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Chair

Mr. Bill Casey

Standing Committee on Health

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• (1100)

[English]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call the meeting to order. This is our first meeting on M-47.

I also want to say that we tabled Bill C-277 this morning, and that went smoothly. Congratulations. That's the eighth report of our committee.

We are starting M-47 today, and we have a bit of a change in our witness list from the schedule. One witness is not able to be here, for personal reasons. I understand we are also having technical difficulties with Pennsylvania.

In any case, we're going to start. We have Professor Jacqueline Gahagan, interim director and assistant dean in the Faculty of Health Professions at Dalhousie University. Welcome. We also have Kathleen Hare, doctoral student in the department of language and literacy education at the University of British Columbia. We have both ends of the country represented here, and we are very pleased to have you.

Eventually, we are hoping to have Dr. Mary Anne Layden, director of the sexual trauma and psychopathology program in the department of psychiatry at the University of Pennsylvania, but we have not successfully made the hookup yet.

I want to welcome you to our committee. Each of you has a 10-minute opening statement.

I understand that Ms. Hare is going to start.

Ms. Kathleen Hare (Doctoral Student, Department of Language and Literacy Education, University of British Columbia, As an Individual): Thank you very much for the invitation to speak here today. It is an honour.

I'm speaking to you today about revisualizing porn, how young adults' consumption of sexually explicit Internet movies can inform approaches to Canadian sexual health promotion.

I conducted this research study with Dr. Gahagan and two other scholars as part of my master's degree in health promotion at Dalhousie University.

Our presentations are connected. I'm going to discuss the research study specifically, and then Dr. Gahagan will present a broader analysis of pornography as a public health issue.

The most effective place to start is by reviewing the broader research that orients this work and shapes my thinking on the subject.

As might be anticipated, the research literature on this topic is complex. How ideas of pornography, sexual health, and violence can even be defined to start these types of conversations is subject to debate in the body of research on this topic. This is replicated in non-academic settings. Adding to this picture, the overall body of research findings on this topic is fuzzy.

The predigital decades of research resulted in extensive but inconclusive findings on the overall health impacts of pornography. On the topic of violence and pornography specifically, the most that definitively could be said was that for some people exposure to some types of pornography under certain conditions could increase misogynistic views. However, recently, research in this area has resurged with the emergence of highly accessible and anonymous online pornography. This is partially because this is theorized as having the potential to particularly impact youth.

Broadly speaking, current research in this area is often focused on two main areas. One is behavioural changes, which is often referred to or talked about in terms of sexual risk-taking and gender-based violence. The other area of primary focus is the psychological or physiological harms. This is often more framed in addiction and those types of discussions.

While there are some trends such as earlier engagement in sexual activities, similar to the predigital era, many of the findings are inconsistent and contradictory. Adding to this is risk and addiction-focused research. While they are the primary areas of focus, they are just part of the health impacts of the porn research landscape.

There is significant research being done from other theoretical perspectives about how pornography, either as different genres or as an entire spectrum, that is, using the spectrum of pornography as a unit of analysis, can additionally impact health, including its perceived appeals and benefits.

For instance, there's a long-standing history of LGBTQ communities using pornography to explore sexual activities in a non-heteronormative manner. Some research indicates that couples use pornography to communicate about sexuality. Even further research still shows that young people use pornography to learn about the spectrum of sexual expressions. These ideas can also provide important inroads into thinking about pornography as a public health issue.

Returning to our study, while researching the impacts of porn, as we were doing, we thought it was essential to consider both the potential harms and the negative health impacts for obvious reasons. However, we also thought it was necessary to recognize the expansive diverse nature of pornography and the range of experience that individuals may have with it.

Therefore, for our study, we thought it was more effective and more reflective of people's experiences with it to conceptualize the relationship between pornography and sexual health in more comprehensive terms.

With this information in mind, we conducted a qualitative study designed to explore the relationship between sexual health and pornography in a holistic and person-centred manner. We understood pornography as depicting sexual activities used to create excitement. Our research questions were the following: Do urban heterosexual men and women youth perceive the consumption of sexually explicit Internet movies as influencing their sexual health? If so, how? How do these findings inform Canadian sexual health promotion?

To answer this question, we focused on investigating six constructs of comprehensive sexual health—sexual knowledge, sexual self-perception, sexual activities, gendered-partner relations, perceptions of sexuality, and general well-being.

• (1105)

We interviewed 12 youth—six men and six women—aged 19 to 28. They had education levels that varied from high school to graduate school, and they self-identified as a variety of racial or ethnic backgrounds.

Once we gathered this data, it was analyzed both within those six measures or constructs to identify categorical findings, and then also across those six constructs, to get at larger emergent themes.

In terms of the findings, we can discuss the six measures and the three emergent themes in more detail during the panel, if there's interest, but at this point I'm going to offer a synthesis of this research as it pertains to this committee. There were two particularly notable messages out of the research.

The first one was on the individual level. It was that participants perceive pornography as having both positive and negative influences on sexual health, and these influences were viewed as being interconnected and at times contradictory with each other.

These findings or results really reflected youths' descriptions of how the health impacts of pornography can't always be defined as separate targetable effects or physical manifestations. Rather, as illustrated by the youth, sexual health includes both the biological factors as well as more complex embodiments about the wider social, political, and popular discourses about sexuality.

This aligns with other research suggesting that there aren't as many straightforward evidence-based answers as some may argue, or as maybe we would all hope, and also that sometimes, when you're coming across these very straightforward answers, it's really important to consider the perspective and the scope of the perspective used to generate them. Especially relevant, I think, for this context, it also highlights the importance of using Canadian data in a Canadian context.

The second level, and perhaps the one of most salience for this committee, is that the Canadian youth in this study actively engaged with pornography as a multipurpose, comprehensive sexual resource in a context they viewed as devoid of alternatives. The youth reported that there are limited opportunities in both institutional forms of sexual knowledge exchange and in mainstream society to really learn about the positive aspects of sexuality, and so they use pornography to fill this gap.

While they, I think very importantly, noted that this wasn't their preferred choice, because they certainly recognized the troublesome elements of pornography, it was viewed as the only choice; pornography was the singular non-judgmental, non-regulated, and non-limited sexual resource available.

This finding suggests that youth pornography consumption is related, at least in part, to challenges in accessing comprehensive sexual resources in Canada.

When we consider these findings together, they highlight that for topics such as Motion M-47 it's important to foreground how pornography, including that with violent content, is consumed alongside and in relation to other sexual content, messages, and imagery, both online and off. Pornography is part of a much wider sexuality ecosystem and not something that can or should really be considered in isolation. The public health effects of pornography are linked to the tone and tenor of the way sexuality is addressed in education, health, media, and online spaces.

The overall implication of this work is that from a public health perspective pornography is not the singular central topic at issue that needs to be addressed; pornography is rather a part of a much larger discussion about improving sexual health, especially for youth, in Canada. It begs questions such as: how can sexuality education be made more consistent, coordinated, and comprehensive across the provinces; how can gender and sexuality equity be improved at the societal level; are there opportunities for new partnerships in this regard?

This is not in any way to lessen the very important conversation that's being had here, but rather to recognize the ways in which it is really reflective of a critical need for a much larger conversation about sexual health promotion in Canada.

I'm going to leave my thoughts here at this point. The implications will be expanded upon by Dr. Gahagan. Thank you very much for your time. I look forward to the panel discussion.

• (1110)

The Chair: Thank you for your contribution.

We now have been joined by Dr. Mary Anne Layden, director of the sexual trauma and psychopathology program in the department of psychiatry at the University of Pennsylvania.

Welcome.

Ms. Mary Anne Layden (Director, Sexual Trauma and Psychopathology Program, Department of Psychiatry, University of Pennsylvania, As an Individual): Thank you.

The Chair: We're going to have one more witness for a 10-minute presentation, and then you'll have an opportunity to make a 10-minute presentation.

Thanks for joining us from Pennsylvania. We appreciate it very much.

Now we're going to go to Professor Jacqueline Gahagan, professor and interim director, and assistant dean at Dalhousie University.

[*Translation*]

Prof. Jacqueline Gahagan (Professor, Interim Director, Assistant Dean, Faculty of Health Professions, Dalhousie University, As an Individual): Hello.

I'm pleased to be here today.

[*English*]

I'd like to start by acknowledging that the land that we gather on is a traditional unceded territory of the Algonquin Anishnaabe.

While we know that pornography in the Internet age is clearly an important health and social issue, the role of public health in addressing this issue is much less clear. We know that public health is concerned with protecting the health of the aggregate. We know also that the *raison d'être* for public health is essentially to utilize the organized efforts within society to keep people healthy and to prevent illness, injury, and premature death. As part of its mandate, for example, the Public Health Agency of Canada is tasked with developing, implementing, and evaluating public health policies, programs, and services aimed at promoting and protecting the health of Canadians.

While health promotion and disease prevention are key elements of how public health undertakes its mandate, it's really under the subprogram areas of conditions for healthy living, healthy child development, and perhaps healthy communities in the PHAC report on plans and priorities 2016-17 that we can see an obvious connection with public health on the issue of the potential public health effects of violent and degrading sexually explicit material on children, women, and men.

When we think of the role of public health in promoting sexual health, on the one hand, and in preventing illness on the other, the issue of pornography is not as straightforward as public health responses to, for example, the prevention of communicable diseases or infectious diseases. Through epidemiology, rates of disease and related poor health outcomes can often be attributable to specific etiology such as lack of clean drinking water, poor housing, physical inactivity, and so on. The cause and effect of pornography as a public health issue is muddled by other structural inequities associated with issues of gender-based violence and misogyny that are, to an extent, regulated and enforced by our laws, legislation, social norms, values, and mores, which we know are subject to change over time.

We know that pornography, by definition, is concerned with the development of and circulation of books, magazines, videos, art, and music aimed at creating sexual excitement. However, the exact cause and effect of pornography in relation to sexual violence and poor health outcomes is still hotly debated. That said, it's still important to note that with the growing use of Internet-based pornography and the

relative ease by which it can be accessed, the question about what role public health can play is indeed timely.

From a health promotion perspective, encouraging safe behaviours and improving health through healthy public policy, community-based interventions, active public participation, advocacy, and action on the key determinants of health can prove useful in addressing concerns associated with the ready access to Internet-based forms of pornography, as well as other forms of pornography. However, a review of existing sexual health education provided in Canadian schools suggests the need for additional supports to appropriately address sexuality, sexual health, and sexual expression. In fact, many Canadian youth do not receive the level of sexual health education they need to make informed decisions about risk-taking, including the risks associated with the use of web-based technologies such as cellphones for sexting or sharing homemade porn on the Internet with their friends.

More studies are not likely going to tell us what we already know. For example, we already know that sexually explicit materials are widely available online and elsewhere. A potential action in this regard, I would argue, would be the development of a national sexual health promotion strategy that would be included in school sex health education, through online partner agencies as well as through other media venues. This proposed national sexual health promotion strategy would offer information on things such as healthy relationships, sexually transmitted and blood-borne infection, STBBI, prevention and testing, as well as information on the potential impacts that violent pornography can have on youth and young adults, including the reality of possible criminal sanctions for those producing or circulating pornography without consent.

I applaud the efforts of our MPs in championing the issue of violent pornography as an important public health issue. However, we need to pay close attention to the seemingly universal truth that misogyny, sexual violence, and rape are gendered in nature. I would argue that this is the real challenge for us to focus our collective energies on in moving forward.

In addition, we need to address the failure of our school system in adequately equipping our youth and young adults with the tools they need to distinguish between what is morally, legally, or otherwise inappropriate in relation to sexual violence. The recent media coverage of parent organizations challenging school administrators about not wanting sexual health education that includes, for example, non-heteronormative perspectives, suggests that we still have a very long way to go.

•(1115)

The time for a national sexual health promotion strategy, one that offers information on potential repercussions of unwanted sexual advances, sexual assault, sexting, and posting of sexual images without consent is now. Ask yourselves if you believe that our youth have a clear understanding of these issues in the new frontier of cybersex, online porn, sexting, and sharing of homemade porn. In addition to ensuring that youth are aware of the difference between consensual sex and sexual assault, they also need to be aware of the role they can play as upstanders when they witness a sexual assault.

As we know from the recent cases in the media, including the Rehtaeh Parsons case from Nova Scotia, there is an urgent need to do more to prevent sexual assault, sexual exploitation, and other forms of sexual violence. Whether the impetus for such behaviours can be squarely pinned on the ready access of violent online pornography or not, the reality is that youth have access, but may not have the knowledge to determine what is real, what is criminal, or otherwise.

I'd like to bring us back to the issue of gender-based violence, which is a long-standing concern in Canada, as well as for many other countries. Despite this fact, gender-based analyses of how well existing sexual health interventions, including those made available in the school system, are or are not addressing gender-based violence in sexual education, is sadly and largely absent.

In this regard, it is noteworthy that the Government of Canada has signed on to a variety of constitutional obligations on gender-based analysis from 1981 onwards. Yet we do not see the widespread use of the Canadian GBA+ framework in advancing our understanding of the ways in which sexual health education is meeting the information needs of both male and female youth in our school system.

In closing, I would like to urge the Standing Committee on Health to look more closely at how well we are currently equipping youth and young adults in Canada with the sexual health promotion knowledge they need to make informed choices about the place of pornography in their lives. In this regard, I firmly believe that a national sexual health promotion strategy, one which includes evaluative components such as a gender-based analytic framework, will prove instrumental in addressing this complex issue.

[Translation]

Thank you for your attention.

[English]

The Chair: I thank you very much for your presentation. Thank you both for being within the time allotted.

Now we're going to hear from Dr. Mary Anne Layden, live from Pennsylvania.

Ms. Mary Anne Layden: Thank you so much for inviting me to speak. I appreciate your interest in this topic.

I'm going to present my case that society has become "pornified". By that I mean that sex has become a product, that the body is now seen as a commodity. If it's a product, you can sell it; if you can sell it, you can steal it. The sexual exploitation industry includes pornography, strip clubs, prostitution, and sex trafficking; and the

sexual violence and sexual abuse phenomenon includes sexual harassment, rape, and incest. The sexual exploitation industry and the sexual abuse phenomena are a seamless, interconnected continuum that cannot be separated.

I want to talk for a minute about learning. Psychologists have studied the phenomenon of learning, and what they find is that pictures are compact carriers of meaning, that learning is deeper if you're rewarded for the behaviour, and the orgasm is very rewarding. Learning is deeper when you have role models that are showing us the behaviour and if those role models are rewarded. Learning is deeper in the presence of arousal, and antisocial behaviours are learned and expressed more when you think you're anonymous and no one can see you.

Therefore, pictures, rewards, role models, arousal, and anonymity all produce greater learning, which are all phenomena present in Internet pornography, making pornography, especially Internet pornography, a perfect learning environment, except for the fact that everything it teaches you is a lie.

Psychologists now call Internet pornography the new crack cocaine. What is it teaching us?

The first thing it's teaching us is permission-giving beliefs. Permission-giving beliefs are beliefs that tell us what I'm doing is normal, it doesn't hurt anybody, and that everybody is doing it. Therefore, I don't need to change my behaviour. Those who have a problem with my behaviour are wrong, crazy, and prudish.

For example, some permission-giving beliefs believe all men go to prostitutes, all people want sex with all people all the time. Women enjoy being raped. Women enjoy degrading sex. Children like to have sex with adults.

It also produces miseducation about sexuality. Pornography tells us that sex is not about intimacy, caring, love, or respect. It's not about marriage or having children. Sex is recreational. You don't need to know your partner. Sex with strangers is the most intense and the best kind of sex. Sex is adversarial. Pornography is a one-way street that focuses only on your own pleasure, and there's no need to consider the needs or feelings of others. Also, sex is a male entitlement. Men need sex, and women's bodies are just sexual entertainment for men.

Pornography includes performers who never say no, and never reject sexual advances. This increases unrealistic expectations about others, entitlement for sex, frustration with others who say no, and the reduced awareness and skill of noticing the unwillingness of partners.

From this point on, I'm going to talk about research findings. I can't talk about the more than 200 studies that have been done on this, or the tens of thousands of subjects, but let me give you some of the findings.

In the research we found that men who use pornography think that women enjoy rape, that she got what she wanted when she was raped. They're more accepting of the rape myth, which is a set of beliefs that are untrue about rape, and they also believe that rapists deserve less time in prison. They have an adversarial view of sex. They have more callous sexual beliefs. They're more accepting of violence against women. They use more sexual terms to describe women. They see women as sex objects. They have reduced support for the women's liberation movement. They rate their partners as less attractive, are less satisfied with their partner's sexual performance, have a greater desire to have sex without emotional involvement. They have a greater desire and acceptance of sex outside of marriage for married people, are less child-centred, and are less desiring of female children.

They are willing to have sex with individuals who are 13 to 14 years old, are sexually attracted to children, and less likely to think that pornography needs to be restricted from children.

The increasing use of pornography is related to higher psychopath scores. Those are the thinking effects. The behavioural effects are these: sexual dysfunction of men who use pornography; erectile dysfunction; premature ejaculation; retarded ejaculation, especially in younger men. In one study, 58% of the male participants, with an average age of 25, had erectile dysfunction with women, but not with pornography.

The recent brain image studies show us that pornography users have what's called "teen brain", impulse centres more active than the rational centres; "cocaine brain", that is, pornography produced as a similar brain pathway as cocaine. They have less grey matter, less brain sensitivity to sexual stimuli, and less brain connectivity.

●(1120)

They have more sex partners, are less attracted to their sex partners, are less interested in actual sex with their partners, and ask their partners to act out scenes in pornographic films. They have more affairs if they're married, and are more likely to prostitute women.

In fact, in one study, 25% of the 19- to 21-year-old males said that they had either already prostituted a woman or planned to in the future. The more pornography these males used, the more likely they were to prostitute a woman or to say they would in the future, and those who prostituted women were more likely to engage in non-consenting sex. Men who go to strip clubs are most likely to engage in non-consenting sex.

Men who use pornography engage in more behavioural aggression, are more likely to sexually abuse partners whom they have battered, use violent sexual fantasies to get themselves aroused, and are more likely to actually harass women. They are more likely to engage in date rape, stranger rape, and marital rape. They are more likely to verbally coerce sex, physically coerce sex, and use drugs and alcohol to coerce sex.

The earlier male children are exposed to pornography, the more likely they are to engage in non-consenting sex. There's a greater use of pornography among juvenile sex offenders, adult sex offenders, child molesters, and incest offenders. Men who are convicted of using child pornography later admit that they had sexually abused children as well.

The diagnosis of pedophilia is found more in child pornography users than even in child rapists.

The three factors that have been identified as connected with sexual violence are hostility toward women; a belief that sex is casual, non-intimate, recreational, and adversarial; and the use of pornography.

U.S. statistics are horrific. One in eight women is raped. Twenty-five per cent of college females experience a rape or an attempted rape. Fifty per cent of women are sexually harassed in their lifetime, and 38% of females have been sexually molested by 18.

The effects on women are these.

Women exposed to pornography are more likely to accept the rape myth, have more sexual fantasies that involve rape, and think that rapists deserve less time in jail.

They also have reduced support for the women's liberation movement. They're more negative about their bodies, think their male partners are more critical of their bodies, and have less sex. The more pornography a young adult female uses, the more likely she is to be a victim of non-consenting sex.

Let's look at the research on kids.

Kids who are exposed to sexualized media are more likely to have engaged in oral sex, anal sex, and sexual intercourse. They are more likely to have more negative attitudes towards condoms, have not used contraception in the last intercourse, have not used contraception in the last six months, have an earlier initiation to sex, have more sex partners, have had more than one sex partner in the last three months, and have sex more frequently. They are more likely to have a strong desire to conceive, and in fact are more likely to get pregnant.

They are more likely to engage in more sexual harassment, and in more non-consensual sex. They are more likely to test positive for chlamydia, have used alcohol and other substances in their last sexual intercourse, have higher sexual permissiveness scores, and have less progressive gender role attitudes.

The philosopher Roger Scruton has said that from his point of view, the damage that pornography causes is that it threatens the loss of love in a world where only love brings happiness.

Thank you.

• (1125)

The Chair: Thank you very much for your powerful presentation.

We'll now go to questions from the members, and we'll start with Mr. Kang.

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): Thank you, Mr. Chair.

First of all, I would like to thank all the witnesses for sharing their research on this very important topic.

My question is around the Criminal Code. Though access to sexually explicit material is legal in Canada, its content is regulated by the Criminal Code, under section 163. It is an offence to make, print, publish, distribute, or circulate any obscene written matter, picture, model, phonograph record, or other thing whatever. It is also an offence to possess such material for the purpose of publication, distribution, or circulation. An obscene publication is one that has the undue exploitation of sex, or of sex and any one or more of the following subjects, namely crime, horror, cruelty, and violence, as dominant characteristics.

Do you think that greater efforts need to be made to enforce the Criminal Code in relation to the production and distribution of obscene materials online? If so, what measures do you think should be taken?

Prof. Jacqueline Gahagan: I am not a lawyer. My suggestion is that you might want to speak to somebody from the Health Law Institute at Dalhousie University specifically about that.

The point I was trying to make in my presentation was essentially that youth are unaware of criminal activity, so even if they are old enough to be charged with an adult criminal offence under the Criminal Code, I am not convinced that they actually understand that. From my perspective, making the information more accessible to youth... For example, in the case of Rehtaeh Parsons in Nova Scotia, which I'm sure everyone in this room is well aware of, I am not convinced that the youth who were involved actually understood what they were doing and what the circulation of that material meant in that context.

Again, to go back to my original point, I think we can do better to make information more accessible to youth so they understand the potential for criminal sanctions for those types of behaviours.

• (1130)

The Chair: Dr. Layden, do you have a comment on that?

Ms. Mary Anne Layden: I am not familiar with Canadian law, but I will say that research on the content of pornography indicates that close to 90% of the images that are currently available include physical and behavioural aggression, and the vast majority of it is male directed at female. So the overwhelming amount of pornography that involves physical and sexual violence is what in fact our youth are looking at. I am concerned about that end, that we have a massive amount of pornography.

In our research, in the States, we are hard pressed to find any young adult males who have not been exposed to pornography. It's almost at the universal level, and the age of being exposed is getting younger and younger—one recent study said 11—so we have a combination of very young people universally exposed to universally aggressive and violent content.

When you are looking at this imagery, when you have brain arousal effects, let's say, the amygdala is aroused and the prefrontal cortex shuts down, so your executive functions, your rational functions, are actually shut down at the point of arousal. These individuals are not making adult, mature responses to this. You can't block those brain responses by decoding pornography or by doing media analysis of it. The impact on the brain and on the responses has already happened.

This impact is very quick. In one study, people who were shown an image of violence mixed with sexuality, after one presentation started to use violent images to make themselves sexually aroused, so the sexual template spreads very quickly and without a lot of rational intervention. If we are showing them pictures of criminal activity and then expecting them not to do it, that's really rather naive, from my point of view. I think that they are going to do it.

Mr. Darshan Singh Kang: In your opinion, should the law be enforced for the distribution and production of those materials?

Ms. Mary Anne Layden: We have an American law in which both the production and the distribution of obscenity are a federal offence. We are encouraging the American authorities to enforce that law.

We have a new Attorney General of the United States, who says that he will vigorously enforce the obscenity law, which prosecutes production and distribution of obscene material. Now, material that includes child sexual abuse is federally illegal to produce, to distribute, and to view, so the law is broader on those materials.

I do think the law should be enforced and we should hold accountable businesses and Internet service providers that distribute this. In the United States, there has been an attempt to get hotels to stop distributing obscenity, and we have been quite successful in getting the vast majority of hotels to take obscene material out of their video offerings. We are encouraging the use of the law and also encouraging businesses to hold higher ethical standards in terms of what they are doing.

The Chair: I have to inform the members that there is a vote call. We have 27 minutes and 26 seconds. I need unanimous consent to carry on for another 10 or 15 minutes. Do I have unanimous consent to carry on?

Some hon. members: Agreed.

The Chair: Okay, we have unanimous consent.

You still have 42 seconds.

I'm sorry about that, Dr. Layden.

Mr. Darshan Singh Kang: According to the report entitled “Basically...porn is everywhere”, a rapid evidence assessment of the effects that access and exposure to pornography have on children and young people, there is mixed evidence related to the extent to which children and young people are exposed to sexually violent materials. Can you describe current research evidence to describe the extent to which men, women, and children are either accessing or being exposed to online violent and degrading sexually explicit material in Canada or elsewhere?

Dr. Hare.

Ms. Kathleen Hare: I would say it's pretty consistent to some of the other.... As has been said, for youth, and especially for college-aged men, we put exposure to these materials at around 70% to 90%. For college-aged women, we generally estimate a bit lower, at about 20% to 40%.

In terms of the proportion of access on the Internet to one of the largest sites, for example, Pornhub, Canada is ranked third in the world.

• (1135)

The Chair: Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair.

I'm going to be splitting my time with Ms. Harder.

Unfortunately, we don't have enough time to ask all the questions, but maybe we can find out from you by written means.

I have to tell you that for me this study was really important, because I think it's about our kids. I think, Dr. Gahagan, you nailed it. I think kids are unaware that sometimes they're committing a crime. We did change the law, so unwanted distribution of images is illegal, but it doesn't mean the kids won't do it.

I was extremely surprised, too, Madam Hare, when you said that today in Canada there's a context devoid of alternatives. It almost seems like 40 years ago when I was growing up we didn't want to talk about sex or anything like that. For me, this is about controls and access as far as our kids are concerned.

I was wondering if you could answer these questions. We see that this can be a problem. Should we as a government intervene, and what should we do? Can we intervene and do we need to?

Prof. Jacqueline Gahagan: Yes and yes. So, yes we should and yes we can.

The suggestion I brought forward is a more comprehensive national sexual health promotion strategy. Recognizing that education and health are provincial responsibilities, I still think there's a place for leadership at the federal level. In other words, if there is a set of standards, for example, at the federal level that says that all schools have to receive this type of information about pornography or sexual violence, I think that sets the goalpost, if you will, for how provinces do what they do. In fact, in a blog I just put out on Monday about this topic, there's a clickable link that allows you to look at the distribution of sexual health education across the country. You'll see it's quite variable—by age, by region, etc.

I think the leadership has to come from the national level, again, by looking at the federal government to say this is a crisis.

Using the example of the increase of sexually transmitted infections since the 1990s onward, there's a huge upward trend and no indication of slowing that down. That means we are actually educating kids in the school system without providing tools for them to make decisions about things such as sexual violence or the prevention of STBBI.

We know from a public health perspective—and this is perhaps the hook to public health—that the cost to the taxpayer doesn't go away. In fact, it increases across the life course of those individuals. So I think starting at the school level and saying that this is something that needs to be done, but with federal leadership, is the way to go.

Mr. Colin Carrie: I know the U.K. recently put together something. Again, what can the federal government do? I was wondering if you could comment on their action.

Prof. Jacqueline Gahagan: There's a recent scoping review by a colleague of mine from the University College London. Her name is Julia Bailey. She's put out a very comprehensive scoping review on the issue of Internet sexual health information. In that you'll find evidence-based.... They have looked at sexual health interventions across the U.K., and specifically have looked at which are considered effective in terms of the affective domain, in terms of knowledge, and translating that knowledge into behaviour. I think that's a good place to start.

Wales also has a really nice national sexual health promotion set of guidelines. I think those are, again, set at the national level and are meant to trickle down to how that happens within each of the provisioning areas that are responsible for sexual health education, including schools.

I think we need to look at Australia, the U.K., and other contexts where, I would argue—and I mean this with all due respect—they are much more progressive in tackling this at a much younger age than we are.

We let it go and hope for the best. We're finding, using the example of increased rates of STIs, that this information is not getting to kids. If it were, and it were getting to them in an effective way, we wouldn't see the levels of STIs we see in this country. We also wouldn't see the levels of sexual violence in this country.

Ms. Rachael Harder (Lethbridge, CPC): My question is for Ms. Layden. I have two here, and I'm hoping to get through both of them.

Can you talk about how pornography perpetuates a rape culture? You touched on it in your opening remarks, and I'd like you to talk about it a bit more.

• (1140)

Ms. Mary Anne Layden: It's male on female violence in the imagery. Also, some of the imagery is rape imagery, and this used to be more popular in the Internet pornography, where the images were ones that made people think they were watching a rape. It was simulated rape, where the female was saying “no, I don't want it”, but the male continued. We were actually teaching them the steps of that.

It also implies patriarchy, that what the male wants is what is going to happen.

In all of those ways, it supports rape culture. Even at this point in our research, given the number of studies we have that say pornography and sexual violence are connected, the probability that there is not a connection between pornography and sexual violence is one in 88 decillion. That is 88 followed by 33 zeros, so the chance that those two things are not connected is just not a possibility at this point.

I treat rapists and sexual violence perpetrators. When I ask them about the beliefs, they have beliefs that are clearly triggered by the messages of pornography. They say, "I have a sexual entitlement. If she did this, then I have a right to have sex with her", or "This is what happens at fraternity parties. You have sex with women who don't want to have sex", or "I raped her because I could". These are all Internet pornography-generated ideas that rapists believe cause them to be triggered and also give them permission to do what they are doing.

The Chair: I think we have to suspend. We have to go vote in the House, but we are going to return. It will probably be about 30 minutes. I apologize for this delay but it's part of our process.

• (1140) _____ (Pause) _____

• (1225)

The Chair: We have quorum, so we'll resume our questioning.

Thank you, Ms. Harder, for your questions.

I apologize for the delay.

I hope you haven't found it too uncomfortable, Dr. Layden.

Next we'll go to Mr. Davies for questions. He has seven minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

Thank you to all the witnesses for being with us today and lending us your expertise.

I want to start by nailing down some basic terms so that we can situate ourselves in this study. The title of this study, what we're principally narrowing our focus on, is "public health effects of online violent and degrading sexually explicit material".

I was listening carefully, and I was hearing the word "pornography" a lot. First, when we say pornography, are we restricting it to violent, degrading sexually explicit material, or are we talking about all depictions of sex? I'll age myself a bit and say that in the early eighties, when I was in university, there was a very raging discussion about the distinction between erotica and pornography. I'd like the witnesses to help me out with that.

As well, when we talk about negative health effects, are you talking about negative health effects of pornography generally or of certain depictions of sexual activity?

• (1230)

Ms. Kathleen Hare: I can speak to how we operationalize this definition within our study, because I think it is a really key distinction. The way we understood pornography in our study was

that it was looking broadly at materials that depicted sexual activities in unconcealed ways as a way to create excitement. We were not specifically focused on violent and degrading pornography.

On that point, there are a couple of different ways to approach it. I think there's definitely a distinction between pornography and violent pornography, both by what you can draw from the literature and by the way that the youth in my study talked about it. I think in regular pornography, they would often talk about the variety of genres that exist. You have everything from erotica to couples uploading amateur videos of themselves to Hentai, which is a kind of cartoon. You have a variety of different types. Then you also have the types that people would talk about in terms of their violence.

The way I would understand violent pornography is that it's non-consensual acts of violence, degradation, or dehumanization in pornography. For me, the key word in there is "non-consensual", recognizing that there's also pornography from, say, kink communities where it is consensual and might otherwise depict activities that seem violent.

For me, the key point is that looking at it, it's very difficult to separate out, because what is violent is subjective. You really need to consider that violent pornography is consumed alongside and in relation to wider sexual content. If we're going to be talking about this, and talking about pornography, it really should be talked about in terms of the medium as a whole, looking at how people are making meaning of these meanings in relation to both the violent pornography and the non-violent pornography, and how they're understanding that themselves.

Mr. Don Davies: Ms. Hare, perhaps I can direct a question at you and then Dr. Layden. This may be my confusion, but in listening to your testimony, you talked about the research results being somewhat contradictory.

Dr. Layden, I think you gave very concrete recitations of research findings, in a way that left me with the impression that there's very little doubt, in your mind, about what the research shows, so I guess I'll address my question to you.

Is the research extremely clear to you on the negative health impacts of violent and degrading pornography? Maybe I'll ask you the same question as well: do you make a distinction between that kind of pornography...? Is there any kind of healthy depiction of human sexuality visually that doesn't have these negative health impacts?

Ms. Mary Anne Layden: The answer is sort of complex. Some of the research does sort out imagery that they consider violent and non-violent. In fact, though, some studies find that even the non-violent pornography increases the acceptance of behaviours like rape. We thought that only the violent pornography would produce that, but some of the research says that non-violent pornography produces this as well.

Next, with the images that are violent and degrading, if you ask subjects to look at whether they are you looking at things that are violent and degrading, the more they look at it, the less they rate it as violent and degrading. By asking for subject perceptions, which some studies do, you find that they become inured to things.

If you ask subjects—I don't want to be too graphic here—but if you ask subjects.... There's something like A to M, which means—I'll have to be graphic—ass to mouth, that is, a male inserting his penis into a woman's anus and then taking it right out and putting it in her mouth with her feces in her own mouth. You ask subjects whether that is degrading. After they look at that for a while, they decide it's not degrading pornography anymore, while the females continue to rate it as degrading. So it's hard to say whether we are looking at degrading pornography: ask the person who is looking at it.

Ejaculating into a woman's face first looks degrading, but then later the males say it's not degrading. The woman still says it is degrading. It's hard sometimes to categorize, depending upon on who is looking at it and who is evaluating it. That's the complication in the research as to who says it's degrading.

With this phenomenon that says even the non-degrading and the non-violent have some negative aspects and produce negative outcome, all of it includes what we call “boundary crossing”. That is, an individual who is not intimate with the people acting—that is, the viewer, who is not intimate—is engaging in an intimate activity with these individuals, which is boundary crossing. Why am I being intimate with somebody with whom I'm not intimate? I'm watching somebody; I'm visually invading someone. What we found is that the visual invading of people with whom you are not intimate leads to the physical invading of people. There's a connection just in the fact that you can boundary cross.

We thought originally, when we started the research, that only aggressive and degrading were going to cause the impact. More and more, we're finding that it's all of it.

The final piece is that it's very hard in this day and age to find visual depictions that aren't degrading and violent. The research says that 88% of the images have physical aggression in them. More than 50% have degrading images in them. There are less and less non-degrading, non-violent depictions out there to actually look at. We've developed a tolerance for it. People who look at it look at harder and harder kinds, so that the non-degrading, non-violent has become a small subset of what's on the Internet.

A to M is in fact the fastest-growing image on the subset in Internet pornography, and invariably people are asking for images in which men ejaculate into women's faces and into their eyes. Some of the research says that will produce pink eye and infections of the eye, and other kinds of things. That is an image that many men now think of as a common thing to do and are asking their partners to do, because it's so common in the pornography that's on the Internet.

• (1235)

The Chair: Dr. Eyolfson, seven minutes.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you for coming.

There were a lot of points made about education earlier.

Ms. Hare, you said that there are young people who attempt to self-educate with pornography because it's freely available and they can do it in private. Dr. Gahagan, you had said we need to do more in

terms of properly instructing young people in safe sex practices, boundaries, these sorts of things.

One of the challenges that's found any time we try to introduce sexual health education in schools is that there are often very organized lobbies that are opposing this for various reasons. They think that it might violate the province of the parents to be the sole domain over telling their children about this. Others might have a religious objection to saying that it's okay to be nice to gay people, these sorts of things.

Do you see a role for making such education mandatory, like all other subjects, to say that you can't opt out of math, you can't opt out of history, and you can't opt out of this?

Prof. Jacqueline Gahagan: Yes, without a doubt. The point I was trying to make around the proposition of developing a national sexual health promotion strategy was aimed at exactly that. There would be a federal standard to which all curriculum would be held. Again, we see across the nation a huge variability in terms of what's being taught and how it's being taught. The end result is that we're not evaluating what impact that's having on actual behaviours across the life course.

To use the example I alluded to earlier about rates of STIs increasing in Canada since the 1990s, clearly more education needs to be done. I think it should not be optional. I think it should be just like history. Parents can object to their kids being taught history, but this is part of the Canadian curriculum. This is the standard. Everybody gets it.

• (1240)

Mr. Doug Eyolfson: All right. Thank you. I was expecting a longer answer, but that was actually a perfect answer. It answered the question very succinctly. Thank you for that.

The whole purpose of this study concerns the public health implications of this. Some of this has been alluded to in the testimony, and I'll give everyone a chance to answer this, but what are the public health effects that you would list that need to be addressed, that could be improved by an education strategy?

Prof. Jacqueline Gahagan: Absolutely one of the key ones, as I've already alluded to, is the rate of sexually transmitted and blood-borne infections. That's a key indicator of success in terms of whether or not you have increased or decreased those, but there needs to be some evaluative component in the way that sexual health education is being offered. If you look at what public health does in responding to outbreaks—SARS, for example—there has to be a target. What is the target? It's SARS. What's the intended outcome? It's reducing the likelihood of SARS spreading.

When we think about the logic in public health terms of doing better in terms of how we provide sexual health education, and evaluate what impact it's having, there are particular sources of data we can look at and track over time. In fact I did a project with the Public Health Agency of Canada in developing a sexual health assessment tool.

Do we have a snapshot of Canadian sexual health that cuts across age, across region, across school boards? No, we don't. Do we have sufficient data to say that these are public health indicators that we can actually improve on? I would argue that we could. The U.K., Australia, and Wales, as I alluded to earlier, have wonderful national sexual health standards. They make those available to people as a public health priority, not as an optional piece of information that people can consume or not consume.

I think we need to be more strategic about what intended outcome we're looking for if we're talking about the public health effects of pornography.

Mr. Doug Eyolfson: Thank you.

Ms. Hare, do you have anything to add to that?

Ms. Kathleen Hare: I can't add anything to that. Thank you.

Mr. Doug Eyolfson: Okay. Thank you.

Dr. Layden, do you have anything to add to that point?

Ms. Mary Anne Layden: In the States we are pursuing what we call the "public health crisis", and a number of the states have already voted to declare the use of pornography as a public health crisis. The Centers for Disease Control is considering it as well.

We're looking at it broadly, so that there are some health crises. Such things as STIs, and erectile dysfunction in young men, are part of the health crises. Some are coming up over the horizon that we may consider in the future. For example, there's been a dramatic increase in anal and colon cancer in young adults by thousands of a percentage point. They're trying to determine what's causing that. It may have some connection to the increase in anal sex. We're looking at that.

They also consider other factors, such as the increase in divorce that's caused by pornography and the increase in infidelity in marriage, as part of the public health crisis. There's the sexual violence crisis. We have a crisis in our military and we have a crisis on our campuses with sexual assaults in those areas. They consider that part of the public health crisis. They also consider other kinds of crimes that are hooked to the use of pornography. Not just rape but also the prostituting of women and the sex trafficking of children have been shown to be connected to the use of pornography.

So they consider a public health crisis broadly, with the definition that it can't be solved by an individual. It affects many of the people in the culture. It has broad effects, and these are all considered effects—the divorce rate, the impact on prostituted women and prostituted children, and the physical health effect. We've tried to pursue a number of solutions. The public health crisis is one of them. We've also tried to consider age verification online as a place to do blocking. They're also considering that in the U.K., trying to get Internet service providers to have opt-in policies so that they won't send pornography unless you opt in, and trying to get the companies involved in that as a stopgap step.

The Chair: That completes our seven-minute rounds.

We're going to five-minute rounds, and we're going to start with Ms. Harder.

● (1245)

Ms. Rachael Harder: My first question is with regard to policy. I sit on the Status of Women committee. We just got done with studying violence against women and girls. Pornography was a significant part of that, of course, specifically in terms of forming the attitudes of men and boys and then their actions toward women and girls.

That being the case, I'm wondering if you can comment, starting with Ms. Layden, on the public health concerns we're facing here with regard to the formation of attitudes and then the actions of men and boys against women and girls, based on their access to pornography. Also, I've read that, on average, young men here in Canada are exposed to pornography at the age of 11. That concerns me. It concerns me that for many of them it is their primary source of education, which is what's being said here today, and that it's how their attitudes towards women are being formed.

Ms. Mary Anne Layden: We're also very concerned about the forming of attitudes in children, because their brains are still very malleable, their attitudes are very malleable, and the potency of an image is quite impactful on children. It is also impactful on adults. I don't mean to say that because we're concerned about children, we're not concerned about adults, because we do find the impact on adults as well. Even though we have a dramatic increase in child-on-child sexual assault and it's a great concern that children are looking at these kinds of images and then assaulting other children, our concern is also about adults assaulting children and adults assaulting other adults.

We think this is one of the most potent attitude producers that we can name. Given all those factors that produce learning, I can't think of anything else that could impact your sexual attitudes more than pornography, because of its pervasiveness, because it's massively toxic, and because of certain phenomena about how the brain works.

For example, there is research that says when women look at men in sexualized imagery, women use the part of their brain that is specialized for looking at humans and human faces—the facial recognition centre part of the brain—but when men look at women in sexualized imagery, they do not use that part of their brain. They do not use the part of the brain that is specialized for humans and human faces. They use the part of the brain that is specialized for the use of tools and objects, and then they use the rules that are applied to tools: if it breaks, throw it away—it's only as good as its usefulness.

Even brain phenomena are telling us that these are dramatically potent images and can produce attitudes, behaviours, triggers for attitudes, and beliefs that say, "I have permission to do this", especially the belief that everybody is doing it. People will do what they think everybody is doing. The drive towards sexuality is very strong, and if you think everybody is doing it and nobody is getting hurt by it, then you are very likely to do it.

It's the same phenomenon you see when you legalize prostitution in a country. You have a massive increase in the number of males that will prostitute women: since it's legal, it must be fine, and we're all doing it, so we might as well do it. Followed by that, of course, you then have a dramatic increase in child sex trafficking because we don't enough prostituted women to meet that new demand. As soon as you have a belief that says it's okay, it doesn't hurt anybody, and everybody is doing it, people will do it. Pornography is the very best at producing that permission-giving belief.

Ms. Rachael Harder: Thank you.

I'll ask you the same question, Ms. Hare, and then we can go from there.

You don't want to take it?

Ms. Kathleen Hare: I'll yield to Dr. Gahagan on this one.

Prof. Jacqueline Gahagan: It's a great question. I'm going to speak to the policy component.

As we know, Canada has a long-standing gender-based analytic framework that has been dusted off and redeployed as the GBA+ framework. My suggestion is that if we're looking at this from a policy perspective, let's use the tools that we already have made a constitutional commitment to, including GBA, and let's look at how well GBA is being incorporated into evaluating sexual health promotion in schools, as an example.

If the point that our colleague from the States is trying to make is that all pornography is toxic to the brain, let's actually do a gender-based analytic response to that by looking at how sexual health information that is correct information deals with that issue of misogyny or with that issue of "rape is always okay", and if you see it, you just enact it. To me, that ebb and flow of logic really does speak to the need to look at what are Status of Women tools bringing to the task of answering those questions you've alluded to. I think that the GBA+ framework is something that we should be bringing to task on this particular issue in Canada.

•(1250)

The Chair: The time is up.

Before we go to Ms. Sidhu, I want to alert the committee that we're going to go until 1:15 p.m. Some of the members have to leave at 1:15 p.m., but we would like to get as much of the testimony as we can, considering that we were—

Ms. Rachael Harder: On a point of order, I believe you have to ask for unanimous consent to extend the time.

The Chair: I don't think so.

Ms. Rachael Harder: No? Okay.

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair.

Thank you to all witnesses.

My question is to Professor Gahagan.

As you know, education and curriculum decisions are made by the provinces. In your experience, what is the public health role, specifically for the government to play—I know you addressed the GBA policy—in terms of the awareness? What do you think are the

specifics that the federal government should do on awareness or any other policies?

Prof. Jacqueline Gahagan: Thank you. That's a really important question.

As I alluded to in my opening comments, I think we need to look at what kind of sexual health education is being offered, not just on paper—the approved curriculum—but how it gets enacted in the classroom. We know, for example, that there are instances where particular individuals who are tasked with teaching a component of sexual health education might morally or otherwise feel opposed to teaching, for example, condom use. We know the variability from coast to coast is quite striking.

It's actually looking at how the curriculum decisions are being made at the provincial level and maybe mirroring that against a federal standard. If the federal standard is that all kids by Grade X should know about safer sex, including the use of condoms, I think that's a place to start. If I'm not mistaken, there has not been a whole lot of evaluation in terms of what's actually happening in the classroom relative to changing attitudes, behaviours, and beliefs of youth.

Unless we get at those kinds of questions, I'm afraid we're going to keep having this debate in perpetuity. I think we need to get some concrete actions in looking at how well our sexual health curriculum is serving the needs of youth and young adults in Canada.

Ms. Sonia Sidhu: Also, do you want to give a tip to the parents as well, for the young kids?

Prof. Jacqueline Gahagan: It's a bit of a difficult question to weigh in on because, as your colleague has alluded to, what parents feel uncomfortable with is probably something they are not going to talk about in their homes.

So how do we make that information more available? The suggestion I have put forward is that a national sexual health promotion strategy would not just be aimed at children, it would be talking to teachers and to parents. This is a conversation that everybody needs to be aware of. If a kid comes home from a party and says to their parent, "I took these pictures of us doing nudes in the backyard", etc., there's an opportunity for parents to weigh in on that conversation.

I think right now—and the evidence would suggest—parents feel that they are not well equipped to answer those questions. They either never talk about it, or if they do talk about it, it's not in a particularly helpful information-giving sense, if you understand what I mean. It may be, "Go to your room. We're not having that conversation. You're too young for that."

I think it's a multipronged approach that involves parents, teachers, and the kids themselves. Absolutely.

Ms. Sonia Sidhu: Also, you published a piece on impactethics.ca three days ago about the issue, where you called for a national strategy.

Why do you think a national strategy is necessary, as opposed to one created province by province? Can you point to other international contacts that have such a strategy and which you would recommend that this committee look at?

Prof. Jacqueline Gahagan: I think the idea behind proposing a national health promotion strategy is to look at and address those gaps. If we look at the U.K. and at Australia, we see great examples of best practices in terms of how to offer sexual health promotion and education to youth in schools, and it's a multipronged approach. It's, again, not just lecturing to kids about the importance of safer sex, it's looking at a shared responsibility to make sure that kids and adults and teachers are getting the same appropriate, accurate, and up-to-date information.

I have a paper that I would love to share with you. It's produced by Dr. Julia Bailey, who is a professor at the University College London. It's a very comprehensive paper, and I think you will find some very helpful information in there.

Ms. Sonia Sidhu: Thank you.

Ms. Hare, what do you feel is the most urgent matter for your study to address? What prior experience has led you to seeking this line of study?

• (1255)

Ms. Kathleen Hare: Very much along the lines of what we have already been saying, the idea for this study originated out of hearing a lot of anecdotal evidence about how youth were using pornography as a kind of mode for education, in an alternative where they didn't see any other area to learn about the positive aspects of sexuality. They found pornography very troublesome to use as this for these reasons, and it was discussing what impact this has on sexual health.

That was the impetus for it, hearing this anecdotal evidence and wanting to turn it into more credible evidence.

The Chair: Time is up, sorry.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much.

I'll frame these questions using the three questions I started off with, because for me, as I said, it really is important when we focus on our kids and our youth.

I was wondering if any public health interventions have been proven to be effective, and why. Could we frame it as what should we do as a government, what can we do, and what do we need to do?

Prof. Jacqueline Gahagan: Again, I will make a copy of Dr. Julia Bailey's paper available to people. It's a very comprehensive scoping review that looks at the effectiveness of certain types of interventions. In relation to this conversation about online access, it actually tackles that particular issue directly.

They have proven interventions outlined in that paper, and I think it's definitely worth looking at in relation to what the Government of Canada ought to consider implementing.

Mr. Colin Carrie: Is it just one paper, or are there a few papers out there right now?

Prof. Jacqueline Gahagan: There are quite a few papers. The good news about a scoping review is that essentially they've done your homework for you. They've looked at all the papers that fit within a particular framework, and they've included those in the scoping review. They've looked specifically at things like cost-effectiveness and whether it's changing attitudes and/or behaviours.

We know there's a disconnect between attitudinal shifts and actual behavioural shifts.

It's a brilliant paper, because they've looked at the evidence globally over a 10-year period. It was published in 2015. It's an excellent paper. I'd be happy to give you the reference to that paper.

Mr. Colin Carrie: Thank you.

Madam Hare, do you have anything to add?

Ms. Kathleen Hare: No, thank you.

Mr. Colin Carrie: Ms. Layden, do you have anything to add on that?

Ms. Mary Anne Layden: I think it's very important to look at programs and at programmatic research to see if the programs work. I'm glad to hear the recommendation of this paper, because it does look at both the programs and what actually makes a difference—not just what's predicted to make a difference but what actually makes a difference.

I'm sorry, I'm going to have to leave. My time is up right now. If there's another quick question before I leave, I would be glad to take one, but I'm short on time at the moment.

Mr. Colin Carrie: Thank you very much.

Mr. Chair, I have another question. I don't know how quick it's going to be to answer, though.

Going back, Ms. Hare, to your research and what you found, it still seems that youth are using pornography as part of the educational process. Specifically, do you think more scrutiny should be applied to the industry producing it, especially since the industry is making more of this violent sexually explicit material? It's basically their goal. Like any industry, it's a profit-driven industry. It's not really made for education.

What would be your viewpoint on that?

The Chair: I want to thank Dr. Layden for coming. I want to thank you very much for participating. We appreciate it. We apologize for the time delay and our process here. We hope to hear from you again.

Ms. Kathleen Hare: In terms of focusing on the industry, I think the main message for me that came out of this research is that there is certainly an industry that is producing certain types of videos, or, I would say, an overwhelming proportion of one type of video. The connection is that they aren't being produced in isolation. The reason these videos are constantly being produced is really tied to larger ideas about gender inequity in society.

The porn industry isn't the only source of these types of messages. These types of messages are prevalent in advertisements and popular discourse. Yes, you can focus a little bit on the industry, but I think it's more important to recognize that this is very much embedded in a wider system of inequity.

The other way to approach it would be to look at how we can educate people to start making sense of these images, making meaning of them, and maybe coming to a counter conclusion, a more equitable conclusion, than what they're seeing. That happens at a societal level, not just at an industry level.

•(1300)

Mr. Colin Carrie: Maybe just as a comment, I remember I was listening to radio on the *Fifty Shades of Grey*. Have you ever heard of that? I think most people have.

I think it was one of the most popular novels out there, and it was mostly women buying it. I didn't read it, but I think maybe my wife and her friends did. I can't comment.

Again, if you're looking at that type of written material too, it does seem to be some of the S & M culture and things like that. I think it is a societal thing.

Thank you very much for your opinion. It's very well respected here.

The Chair: Thank you very much.

Mr. Picard.

Mr. Michel Picard (Montarville, Lib.): I'll need to go in French on this one.

[*Translation*]

Thank you.

I'll make a comment before asking my question. I'm against all forms of violence and lack of respect, regardless of the activity. I wouldn't want my questions to suggest otherwise.

The government is a legislator and it must take measures or propose rules. I think that, when it comes to the involvement of children, extreme violence, rape and lack of consent, obviously no one supports these types of activities. I don't think that's the issue. I'll refer to my colleague Mr. Carrie's analogy regarding *Fifty Shades of Grey*. The issue is the area between the two, between what's obvious and what may appear to be some leeway in terms of each person's level of tolerance.

You're proposing a Canadian sexual health program. I hope we're talking about good health. Who sets the standards for good health? The motion focuses primarily on online violence and degrading behaviour. We're talking not only about physical illnesses, but also about mental health and addiction. What may seem less obvious is found in the grey area between what's tolerated by some and less tolerated by others. What some people do, and what seems to be tolerated and accepted, could appear violent to others.

Where's the line? Who decides where the line is drawn? What points of reference are used by the people who draw the line?

A program established by a person who has zero tolerance could differ significantly from a program prepared by someone whose behaviour is much more libertine.

Thank you.

[*English*]

Prof. Jacqueline Gahagan: I'm not sure where to start.

Really, the question of who sets the standard is a difficult one to answer, because those standards change over time. Social mores, norms, and so on change over time, and my only suggestion and recommendation would be to look nationally at countries that actually have done this process well, which is to say that they have

convened groups of individuals who have cutting-edge knowledge about how to calibrate teams of people to make that determination. So if you're saying the standard is now this, then figuring out how to make that standard resonate within a Canadian context is the challenge. I should tell you that when my sister Michelle was at Queen's law school, one of the favourite topics that would come up in class was who determines what is considered moral, and who has the right to make that determination, and that continues to be a very hotbed issue. She has long since left Queen's University, but that issue still comes up, and here we are today, in 2017, having the conversation about who decides what's moral, what's illicit, and what's inappropriate. I think your job, as I understand it, is to help stickhandle that decision-making process by bringing the best evidence forward to make that determination. So in 2017, what are considered normative expectations around sexuality and sexual imagery, etc.? I do hope that through this process—and I'm sure this will be the case—you will bring together a team of people who will be able to make that determination. The issue of everything from A to Z, so what's happening in the middle and whether we can actually calibrate what the level of tolerance is in Canadian society for particular types of imagery, is to me a very big, very important question.

That's also going to help you answer the question regarding the kinds of images and messages we need to give our kids in school in such a way that we're actually equipping them with the appropriate information to make lifelong informed decisions about sexual health, whether that has to do with the consumption of pornography, however that is defined, or whether that's in their relations with their spouses or their children or what have you. We need to think about that in the context of where we in Canada are with that notion, because I can tell you quite certainly that we're not able to do that in the school system. We put hundreds of millions of tax dollars into a school system that purports to provide cutting-edge sexual health education to our youth, and yet we see this continuing conversation about poor sexual health outcomes and bad relationships, to quote our colleague from the U.S. who has just left us.

If we're really trying to equip Canadian youth with the information to make informed decisions, we need to do a better job of getting that information into the hands of children, parents, and teachers. Everybody has to be part of this conversation, which is exactly why I'm suggesting having something like a national sexual health promotion strategy that says in Canada as of 2017 or 2018, whenever this comes to fruition, this is the standard of acceptable information for the purposes of teaching kids what is pornographic, what is considered criminal, and what is a criminal offence when you're sexting your friends or taking little porn videos out in the schoolyard and exchanging them with people without consent.

I don't believe that today, in 2017, our kids have a sense of that particular issue, and it's not going to get better by saying, as our colleague from the U.S. has, that all pornography is toxic to the brain. I don't necessarily believe that position. I think there is something in the middle ground that gives us a good starting position to give appropriate information to youth and young adults in Canada so that they can actually make informed decisions about what, if any, role pornography plays in their lives.

•(1305)

The Chair: Your time's up. It was a great question.

Mr. Michel Picard: It was a good one.

The Chair: Mr. Davies.

Mr. Don Davies: Thank you.

I'm glad you ended with that last couple of comments, and I'm sorry Dr. Layden isn't here, because I've been a bit troubled by the certainty of the line that's being drawn by Dr. Layden between all pornography and, quite frankly, an almost unlimited litany of social problems.

In social science, the correlation-causation issue is endemic to the very.... I don't know how we draw lines between watching pornography and rates of divorce or rates of affairs.

So I wonder if you have any comment on that, and I want to drill a little more into this idea that all depictions of human sexuality are necessarily bad.

Dr. Gahagan, what do you think of that?

Prof. Jacqueline Gahagan: My starting point is clearly not that all pornography is toxic to the brain. I don't believe that's true. And if we look at the foot traffic in a cyber sense, kids are accessing this information for, as Kathleen has already said, a variety of purposes including education, information, and yes, maybe according to the definition of pornography, for sexual excitement. So, yes, that's all part of the package. But is there another way of developing sexual health information in a way that captures that depth and breadth of human sexuality in such a way that the starting point is not "if you do this, it will lead to divorce, violence", etc.? I think the cause and effect piece can continue to be hotly debated, and I'm the type of person who likes to find solutions to well-known problems. So in other words, let's close the loop and find concrete ways to deal with this. From my perspective, it's about giving people information to make informed choices. And if we're not doing that, at the end of the day, we're going to continue to have this debate about whether something is too graphic, not graphic enough, a teachable moment, or creating higher rates of divorce.

I think there is some informed position in the middle that I believe we can come to. We're Canadians, after all; we're a sensible group.

We can come to that kind of consensus on the type of information and how best to package it.

But the variability in how that information is currently getting out there is, from my perspective, the problem.

•(1310)

Mr. Don Davies: Ms. Hare, do you have anything to add to that?

Ms. Kathleen Hare: Yes. Just adding to exactly what Dr. Gahagan has just said, I don't start from the place that pornography is a toxic medium. There's a huge field of evidence on this. There's 40 years of research on this, and the findings are inconclusive and contradictory. Specifically in my study, people talked about having both benefits and challenges with it. Some of the benefits that people were talking about were in terms of having an increased sense of acceptance of their own sexuality, having an increased understanding of the realm of possibilities out there and the different possible identities, and also being more accepting of other people's sexuality.

When you ask them what they wanted translated to sexual health education, it was those messages. It was that this is positive, they can explore who they are, and they can be more accepting of who other people are and their sense of sexuality. I think that was really kind of the take-away message. That's what I've certainly been trying to convey.

Mr. Don Davies: Well, that's why I want to be clear that all of us around this table are concerned about violent and degrading depictions.

Ms. Kathleen Hare: Yes.

Mr. Don Davies: I think we all share the premise that they have negative health impacts. So I wanted to be clear about that.

The Chair: The time's up. But I want to say to the witnesses that you are our first witnesses on this study, and I don't think we could have done any better. We really appreciate your contribution, and you've helped us on a delicate subject. It's been very informative, and I want to thank you on behalf of all the members of the committee.

That brings our committee to an end right on time, almost. So thanks very much, everybody.

The meeting is adjourned.

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