 1 month to 30 years). Regarding marital status, the majority were single (44%), followed by single but in a serious relationship (22%), married (15%), divorced (12%), separated (7%), and one was widowed. In terms of ethnicity, the majority reported being Caucasian (63%), while the second highest category was other (13%), followed by African American (9%), Hispanic (9%), and Asian (6%). The comparison group was matched on age, marital status, and ethnicity; thus, the percentages across groups were identical on those demographic characteristics.

Data from the pornography actresses were collected via convenience sampling at the Adult Industry Medical Healthcare Foundation (AIM) located in Los Angeles, California. AIM was a nonprofit organization that served the health needs of sex workers and individuals in the adult entertainment industry from 1998 to 2011. AIM provided a variety of services, including HIV and STD testing, psychiatric testing, individual and group counseling, drug and alcohol counseling, information about and access to more than 50 support groups, information on cosmetic surgery, and educational workshops. Specifically within the adult entertainment industry, AIM maintained an HIV database that allowed producers to confirm that actors were compliant with the industry's testing program. That testing program required performers to have documented negative results for an STD test within the last 28 days in order to be allowed to work in a production. During the time of the data collection, AIM tested approximately 1,200 performers a month. Although the population of porn

performers fluctuates and is not specifically known, it was recently estimated that approximately 200 production companies employ 1,200 to 1,500 performers in Los Angeles County (Kaiser Daily HIV/AIDS Report, 2004), suggesting that the majority of porn actors and actresses used AIM for HIV and STD testing. AIM staff included physicians, nurse practitioners, phlebotomists, chemical dependency counselors, and licensed professional counselors. Arrangements were made with the executive director and chief medical officer of AIM to collect data for four months. Participation was strictly on a voluntary basis. Participants who completed the survey instrument had their name put in a lottery in which two prizes of \$300 in free STD testing was available. The comparison group was recruited using convenience sampling at university and community (i.e., airport) settings and matched on the basis of age, marital status, and ethnicity. There were 68 (38.4%) women recruited from university settings and 109 (61.6%) from an airport.

Measures

Participants completed a survey asking questions on a variety of behavioral, social, and psychological dimensions. The survey consisted of five distinct sections. The first section of questions included demographic background information (i.e., gender, age, ethnicity, and marital status).

Sexual behaviors and attitudes. The second section asked 10 questions regarding sexual behaviors and attitudes:

1. What is your sexual orientation?
2. What was the age of the first time you had sexual intercourse?
3. Were you a victim of childhood sexual abuse?
4. How many different sexual partners have you had in your lifetime? [The porn actresses were instructed not to count partners within the industry, unless it occurred outside of their work.]
5. How many different sexual partners have you had during the past 12 months? [The porn actresses were instructed not count partners within the industry, unless it occurred outside of their work.]
6. Assume that you are considering a relationship with someone and the topic of their "sexual history" comes up. What is the ideal number of sexual partners they should have had?
7. On a 10-point scale (1 = *not concerned at all* and 10 = *very concerned*), how concerned are you about catching an STD?
8. On a 100-point scale (0 = *none* and 100 = *definite*), if a person had unprotected sex with someone whom they just met, what would you estimate the probability that they might catch an STD?

9. On a 10-point scale (1 = *not at all* and 10 = *very much*), how much do you enjoy sex?
10. On a 100-point scale (0 = *not likely at all* and 100 = *definitely*), estimate the likelihood that you would use a condom if having heterosexual sex with someone for the first time.

Self-esteem. The third section consisted of the 10-item Rosenberg (1989) Self-Esteem Scale. Baranik and colleagues (2008) indicated the Rosenberg scale is the most often used measure of self-esteem—and one which has demonstrated sound psychometric properties over a large number of populations for several decades. The items were anchored on a 4-point scale (1 = *strongly agree* and 4 = *strongly disagree*). Values could range from 10 to 40, with higher values suggesting higher levels of self-esteem.

Quality of life. The fourth section assessed 10 dimensions of quality of life as developed by the World Health Organization, and this instrument has demonstrated strong psychometric properties across a wide range of populations and countries (The WHOQOL Group, 1998). Each of the dimensions was a 4-item instrument and used one of two 5-point scales anchored on satisfaction (1 = *very satisfied* and 5 = *very dissatisfied*) or frequency (1 = *not at all* or 5 = *an extreme amount*). Values could range from 4 to 20, with higher values suggesting higher levels of that dimension. The 10 dimensions included were in 6 different facets of quality of life. The physical facet included three dimensions consisting of energy and fatigue, sexual satisfaction, and sleep and rest. The psychological facet included three dimensions consisting of positive feelings, negative feelings, and body image. The social relationships facet included one dimension consisting of social support. The environment facet included one dimension consisting of financial resources. The spirituality/religion/personal beliefs facet included one dimension of spirituality. Last, there was one dimension concerning overall quality of life and general health perceptions.

Alcohol and drug use. The fifth section assessed alcohol and drug use. Alcohol use was assessed using the Short Michigan Alcohol Screening Test (SMAST), which has demonstrated strong reliability and validity across a range of samples (Selzer, Vinokur, & Van Rooijan, 1975). SMAST is a 13-item list of common signs and symptoms of alcoholism. Participants indicate (*true* or *false*) whether they have ever experienced each symptom of problem drinking during their lifetime. Item scores are equally weighted and added together to form a total score, which can range from 0 to 13, with higher values indicating problem drinking. The customary cutoff of 3 or more was used to indicate a clinically

significant history of alcohol problems (e.g., Chang, 2004). Drug use was assessed using the 15-item TCU Drug Screen (Knight, Simpson, & Hiller, 2002), which has demonstrated high levels of reliability and validity in both community and correctional settings. The 15 drug categories included alcohol, inhalants (glue, spray paint, liquid paper, etc.), marijuana, hallucinogens (LSD, PCP, mushrooms, psychedelics, etc.), ecstasy, crack, cocaine, heroin, street methadone, other opiates (opium, morphine, Demerol, etc.), methamphetamine (speed, ice), other amphetamines (uppers, diet pills, etc.), tranquilizers (Librium, Valium, etc.), barbiturates, and other sedatives (hypnotics, Quaaludes). Participants were asked if they had ever used the drug. The second section examined drug use during the past six months and asked individuals how often they used each of the 15 categories of drugs during the last six months on a 5-point scale (0 = *never* and 4 = *about every day*); thus, higher numbers indicated more drug use.

Procedure

Data collection from the pornography actresses occurred for four months. Flyers detailing the study that mentioned the incentive were posted in the reception area of the waiting room of AIM. All clients that visited AIM were required to check in at the reception desk where the flyers were in full view. When clients checked in, staff at the reception area informed them of the study, encouraged individuals to participate, and referred all interested parties to the chief medical officer. If interested, the chief medical officer provided further details of the study and gave the self-administered questionnaire. Participants were first provided with a consent form and ensured that there was no way to match their identity with their responses. The participants completed the questionnaire in the waiting room prior to receiving services. After completion of the questionnaire, participants gave the survey to the staff at the reception area.

The matched sample data collection began after the data collection from the porn actresses was completed in order to match them on the basis of age, ethnicity, and marital status. A checklist was created specifying the exact number of females of a certain age, ethnicity, and marital status that were necessary to acquire an exact matched sample using those three factors. The matched sample participants were rejected or accepted based on those quotas. Initial sampling was conducted at several university settings where specific criteria (i.e., age, ethnicity, and marital status) were listed as a requirement to participate. Four data collectors initially recruited participants at the university using the three criteria; students were given extra credit in a class for their participation. For those cases that remained unmatched, the same data collectors were provided

access at a regional airport where they used a screening process to identify individuals who met the criteria and agreed to participate in the study. There was no incentive provided to respondents at the airport, although it was believed that the airport setting would provide an environment with access to a variety of women who had time available to complete a survey. Data collectors approached individuals on the basis of their assumed ethnicity and estimated age, stated that they were recruiting subjects for a study, and explained that a matched sample was required for the project, thus stressing the importance of the demographic information. The matched sample did not know that the questions were being asked of pornography performers. If interested, participants were asked their age and marital status. To confirm the appropriate marital status and ethnicity categorizations, potential participants were given a list of the six categories of marital status and five categories of ethnicity so they could identify the appropriate categories of their relationship status and ethnicity. After the participants agreed to complete the instrument, the data collectors left the respondents with two large folders; one contained several completed consent forms and the other contained several completed questionnaires. This was done to reassure participants that there was no way to match their identity with their responses. Upon completion of the questionnaire, participants were instructed to put each portion of the survey in its respective folder and return the folders to the data collector, who was waiting at a distance. This process continued until an exact matched sample was achieved. Of the women who were approached and met the demographic criteria, 29% agreed to participate.

Data Analysis

The analyses consisted of a series of independent *t*-tests, chi-square tests, logistic regressions, and a discriminant analysis. For sexual behaviors and attitudes, self-esteem, quality of life, SMAST scores, and drug use during the past six months, independent *t*-tests were conducted. Two of the behavioral measures in the sexual

behaviors and attitudes domain (i.e., sexual orientation and CSA) and problematic alcohol use were categorical; thus, chi-square analyses were conducted. Examination of the 15 categories of lifetime drug use used a series of logistic regression analyses to examine group differences if a particular drug was ever used. To test the robustness of the findings, a discriminant analysis was used to select factors most important in predicting group membership.

Results

Sexual Behaviors and Attitudes

There were 10 items examined in this domain, of which 5 related to behaviors and 5 related to attitudes. Sexual orientation was the first factor examined. However, because only three women identified as lesbian (one porn actress and two in the matched sample), those cases were eliminated from the chi-square analysis; thus, sexual orientation had two categories. There was a significant finding for sexual orientation, $\chi^2(1) = 131.93$, $p < .001$. Among actresses, 32.9% were heterosexual and 67.1% were bisexual, whereas among the matched sample, 92.9% were heterosexual and 7.1% bisexual. Clearly, there were more bisexuals among the porn actresses and more heterosexuals among the comparison group. A chi-square test was also conducted on the question regarding CSA. There was no significant difference on this item; 36.2% of actresses reported being victims of CSA, whereas 29.3% of the matched sample indicated they were victims.

The three other behavioral measures of sexual behavior included age of first intercourse, total number of lifetime sexual partners, and number of sexual partners during the past 12 months. For descriptive data on sexual behaviors and attitudes, refer to Table 1. Porn actresses first had sex at an earlier age, had more sexual partners during their lifetime, and had more sexual partners during the past year compared to the matched comparison group. Porn actresses had significantly more sexual partners in their private lives during their

Table 1. Comparisons of Pornography Actresses and the Matched Sample on Sexual Behaviors and Attitudes

Question	Porn Actresses			Matched Sample			<i>t</i>
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	
Age of first intercourse	177	15.12	2.80	165	17.28	2.32	-7.72***
Number of lifetime sexual partners	162	74.76	159.64	171	5.18	5.56	5.70***
Number of sexual partners in the past year	168	9.64	18.80	173	1.46	2.32	5.71***
Ideal experience of a partner	102	21.40	51.68	157	3.43	3.96	4.34***
Concerned about catching an STD	173	8.30	2.67	177	5.86	3.62	7.15***
Probability of catching an STD	173	62.71	27.71	176	60.13	24.72	.92
Enjoy sex	174	9.40	1.19	168	8.28	1.90	6.64***
Likelihood of using a condom	174	83.06	29.60	176	87.57	26.43	-1.50

*** $p < .001$.

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lifetimes and in the past year compared to the matched sample. The data were skewed for sexual partners (both lifetime partners and partners within the past year) across both samples, so medians were calculated, which were 20 and 4 for the actresses and 3 and 1 for the matched sample, respectively. It should be noted that the sexual partners for the porn actresses did not include partners during their work.

There were five attitudinal questions regarding sexuality, including the ideal number of prior partners in a long-term romantic partner, concern about contracting an STD, probability someone would contract an STD if not practicing safe sex, enjoyment of sex, and likelihood of using a condom if having heterosexual sex with someone for the first time. First, porn actresses were more permissive by wanting their ideal partner to have more sexual experience compared to the matched sample. It should be pointed out that the question regarding the ideal number of partners is an underestimate for the actresses. Specifically, 75 actresses (42%) did not offer a numerical value for that question. Those who did not provide a numerical value typically offered remarks such as "Don't care," "Whatever," "Unlimited as long as they are safe," or "As many as they want." Thus, nearly half of the sample did not have a limit on the number of prior sexual partners by a current romantic partner. In contrast, only 11 (i.e., 6.2%) participants in the matched sample provided a response of 10 or greater, and not a single individual provided a response indicating she did not care/unlimited. Of those participants in both groups who did provide values, they preferred to have partners with less experience than they had. Specifically, porn actresses had an average of 74 lifetime sexual partners but preferred a partner with 21, whereas women in the matched sample had 5 and preferred a partner with 3. Further examination showed that 31 (18%) of porn actresses and 136 (77%) of the matched sample preferred an ideal partner to have 5 or fewer prior sexual partners. Second, porn actresses were more concerned about contracting an STD compared to the matched sample. Third, the porn actresses' ratings of

enjoyment of sex were higher than the comparison group. In fact, 119 (69%) porn actresses marked a 10 as their enjoyment of sex, and 3 (1.7%) responded with a value of 5 or less. In contrast, 58 (32.8%) marked a 10, and 21 (11.9%) responded with a value of 5 or less in the matched sample.

Self-Esteem

There was a significant difference between the groups on self-esteem, $t(332) = 4.80, p < .001$, with the porn actresses reporting higher self-esteem ($M = 34.69, SD = 5.56$) compared to the matched sample ($M = 31.82, SD = 5.24$).

Quality of Life

The third domain examined 10 indicators covering physical, psychological, social, environmental, and spiritual aspects of quality of life. For descriptive data on quality of life measures, refer to Table 2. There were significant differences between the groups on sexual satisfaction, positive feelings, social support, and spirituality. In each case, porn actresses had higher scores than the matched sample.

Drug and Alcohol Use

The SMAST was examined in two ways. First, the scores were summed and the total scores were compared across groups; this did not yield a significant difference, with both groups having means less than 2 (porn actresses $M = 1.45, SD = 2.14$; matched sample $M = 1.24, SD = 1.63$). Another way to look at the SMAST is to use 3 as a criterion. More specifically, scores of 3 or higher are indicative of an alcohol problem. Thus, the total SMAST scores were categorized into low (less than 3) and high (3 or greater) levels. A chi-square test indicated a significant relationship, $\chi^2(1) = 4.31, p < .05$, with more porn actresses (23.7%) having a history of alcohol problems compared to the matched sample (14.5%). In terms of drug use, porn

Table 2. Comparisons of Pornography Actresses and the Matched Sample on Quality of Life Dimensions

Question	Porn Actresses			Matched Sample			<i>t</i>
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	
Energy	173	13.57	1.80	175	13.40	1.81	.89
Sleep	170	14.26	2.31	176	14.07	1.91	.82
Sexual satisfaction	171	14.07	1.88	171	13.52	2.04	2.60*
Positive feelings	162	15.38	2.94	166	14.45	2.87	2.91**
Negative feelings	173	8.51	3.37	175	8.93	3.06	-1.22
Body image	173	13.77	2.02	175	13.63	1.94	.65
Social support	174	12.06	2.14	175	11.66	1.54	2.03*
Financial	173	13.28	2.31	175	13.00	2.24	1.15
Spirituality	175	15.60	3.80	176	13.98	3.88	3.95***
Overall quality of life	173	10.57	2.18	175	10.46	1.82	.51

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3. Comparisons of Pornography Actresses and the Matched Sample on Lifetime Drug Use

Drug	Porn Actresses		Matched Sample		Wald	Odds Ratio (95% CI)
	<i>f</i>	%	<i>f</i>	%		
Alcohol	168	94.9	164	92.7	.77	1.48 (.62, 3.56)
Inhalants	18	10.2	10	5.6	2.42	1.89 (.85, 4.22)
Marijuana	139	78.5	85	48.0	33.73***	3.96 (2.49, 6.30)
Hallucinogens	69	39.0	23	13.0	28.65***	4.23 (2.51, 7.28)
Ecstasy	89	50.3	18	10.2	56.79***	8.93 (5.06, 15.79)
Crack	16	9.0	7	4.0	3.57	2.41 (.97, 6.02)
Cocaine	78	44.1	26	14.7	34.01***	4.58 (2.75, 7.63)
Heroin	17	9.6	4	2.3	7.25**	4.60 (1.51, 13.95)
Street methadone	7	4.0	2	1.1	2.51	3.60 (.74, 17.59)
Other opiates	28	15.8	9	5.1	9.88**	3.51 (1.60, 7.67)
Methamphetamine	48	27.1	10	5.6	24.80***	6.21 (3.03, 12.75)
Other amphetamines	47	26.6	33	18.6	3.14	1.58 (.95, 2.61)
Tranquilizers	46	26.0	10	5.6	23.31***	5.91 (2.87, 12.16)
Barbiturates	13	7.3	3	1.7	5.51*	4.60 (1.29, 16.43)
Other sedatives	15	8.5	5	2.8	4.81*	3.19 (1.13, 8.96)

* $p < .05$. ** $p < .01$. *** $p < .001$.

actresses were more likely to have used 10 of the drugs (i.e., marijuana, hallucinogens, ecstasy, cocaine, heroin, other opiates, methamphetamine, tranquilizers, barbiturates, and other sedatives) compared to the matched sample (refer to Table 3). In each significant finding, porn actresses were approximately 3 to 9 times more likely to have tried each of the 10 drugs. Drug use across the 15 categories during the past six months was also examined and yielded only one significant difference: marijuana, $t(220) = 3.73, p < .05$, with porn actresses using more often ($M = 1.68, SD = 1.46$) than the comparison group ($M = .99, SD = 1.15$). Based on the self-reports of drug use, it appears that porn actresses have tried many more different types of drugs compared to the matched sample, although there was only one significant difference related to recent drug use.

Discriminant Analysis

A discriminant analysis was used to predict group membership (porn actress or matched sample) based on the measures that were found to be significantly related to that grouping variable. A stepwise selection procedure was used which selected the single best discriminating variable, and subsequent variables were included according to their ability to contribute to further discrimination. If a factor was found to not discriminate, it was removed and the analysis continued until only those variables that were found to discriminate were left. The function of the analysis was to determine the extent to which the factors best discriminated between porn actresses and the matched sample. The factors that were used to predict group membership included the measures that were found to be significant at the $p < .001$ level in the univariate analyses. There were six predictors used from the sexual behaviors and attitudes domain, which included sexual orientation,

age of first intercourse, lifetime sexual partners, sexual partners during the past year, concern about contracting an STD, and enjoyment of sex. Although the ideal number of partners was found to be significant at the $p < .001$ level, it was not used because of the large number of missing values. In addition, sexual orientation was used in a dichotomous manner (heterosexual and bisexual) because of the distribution, as there was one lesbian in the porn actress group and two in the matched sample that were not included in the analysis. The quality of life domain included spirituality. The drug use domain included six categories of lifetime drug use, which were marijuana, hallucinogens, ecstasy, cocaine, methamphetamines, and tranquilizers. Thus, the analysis simultaneously incorporated 13 predictor variables. The stepwise discriminant function analysis generated one significant function: Wilks's $\Lambda = .46; \chi^2(8, N = 302) = 228.53, p < .001$, and had a Canonical $R = .73$. Eight variables predicted group membership (refer to Table 4). The order of importance, in descending order in terms of successful prediction, were sexual orientation, concern about contracting an STD, ecstasy use, enjoyment of sex, age of first intercourse, spirituality, number of sexual partners in the past year, and methamphetamine use. Classification results revealed that these eight variables were able to correctly predict group membership in 83.4% of all cases. Accuracy was 74.4% for the porn actresses and 92.9% for the matched sample. The findings suggest that the eight variables were useful as predictive factors in discriminating between porn actresses and the matched sample.

Discussion

The results of this study were used to examine the damaged goods hypothesis, which is the general public

Table 4. *Standardized Function Coefficients and Correlations*

Variable	Standardized Function Coefficient	Correlation Coefficients with Function
Sexual orientation	.62	.70
Age of first intercourse	-.23	.70
Number of lifetime sexual partners	—	.28
Number of sexual partners in the past year	.18	.29
Concerned about contracting an STD	.40	.42
Enjoy sex	.24	.31
Spirituality	.19	.22
Marijuana	—	.22
Hallucinogens	—	.30
Ecstasy	.29	.38
Cocaine	—	.30
Methamphetamines	.18	.17
Tranquilizers	—	.28

Note. Higher function and correlation coefficients indicate that the variables are more consistent with the generated function.

perception that pornography actresses are victims of CSA, psychologically unhealthy, and use drugs. These negative views of actresses in the adult entertainment industry are widespread (Evans-DeCicco & Cowan, 2001; MacKinnon, 1993), although stereotypes of pornography actresses have not been systematically examined because of the lack of access to performers. The current study examined those claims by comparing self-reports of porn actresses to a matched sample, and the results did not provide support for the damaged goods hypothesis.

Examination of sexual behaviors and attitudes resulted in distinct differences between the groups. For example, women in pornography were much more likely to identify as bisexual compared to the matched sample. The literature on sexual fluidity (Diamond, 2008) suggests that it is common for women who initially identified as heterosexual to develop same-sex sexual attractions and interests as they grow older and are exposed to situational factors that may facilitate same-sex attraction. This development is often related to an increased awareness of sexual fluidity over time and situational circumstances and opportunities. There is evidence that women's attraction has a capacity for change over time and situations (Diamond 2003a, 2003b; Weinberg, Williams, & Pryor, 1994). It has also been reported that some women engage in sexual behavior that is counter to their stated attractions and identities (Diamond 2003a, 2003b; Rust, 1992; Weinberg et al., 1994). In other words, some women who identified as heterosexual had sex with women. These behaviors may have been in response to changes in their attractions, environments, and relationships. Given that pornography offers many opportunities for same-sex experimentation for female performers, it is possible that the adult entertainment industry acts as a facilitator of sexual fluidity by providing a supportive culture of same-gender sexual interactions and offers financial rewards for engaging in those behaviors. It is not clear if porn actresses who indicated they were bisexual

actually identified as bisexual or indicated that they were bisexual because they engaged in bisexual behavior. It may be the case that some performers engaged in bisexual behavior for work and in their private lives, whereas others may have only engaged in bisexual or same-gender sex for work and maintained heterosexual relationships in their private lives. In addition, the study did not address whether actresses self-identified as bisexual prior to entering the pornography business. Examining the sexual fluidity of actresses in pornography would be an ideal setting given the opportunities for bisexual behavior, but it would be a challenging task given the limited accessibility to female performers.

Pornography actresses also first had sex at an earlier age, had more sexual partners, were more permissive with regard to number of prior partners of an ideal partner, were more concerned about contracting an STD, and liked sex more, compared to the matched sample. Although porn actresses reported first having sex at an earlier age than the matched sample, the self-reports of age of first intercourse provided by the porn actresses are similar to what has been reported recently (i.e., 15; Wells & Twenge, 2005) in the general population. Another finding was that women in pornography had more sexual partners in their lifetime and in the past year compared to the matched sample. In fact, on average, porn actresses had more sexual partners in one year than a typical woman has in a lifetime (Laumann, Gagnon, Michael, & Michaels, 1994), whereas the distribution of sexual partners reported by the matched comparison during the past year and lifetime was similar to findings from a recent national study (Chandra, Mosher, Copen, & Sionean, 2011). The majority of porn actresses were not married, reported a very high enjoyment of sex, and may have had ample opportunities for partners (e.g., others in the adult entertainment industry with whom they have not worked), which may account for the high number of sexual partners. Abbott (2000) indicated that pornography offered an ideal setting in which to violate social norms of sexuality

with limited or no criticisms. Specifically, female performers have many opportunities for sex in their private lives as a result of being involved in the pornography industry, and individuals involved in norm-violating subcultures are likely to have nontraditional views toward sex and sexuality. Porn actresses were also more permissive regarding the experience level of an ideal long-term partner. If actresses have more sexual partners, it follows that they should be more accepting of others who also have more sexual partners (Milhausen & Herold, 1999). Supporting prior findings, both groups preferred their ideal partner to have less sexual experience than they had (Oliver & Sedikides, 1992; Sprecher, Regan, McKinney, Maxwell, & Wazienski, 1997). It was also found that porn actresses were more concerned about contracting an STD compared to the matched sample. This finding is fairly intuitive because the actresses had many more sexual partners compared to their counterparts. In addition, porn actresses are required to have STD tests every month to legally work as a performer in the pornography industry; thus, they are faced with the reality of contracting an STD and dealing with that possibility more often.

One of the most common stereotypes regarding porn actresses is that they are victims of CSA. The current study found no differences in reported history of CSA between the groups; further, both groups had rates within the range (i.e., 20% to 40%) of those reported in community surveys (Bartoi & Kinder, 1998; Briere & Elliott, 2003; Kinzl, Traweger, & Biebl, 1995; Meston, Heiman, & Trapnell, 1999; Randolph & Mosack, 2006) and less than studies on prostitutes (e.g., Potter, Martin, & Romans, 1999; Widom & Kuhns, 1996) that reported CSA rates ranging from 60% to 73%. MacKinnon (1993) claimed that all pornography actresses were victims of CSA, although she had no empirical data to support her assertion. It is possible, however, that self-reports of individuals regarding CSA in the pornography industry may have been different 20 years ago when MacKinnon offered her opinion. Based on indications from a single question about CSA, there was no evidence that porn actresses had higher levels of exposure than other women. However, as the measure was superficial (or limited), the conclusions are therefore tentative and further research is required.

It was found that porn actresses were not less psychologically healthy compared to the general public. In fact, the opposite pattern was found, although self-esteem is only one component of psychological health. This finding does not support the beliefs held by the general population found in prior research (e.g., Evans-DeCicco & Cowan, 2001), which reported that individuals believed porn actresses were less psychologically healthy compared to women not involved in pornography on a composite measure that included self-esteem. It should be pointed out that the matched sample did not have low self-esteem scores. In fact, the matched sample had

self-esteem scores comparable to averages found in other studies (e.g., Baranik et al., 2008), so it was the case that the porn actresses had higher scores than the general population. Some evidence of high self-esteem ratings that may be related to the current findings were reported by Herold, Corbesi, and Collins (1994) who found that women who were topless at a beach had higher self-esteem than women who were not topless. Topless women reported a sense of personal freedom, whereas women who were not topless reported embarrassment. Porn actresses are typically nude in their scenes and appear in front of camera crews and audiences who later watch the movies in which they appear. It is likely that low levels of embarrassment are experienced among porn actresses, and being able to be completely naked in front of others might be associated with an elevated self-esteem. Although exhibitionism was not measured, that may also be a common characteristic of porn actresses. For an exhibitionist, performing in an X-rated film may be associated with an environment where that characteristic is rewarded. Self-esteem has been conceptualized as the extent to which one values, approves, or likes oneself (Blascovich & Tomaka, 1991). Thus, if porn actresses are exhibitionists, it may be the case that performing sex acts on film are associated with heightened feelings of self-approval because they may be receiving reinforcement from management, coworkers, and fans, which may subsequently be related to elevated levels of self-esteem.

Another view of psychological health may be related to the quality of life findings. Similar to the pattern found with self-esteem, porn actresses did not have poorer quality of life scores compared to the matched sample. There were differences on 4 of the 10 quality of life measures. In the areas of sexual satisfaction, positive feelings, social support, and spirituality, the porn actresses had higher scores than the matched comparison group. The difference found with sexual satisfaction provides further validation of the very high enjoyment of sex as reported by porn actresses in this study. The social support difference may be a reflection of the fact that porn actresses are a stigmatized group. As such, they may spend both their professional and personal lives with coworkers, as reported by Abbott (2000), who indicated that the pornography industry is a cohesive group of like-minded people and many actresses consider coworkers to be family. Winnick and Bodkin (2008) suggested that stigmatized groups may avoid social interaction with out-group members as a way to manage dealing with the stereotyped beliefs regarding them. Providing and receiving support within a stigmatized group such as pornography industry insiders may be associated with higher levels of social support. This pattern of social support is common among stigmatized groups and has been reported with other sex workers, including exotic dancers (Bradley, 2007). The positive feelings and spirituality differences may

be associated with the high levels of sexual satisfaction. Prior research (Smith & Horne, 2008) reported a positive relationship between spirituality and sexual satisfaction. This sample of pornography actresses reported a high level of sexual satisfaction, which may be related to using pornography as a means to express their sexuality as well as access and opportunity to gain experience. In being able to do so, their sexual expression may be a reflection of their belief system regarding sexuality, and that expression may be related to the elevated positive feelings because they have found an acceptable outlet and supportive environment in which they can do what they like to do. These factors may be associated with each other such that the porn actresses have chosen a career in pornography as a way to express their sexuality which gives meaning to their lives and may be related to them feeling good about themselves for making that choice. Overall, pornography actresses had higher scores on several psychological dimensions and appear to be as healthy as or healthier than the matched sample.

Porn actresses had a history of more drug use than the comparison group, but they differed on recent drug use only on marijuana. Porn actresses were more likely to have had a problem with alcohol, used 10 more different types of drugs in their lifetime, and used marijuana more during the past six months compared to the matched sample. As a side note, it should be pointed out that lifetime drug use reported by the matched sample across categories of drugs was similar to what was found in a recent national-level study (Johnston, O'Malley, Bachman, & Schulenberg, 2011). One consideration is that drug use differences may be related to sexual orientation. Approximately two-thirds of porn actresses reported being bisexual, and prior studies have reported more drug use among sexual minorities (e.g., McCabe, Bostwick, Hughes, West, & Boyd, 2010; Trocki, Drabble, & Midanik, 2009). What remains unclear, however, is whether drug use occurred before or after entering the pornography industry. The TCU scales do not measure chemical dependency; thus, it is important to recognize that they are not a measure of drug addiction but only of whether a drug has ever been used. Interestingly, examination of recent drug use during the past six months found differences only on marijuana use, so recent drug use between the groups was quite similar. It should be pointed out that all of the actresses were residing in California where medical marijuana was legal during the data collection; thus, it is possible that some actresses were using marijuana legally. Another interpretation of the findings is that porn actresses may be more likely than other women to have sensation-seeking personalities. If this is the case, porn actresses may be prone to indulge in more experimentation during their lifetime, which may include drug use and sexual behaviors. Future work on porn actresses may benefit from examining

personality dimensions of these women, particularly sensation seeking.

Although this study provides valuable information on porn actresses, several limitations should be pointed out. First, random sampling was not used in recruiting porn actresses or the matched sample, which reduces the generalizability of the findings. Pornography actress participation rate is unknown because the size of the population is largely unknown. AIM tested approximately 1,200 performers a month, and it was estimated that there are 1,200 to 1,500 performers working in Los Angeles County (Kaiser Daily HIV/AIDS Report, 2004), but these numbers fluctuate and there was no way to distinguish between actresses working for major production companies, cyberporn sites, or both. Essentially, actresses working for production companies must be tested once every 28 days to legally work in Los Angeles County. Others working for cyberporn sites are not required to get tested but may choose to do so for different reasons. AIM was one of dozens of facilities where individuals could go for testing. AIM had a large number of clients from the adult entertainment industry because the organization had many employees who had worked in the pornography industry or had extensive experience with it. There is not a registry where performers have to be licensed, so there is no accurate way to calculate exactly how many performers there are at a given time. It is certainly possible that there was a self-selection bias such that those who chose to participate were different from those who chose not to participate. This is an important methodological issue, but it should be pointed out that although there has been interest in the characteristics of pornography actresses for decades, there has been a lack of studies because of the difficulty in accessing this population (Abramovich, 2005). With regard to the matched sample, university and community samples were combined to gather a comparison group to control for age, ethnicity, and marital status. Although the matched group may not represent the typical woman because of the sampling procedures that were used, their responses were similar to other studies with regard to measures of sexual behaviors and attitudes (e.g., Breyer et al., 2010; Lindley, Barnett, Brandt, Hardin, & Burcin, 2008; Wells & Twenge, 2005), self-esteem (e.g., Baranik et al., 2008), quality of life measures (e.g., The WHOQOL Group, 1998), and alcohol and drug use (Johnston et al., 2011). Thus, the matched sample does appear to be a representative sample of typical responses of women found in national-level studies.

A second issue has to do with the definition of a porn actress. The Internet has greatly changed the scope of pornography in terms of how it is produced, presented, and viewed. These are all important factors that have changed since the advent of the widespread availability of pornography on the Internet. Today, it is possible to use a camcorder to film oneself having sex, upload it to

the Web, and charge users to view it. Podlas (2000) suggested that a gender power shift has occurred because of the Internet such that women who emigrated from the traditional sex industry now operate successful cyberporn sites where they have gained more control of salary, work environment, and flexibility in scheduling. The Internet has created more opportunities for entrepreneurial women interested in a career in pornography and may represent an economically rational career choice for some women (Podlas, 2000; Strossen, 1995). The characteristics of women who run their own cyberporn sites may be different from actresses who are hired by production companies. Thus, the findings from this study should not be extrapolated to all female sex industry performers.

Third, some of the measures were problematic. Some measures used for sexual behaviors and attitudes were single-item indicators with unknown validities and reliabilities. As an example, participants were asked if they were victims of CSA without further clarifications or definitions. Thus, it is quite possible that a given behavior in a particular situation may have been perceived as CSA by one individual but not by another. Another issue with regard to measures is that education was not examined. Education has been found to be related to a variety of sex-related constructs and would have been a sound matching variable, and its inclusion should be strongly considered in future studies.

This study represented a systematic investigation that reported responses of porn actresses across a variety of domains and compared them to a matched sample. The characteristics of porn actresses have been largely assumptive, although much debate has surrounded the issue. Perhaps this study can provide some information that can be used to make informed decisions regarding porn actresses, rather than rely on stereotypes from sources lacking empirical data. Assumed stereotypes concerning this group of individuals were not found, as the damaged goods hypothesis was not supported. The majority of indicators of recent functioning suggested that porn actresses are not impaired compared to the matched sample with regard to CSA rates, quality of life, self-esteem, and recent drug use, and that they appear more similar to women not employed as porn actresses than previously thought.

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