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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'd like to welcome everybody to our third meeting on M-47.

I'm going to read the text of M-47.

That the Standing Committee on Health be instructed to examine the public health effects of the ease of access and viewing of online violent and degrading sexually explicit material on children, women and men, recognizing and respecting the provincial and territorial jurisdictions in this regard, and that the said Committee report its findings to the House no later than July 2017.

I want to welcome our guests today, Dr. William Fisher, distinguished professor, Department of Psychology, Western University; and Dr. Kim Roberts, professor and head of the child memory lab at Wilfrid Laurier University.

We also hope to have Dr. Neil Malamuth from the University of California by video conference. He has not connected yet.

Dr. Fisher, you have the floor.

Dr. William Fisher (Professor, Department of Psychology, University of Western Ontario, As an Individual): Thank you.

Good morning, Chairperson, and honourable members of Parliament. Thank you for asking me to talk with you about the public health impact of online violent and degrading pornography.

I am a professor of psychology at Western University, and I have four decades of research experience, grant funding, and peer-reviewed publications in this area.

I'll very briefly describe scientific methods that have been used to study the impact of pornography. I'd like to outline what science can and cannot tell us about this subject.

Let me first describe experimental studies of pornography's impact. In experimental studies of pornography's impact, research participants view sexually explicit material or non-sexual material, and their responses are studied. In this fashion, experimental research seeks to establish a cause-and-effect relationship between exposure to pornography and subsequent behaviour.

Experimental studies of the effect of violent pornography on men's aggressive behaviour were initially said to show that violent pornography causes men to aggress against women.

Experimental studies that claimed a cause-and-effect relationship between violent pornography and aggression employed a variant of the following procedures.

First, a male participant, almost always a young university student, receives verbal abuse and direct physical aggression—nine painful electrical shocks delivered by a young woman. After the young man is verbally abused and physically attacked, he is shown five minutes or so of violent pornography. The young man is then instructed by the experimenter to send electrical shocks to the woman who attacked him. Young men who have seen violent pornography send stronger electrical shocks than do men who have seen non-violent material.

I note and emphasize that the men in this research have been told to send electrical shocks to the female, and they have no opportunity to respond in a non-aggressive manner.

It has been observed that these experimental studies are so artificial and constrained that they tell us essentially nothing about the impact of violent pornography in the real world.

In experimental research, men who have been verbally abused and physically attacked by a woman and who have seen violent pornography are not provided with any opportunity to respond in a non-aggressive fashion.

Follow-up research by me and my colleagues has shown that when such studies are repeated, with the added provision of an opportunity for the men who have been subject to aggression and have seen violent pornography to respond in a non-aggressive fashion, virtually no male participants were aggressive against the female.

Experimental research by Dr. Malamuth and his colleague J. Cunitz has also shown that even prolonged exposure to massive amounts of violent pornography over a four-week period had no effect on men's aggression against a woman when they were provided with an opportunity to be aggressive against a woman a week later.

Let's turn to correlational studies. Correlational studies of pornography involve collecting men's reports of their use of pornography and their sexually aggressive behaviour. Correlational studies assess the relationship of A and B, but they cannot establish cause and effect. When A and B are found to be related, A may cause B; B may cause A; or very often, C, an unmeasured variable, may cause both A and B.

Many correlational studies report a relationship between men's reports of exposure to pornography and their reports of their sexually aggressive behaviour.

Correlational findings for a relationship between pornography and sexual aggression are consistent with the possibility that pornography contributes to sexual aggression. Correlational findings for a relationship between pornography and sexual aggression are equally consistent with the possibility that men who are sexually aggressive like to use pornography. Correlational findings for a relationship between pornography and sexual aggression are also entirely consistent with the possibility that some unmeasured factor, say, men's sex drive or their pre-existing anti-social personality traits, cause both sexually aggressive behaviour and the choice to use pornography.

In fact, in our research lab, and in our publication on this subject, when we measured men's sex drive, their pre-existing anti-social personality traits, and their use of pornography, we found that men's sex drive and their anti-social personality traits predicted aggression against women and that, when taking these factors into account, pornography played no role.

• (1105)

A number of studies of sex offenders' use of pornography have been conducted. Three of these studies found that convicted sex offenders report less use of pornography than comparative samples do. Another study found that 1% out of a sample of 259 sex offenders were influenced by pornography in the commission of their offence.

A review of the sex offender and pornography literature concluded that "sex offenders typically do not have earlier or more unusual exposure to pornography in childhood or adolescence, compared to non-offenders".

Comparisons of the rate of sex crime in the same country before and after legalization of pornography are also informative. Denmark legalized most forms of pornography in 1969. Rape offences reported to the police showed little change after legalization. The same pattern was reported in Sweden, which legalized pornography in 1970, and West Germany, which legalized pornography in 1973.

A critical issue is the impact of unlimited access to all forms of Internet pornography on rates of sexual assault in Canada and the U. S. since the inception of essentially unlimited access to it in the mid-1990s. Rates of sexual assault in the United States have been decreasing over time and have continued to decrease since Internet access to all forms of pornography began in the 1990s. Canadian rates of sexual assault showed no increase in 1999, 2004, 2009 and 2014, across a decade and a half of unlimited access to all forms of Internet pornography by virtually anyone in Canada.

Findings concerning access to Internet pornography and sexual aggression in the U.S. and Canada do not support the view that online pornography contributes to sexual assault. We can also look at the relationship between a decade and a half of access to Internet pornography and rates of sexual activity in Canadian and American adolescents. Rates of teenage pregnancy and childbirth in Canada have been declining for decades. These declines have continued since the onset of widespread access to Internet pornography by Canadian adolescents. Canadian adolescents' rates of sexual intercourse, sexual intercourse with multiple partners, and condom use have also not changed with widespread use of Internet pornography.

The United States Centers for Disease Control and Prevention have also reported that the proportion of U.S. adolescents who have had sexual intercourse has decreased and the proportion of sexually active U.S. adolescents who use condoms has increased since the onset of availability of Internet pornography.

I have a final word or two concerning pornography users' attitudes towards women. Our research group, with SSHRC support, has analyzed nationally representative U.S. data from 1975 to 2010 and found that individuals who report using pornography in the preceding year have significantly more egalitarian attitudes towards women than do those who have not used pornography. These results are consistent with several other studies showing that men who frequently rent or view sexually explicit videos hold more egalitarian views of women.

I have a final few words about pornography's impact on couples' relationship. Our research group has conducted two studies involving approximately 700 men and women who are in couples in which one or both members use pornography. When asked the open-ended question, "What effect, if any, has pornography had on your couple relationship?", the most common answer by a very wide margin was no effect, followed by reports of positive effects, and trailed by a minority of reports of negative effects.

Also relevant to the impact or lack of impact of Internet pornography on the couple relationship is that in both Canada and the U.S., rates of divorce per thousand marriages have continued their decline—and they've been in decline—since the inception of widespread access to Internet pornography.

How am I doing for time?

• (1110)

The Chair: You have 42 seconds.

Dr. William Fisher: Let me conclude by thanking you for your attention. I'd be happy to converse with you further about this during the question period.

The Chair: Thank you for your action-packed presentation.

Now we move to Dr. Kim Roberts for a 10-minute opening.

Dr. Kim Roberts (Professor and Head, Child Memory Lab, Department of Psychology, Wilfrid Laurier University, As an Individual): Thank you for inviting me here. I'm looking forward to seeing what I can contribute to this committee.

My take is a bit different from Dr. Fisher's. I am a professor in child psychology from Wilfrid Laurier University, in Waterloo. My main area of expertise is in children's memory and learning. I apply that research in forensic arenas and also in educational arenas.

Prosecution rates of those who have abused children are exceptionally low. I've heard estimates in Canada in the range of about 2% for successful prosecutions. There are several reasons for this. Child sexual abuse is not as high profile a prosecution as, let's say, homicide. Unlike other crimes, child sexual abuse usually has no evidence associated with it. There's usually very little physical evidence. There's no other medical evidence, unless it's something like a child has contracted a similar strain of a sexually transmitted disease as the alleged perpetrator. There are no other witnesses usually, and the alleged perpetrator will almost always deny the allegation. The evidence that the police are left with is what the child says, the child's testimony.

Many young children don't understand what's happened to them, so young children could not distinguish a case of fondling from a case of being touched while they're being bathed, for example. Also, the quality of investigation is unfortunately quite poor. I've just conducted a study funded by the ministry of the Attorney General in which we surveyed the entire country—every territory, every province—to look at the state of training that investigators get. How much do they know about child development and how much of what they've learned do they put into practice? It turns out that they're very knowledgeable. They know what they should be doing to get the right descriptions from children about what happened, but in practice nothing changes. I put that down to a lack of resources, essentially. There's no follow-up training.

Many of these children do not see any justice. That obviously has a psychological effect on them and the way that they can deal with what's happened to them for their rest of their lives. It's even worse when you take into account that the most vulnerable group for child sexual abuse is the children with disabilities, thus children who are non-verbal and children who have other intellectual disabilities. Most often the crown prosecutors will say there's no point in taking the case any further as there's very little chance of prosecution.

I want to mention next that I've worked with police. I taught for eight years at the Ontario Police College. I worked at the National Institutes of Health, on the NICHD protocol of interviewing children, a protocol that is based from developmental knowledge. It's used throughout the entire Province of Quebec for investigators to interview children. So I've seen literally thousands of cases of children's descriptions of what may or may not have happened and, obviously, I understand the psychological effects, which I'm sure I don't need to explain are quite severe for a lot of these children.

When you bring the discussion to the digital era, things get much more complex and much more serious. You may have had a child who has been abused and for several years there may or may not have been some sort of legal involvement. Either way, there must have been some sense of their either having been able to have therapy or having worked through it themselves, or their trying to negotiate the whole family situation—who lives there, who does not live there anymore, and that kind of thing. But let's say you're abused as a child, and you're now a teenager, a young person, an adult, and maybe you have children of your own, and someone says to you, "You look familiar. Have I seen you somewhere before?" Can you imagine what goes through their mind when someone says that to them, knowing that embarrassing, nude pictures of them, pictures of

them in sexually compromising positions, have been passed around the Internet who knows how many times?

● (1115)

This is the result of an underground network where these pictures are passed along, and the idea is that the people involved in that network can receive materials from other people only if they upload their own materials.

This is why you have cases with fathers, uncles, and grandparents videotaping sexual acts with children in their care, giving demonstrations of how to penetrate an eight-year-old, for example. I'm not going to go into a lot of detail about this because I understand what it's like when someone puts an image like that in your head. I can go into detail, if you wish me to do so, later.

These are really quite serious crimes. Because that child may have already gone through the process of trying to get themselves back to a psychologically healthy place, which in itself is a challenge, once this starts again, either when photographs come to light, or when there's a prosecution of someone who is using those photographs, the victim has to be notified and this starts all over for them.

My main point here is that any trauma that children might feel from being abused is not just a one-time thing. It's not just when they remember the abuse that things are bad. This is a lifelong thing for them. It affects their self-esteem, the way they try to develop their self-identity in their teenage years, and the way their attachment relationships have been completely disrupted, because they're usually abused by somebody they know. It's often a family member, or a step-parent, for example. For that to go on through their adult life, the costs to Canada are going to be enormous.

We don't yet have all of the research, because there hasn't been enough time for us to see the actual consequences. In terms of things like depression, long waiting lists to get access to health care, there being no money for private care, and years spent in the legal system and lost days in the workplace, and the increased number of unskilled workers—because some of these women cannot concentrate on an education or a job—all of these things cost our society a lot of money.

What I'll end on is that this is a lifelong issue with lifelong consequences.

The Chair: Thank you very much.

I would like to welcome Dr. Neil Malamuth. Can you hear us?

Professor Neil Malamuth (Professor, University of California, Los Angeles, As an Individual): Yes, I can.

The Chair: Dr. Malamuth is a professor of communication studies, psychology, and women's studies at the University of California. I understand you're in Peoria, Arizona today. Is that correct?

Prof. Neil Malamuth: That's where I am.

The Chair: Thank you very much for joining us. We have an opening period of 10 minutes for you to make some comments, and then we'll refer to the members for questions after your 10-minute introduction.

Thank you for participating.

Prof. Neil Malamuth: Thank you for the opportunity of sharing some of our research findings.

I've been involved in this research program for about 40 years now. It primarily focuses on the characteristics of men in the general population who are more likely to commit acts of sexual aggression against women. In the process, we've developed a model that we call a "confluence model", which examines the various risks and protective factors that make an individual more likely to be at risk for committing such acts of sexual aggression.

As parts of this confluence model, where we look at the interaction of multiple factors, we have identified what we call, relatively, "primary" factors, and then also there are secondary factors. Within that general framework, we've studied how pornography exposure may increase the risk for committing acts of sexual aggression.

In that overall framework, pornography exposure is considered a secondary factor. There are other factors that we consider more formative and primary. The role of pornography exposure, particularly when you focus on non-consenting pornography—where we looked at other kinds as well and, more recently, child pornography—by and large we see as priming or activating certain risk characteristics the person already may have based on the primary factors.

The overall conclusion suggests that if a person is at relatively high risk, based on the primary factors that we've been studying, then exposure to certain kinds of pornography, particularly non-consenting pornography, as well as, for certain individuals, child pornography, and some other types of pornography as well, may add fuel to the fire, so to speak. If a person already has that kind of risk, then heavy pornography exposure in particular may make them considerably more likely to have attitudes accepting of violence against women and also to act out under some circumstances in sexually aggressive ways.

As for the methodologies we've used, in recognizing the limitations of not being able to do the ideal scientific kind of study, you have to use multiple methods. The ideal study obviously would be unethical, such as, let us say, to randomly assign a group of boys at a young age to heavy pornography exposure or no pornography exposure and then track their behaviour over many years. Because that is unethical and impossible, we have used many different kinds of methodologies, including survey studies, laboratory studies where we can do random assignment, including field experiments, where we can do some degree of random assignment, including longitudinal studies.

Overall, the data have converged I think to a large degree from these multiple methods that complement each other to show that, indeed, if a person already is at relatively higher risk, then exposure to certain kinds of pornography—particularly, again, heavy exposure—increases the risk and makes them more likely both to hold attitudes accepting of violence against women and, in some cases, to actually act out in a sexually aggressive manner.

With those introductory remarks, I'll be glad to amplify my comments and to take any questions. Let me add that currently the

technician that is supposed to run the equipment hasn't arrived and won't arrive for another 12 minutes or so.

• (1125)

The Chair: Thank you very much.

We're going to start our questioning for seven minutes with Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): Thank you very much.

Thank you to the three of you for your testimony and for coming to Ottawa, or joining us from Arizona.

The sponsor of the motion who has put this topic before the committee has indicated that the federal government should take a leadership role in addressing the public health effects of online violent and degrading sexually explicit material.

Dr. Fisher, if I understood your testimony, there are no studies or proof of correlation. Is that what I heard? Are you concluding that there is no public health effect?

Dr. William Fisher: As my colleague Dr. Malamuth has suggested, there are no perfect studies. This is an area that many scientists are concerned about and have approached in different ways. There is no perfect study.

What I've done in the last 10 minutes is to review multiple lines of evidence. We pointed out that correlational studies could mean either that people who view pornography are aggressive in a contributory way or that people who are aggressive like to look at pornography, and the confluence model study, which Dr. Malamuth has talked about, is one that we've actually replicated.

That is, people with, broadly speaking, anti-social personality traits who use more pornography report that they engage in more anti-woman aggression. The issue there is that, of course, that remains a correlational study and we don't know which way it's going.

As I pointed out during my remarks, when we actually add in a simple measure of men's sex drive, it knocks out the contribution of pornography in the context of anti-social personality traits, etc., so the science is far from settled.

What I can say is that we've had an incredible natural experiment that none of us asked for, and that involves the onset of essentially unlimited access by every man, woman, and child in Canada with, for example, their anti-social or pro-social or neutral personality characteristics, since about 1995. As I remarked, we look at a number of possible markers of what's going on. These are population-level data and they cannot tell us what's happening to any individual, but they can tell us almost on a policy basis what's going on in the context of unlimited access by Canadians and Americans.

From what we've reviewed, there's been a substantial decline in rates of sexual assault. This is not of sexual assault reported to the police; this is from victimization surveys. This is active surveillance, which the U.S. has continued throughout the era of Internet pornography. There has been no change in rates of sexual assault in Canada. We find that adolescents in Canada are not having sex any more often or at younger ages or with more partners. We find that the rate of divorce per thousand in Canada and the U.S. has continued to decline. And we actually find, in the context of the nationally representative U.S. data that our lab has analyzed, that egalitarian attitudes seem to co-vary or correlate with pornography use.

The issue, broadly speaking, is that the evidence is quite mixed. Every data point that I've talked about with you is from a published study, so that's where we stand.

Mr. John Oliver: Thank you.

My own lens on this that I've come to is that it is a public health question. Who is most vulnerable? Who is most at risk? Apart from the people who are caught in images in which they are being treated violently sexually, it occurs to me that children accidentally viewing this kind of pornographic material can be affected.

Dr. Roberts, as a committee, we aren't really studying child sexual abuse; it would be the public health effect of exposure to violent or degrading sexually explicit material online. Do you have any evidence or any testimony related specifically to that, to the consequences of children stumbling onto a site on the Internet and being exposed to that? Do you have any testimony related to that specifically and not to sexual abuse?

Dr. Kim Roberts: First of all, it's hard to compartmentalize child sexual abuse within the issue that you are looking at with adults, because very often the two go together. So if there is a house in which a child is being sexually abused, a lot of the time the mom is also being abused in some way, and often that is the only way to get prosecutions on child sexual abuse.

• (1130)

Mr. John Oliver: I'm just going to end on this.

My question was more about accidental exposure of a child to online violent and degrading sexually explicit material. Do you have any testimony relating specifically to the consequences for a child seeing such material?

Dr. Kim Roberts: I haven't personally conducted any studies on that. I have read work by other people who have talked about it. It often depends on how closely a child will identify with it. If they see a child very similar to them—the same age, that kind of stuff—then it's going to hit home very hard for them and it will certainly bring fear and a belief that the world is not a safe place.

Mr. John Oliver: Thank you for that.

Dr. Fisher or Dr. Malamuth, do either of you have any testimony related to accidental viewing by children? Have you seen any studies, any research, that would help us deal with that particular issue?

Prof. Neil Malamuth: I haven't seen research. I've heard a fair number of anecdotal examples of it, people indicating that it's happened in their family, but I've not seen any systematic studies.

May I comment for a moment on what Dr. Fisher said previously?

Mr. John Oliver: Yes, absolutely.

Prof. Neil Malamuth: Dr. Fisher and I have somewhat different views on what the overall literature indicates, and I'd like to just comment briefly on the two aspects he talked about.

In his study where it's said that they control for sex drive and the effects of pornography then disappeared, there is a serious confound wherein one of the key elements of how they define sex drive is how often you masturbate. A very large percentage of those masturbatory activities occur during the use of pornography. Consequently, of course, once you tease out that particular contribution, the effects of pornography or the role of pornography is going to disappear once we have separated those two in a semi-*[Inaudible—Editor]* writing up of the results, and indeed, pornography continues to have an impact.

Plus, I should point out that the conclusions I have stated are not based on any single study, and there are now a large number of meta-analyses that look across the different methodologies that have existed and summarize all the relevant studies and interview methodologies and dozens and dozens of studies that point to the same conclusion. Not only that, but it turns out that Dr. Fisher in his own writing—and I'd be glad to give you a citation—some years ago has argued for the conclusions that I presented that certain individuals are more anti-social; tendencies may indeed be affected, while the majority of people who are not may not be affected.

Second, Dr. Fisher refers to what we call aggregate studies, and as he noted, there's caution where you can say, well, at the societal level, there may have been an increase in pornography use, but there doesn't seem to be a corresponding increase in sex crimes and so forth.

Aggregate studies have a lot of problems, and this is well known, because there are many other changes occurring in the society at the same time. For example, it is probably the case that in the last 10 years, the number of guns in the United States has increased exponentially—I have data to show that—yet the rates of crime have actually decreased quite a bit, as everyone knows and nobody seems to have a good explanation for it. Does that mean that more guns are actually associated with less violence and in fact we can say that there might be some causes or that having more guns has not contributed to more violence? I think that would be a very precarious type of conclusion.

And no one is arguing, as I said, that pornography is a primary cause and that you can expect, with the gradual change in the availability of pornography, there to be some dramatic increase in levels of sexual assault. Indeed, sexual assault that's known to the police or that is adjudicated is generally committed more by what we call generalists: anti-social individuals who will commit a wide variety of acts that are illegal/anti-social and who are not necessarily specifically, sexually criminals.

In the case of the populations we've studied, men in the general population, they tend to be more specialists. And for them, as I emphasize, the data showed that, for the majority of men, pornography exposure does not really have any impact on their aggressive attitudes or their sexually aggressive tendencies or behaviour. But for an important subgroup, those who already have relatively high risk, this is a group for whom—as I said, consistent with Dr. Fisher's earlier writings and our own confluence model—the data, I think, are very clear that indeed exposure to certain kinds of pornography can increase their risk further.

•(1135)

To answer your question, coming back to the issue of incidental exposure, as I said, I'm not aware of the publication of any actual studies on this. There were certainly many people who report this, and I could give you some of the anecdotal things that have been related to me by some colleagues and other people I have come in contact with.

Mr. John Oliver: I think anything anecdotal would be helpful.

Am I out of time?

The Chair: Sorry.

Dr. Carrie, you're splitting your time with Mr. Viersen.

Mr. Colin Carrie (Oshawa, CPC): I will pass my time to Mr. Viersen.

The Chair: Okay.

Mr. Viersen.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Thank you, Mr. Chair.

Thank you to our guests for being here today. It's much appreciated.

If you wanted to continue with an anecdote or story you could share with us, that would be great.

Prof. Neil Malamuth: Well, there are a couple of stories, and they range from a colleague at the law school telling me that her daughter was doing research on the Internet for a book called "Little Sisters", and when searched for "little sisters", they got all this pornography suddenly. It was of a nine-year daughter.

I have had a graduate student who told me about how her son was, again, just on the Internet doing some kind of research, and he came across some without searching for it, ostensibly some rather extreme sexually violent type of pornography.

There have been a few examples of that sort. People, knowing that I do research in this area, will often bring up the topic or mention it, but it's a bit of anecdotal evidence of this type.

Mr. Arnold Viersen: That's been my experience as well. It seems that the Canadian context is that the first age of exposure is about nine years old, and it's typically accidental, much like the two stories that you outline there, so thank you for that.

Dr. Fisher, Dr. Peter Silverstone from the University of Alberta states that over the past two years child sexual abuse is up over 300%, and he correlates that. Today, we know as many as one in six girls and one in 12 boys are currently experiencing sexual abuse.

When all types of sexual abuse are combined, including exposure to pornography or other sexual materials, the number of sexually abused children is as high as one in three girls and one in four boys.

Do you believe that exposing children to sexually explicit material is child abuse? Do you think there should be an appropriate response to that?

Dr. William Fisher: The question is whether I believe that exposure to pornography on the part of children is a form of child sexual abuse. I think context is all important. If an Internet lurker is using pornography to lure somebody or if someone hanging around a hockey arena—and I have three kids who hang around hockey arenas, and I watch them very carefully—is lured via..., then that is an element in a criminal and abusive act.

The fact that a kid can log onto the Internet to do a book report and accidentally come across pornography is the cost of doing business in the Internet age, unfortunately. My kids also watched the news and saw some sad events of gassings in Syria, and things like that.

I would focus very strongly on prima facie criminal abuse. In the material my colleague talked about, there's no discussion but that child sexual abuse is a crime. There's no discussion but that the production and possession of child pornography is a crime, that the use of pornography in luring, that involuntarily forced exposure, or that cultivating someone is a crime. So I would direct our attention to the criminal nature of this, as opposed to pornography per se. As to whether a child coming across this material is a form of child abuse, I would wait to see if it has very negative consequences.

This discussion of children exposed to sexuality rests on a background of now largely discredited Freudian thought. Freud, of course, talked about the primal scene and the damaging consequences of a child walking in and seeing Mommy and Daddy making love. We now know that those scenes are pretty common, at least until you put a lock on your door, and we know that they're not uniformly damaging.

In conversation with my colleague Dr. Malamuth, early in the Internet era I wrote a paper and said, wait a minute—because I'm an open-minded scientist and an agnostic. In fact, my remarks concern what science can and can't tell us. So I wrote a paper and said that maybe Internet pornography was different. It was because of the work of Dr. Malamuth that I said that an individual could take his pro-social, anti-social, or whatever characteristics and select potentially reinforcing material from the Internet. Maybe the Internet was different, because there's an unrestricted array of stuff that might resonate with bad people. So far I haven't found that to be the case.

In an open-minded way, I have said this is plausible. If it were plausible and reflected in fairly substantial increases in rates of sexual assault that were assessed not by police reports but by very broadly defined sexual assault in Statistics Canada victimization studies, ranging from unwanted touching and kissing to much more aggressive behaviours, then I'd say that I wrote that paper early, that the confluence model has an opportunity to flourish on the Internet, and that that's a plausible possibility. I haven't seen the data.

The questions about child exposure, questions of any kind, anecdotes of any kind, and clinical experience of any kind have to be a stimulus to systematic broad research. I would like to know the answer to your question.

• (1140)

The Chair: I'll allow one very short question.

Mr. Arnold Viersen: Dr. Roberts, do you have anything to add? In your experience have you had any cases of child-on-child abuse that you could speak to?

Dr. Kim Roberts: That's very hard to say. When you look at any kind of epidemiological study, you don't have all the data. You only have the people who will say they've been abused. That doesn't mean that other people who didn't respond to that did not get abused. The chances are that we are completely underestimating how many children have been abused.

I want to add that I don't think the question should be, is it sexual abuse if a child sees pornography? The question is, if a child sees pornography, is that harmful? It doesn't have to be a crime for it to be harmful.

One of my concerns is that this is becoming normalized. Children learn what the norms of society are. It takes years and years for them to get to that point. It starts with parents, goes through school, peers, and so on. Especially in the teenage years, knowing the norm is essential to children's identify development. Everyone wants to be part of the cool group. The peer group is very influential for them.

When children themselves are posting pictures—and believe me there is a lot of that going on—that becomes normal. My concern is that girls, particularly, all learn that it's okay to put pictures of themselves in a bikini when they're not at the beach or this type of stuff. It becomes the norm. I think that has a greater effect. It's not just that moment of seeing it, whether it's harmful or not. It's what this does for the rest of their life, how they see themselves, how they see women.

I mean no disrespect to anybody here today, but I'll just point out that the majority of people around this table are men. There are some women. There are a lot of women assisting in administrative roles, journalists, I assume, and that kind of thing. But the main players at the table are men. I'm not going on a feminist drive here, but I think that when children have been socialized that way and when women who are victims are trying to enter a workplace, they don't have the confidence to do that. They don't believe they are going to be treated equally by males. I think this has a massive cost. I think it is harmful when you get to a situation like that.

• (1145)

The Chair: Thanks very much.

Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair, and my thanks to all of the witnesses for being here today.

Looking back to the last Parliament, I think what we're doing today is “committing psychology”, which is a nice job of Parliament here.

I want to pick up on the last theme of Dr. Roberts and ask you, Dr. Malamuth, about one of the subjects of this study, the public health

effects of online violence, integrating sexually explicit material, on children, women, and men. Does the research tell us anything about the effect of violent, degrading pornography on women?

Prof. Neil Malamuth: There hasn't been much research looking at the effects on women, partly because this has been a fairly small research area. I have perhaps been the most frequent contributor in it. When I was interviewing with the University of Manitoba many years ago, the chair at the time, John Adair, took me aside and told me he'd be very happy to have me there and that I could do any research I'd like, but, as a man, he wanted to tell me that I was going to get into trouble and get him into trouble if I used female subjects. He asked me to do him a favour, though he wouldn't require it, and refrain from doing any studies focusing on women.

There have been a few studies, but relatively speaking, it's very few. I should say that I tried to get women graduate students to be the ones doing the research about that aspect. They generally refuse because being exposed to violent pornography bothered them too much.

Mr. Don Davies: I'll stop you there, Dr. Malamuth, because I have limited time and I think I have your answer.

Dr. Fisher, you've talked about the research in terms of the effects of pornography. I want to come back to the distinction between pornography simpliciter and violent and degrading pornography, but hold that for a moment.

It seems that a lot of the research tries to find a link between pornography, whichever of those two types, and sexual assault. Is there research about the impact of observing violent, degrading pornography on mental health or relationships generally? I'm talking about the ability to form attachments, the ability to have a healthy sex life, however we define that, and men's attitudes towards women, not necessarily in terms of assault but just generally.

Dr. William Fisher: The question focuses on violent pornography. The first point I would emphasize—and I think that Dr. Malamuth and my other colleagues share this view as well—is that in this research area, there is no single definition of pornography. In fact, a recent review looked at about 42 different studies and didn't find two studies that defined pornography in the same way. That's number one, and it's a limitation in the field. An even more serious limitation that bears directly on your question is that exceedingly little research has focused on violent pornography.

Let me make a couple of observations. As part of his dissertation, one of my graduate students, Tony Bogaert—now a senior professor here in Canada—gave young men the opportunity to choose the kind of pornography they'd like to see in a research study. The least common choice was violent pornography. It's not a popular choice in general, although it may be popular with people with particular anti-social personality traits. Very few studies outside of the laboratory studies that have created violent pornography have dealt with this.

In the study that Dr. Malamuth and I have spoken about that involved sex drive, we found that men with a high sex drive, indeed, used more violent pornography than other people. In the couples study, in which we looked at 700 individuals, we found no comment about violent pornography—and these were all open-ended questions that were asked, so there are thousands of comments. This is a research area that we need to go into.

We know that when men and women are exposed to nonviolent pornography, the typical response is a slight increase in the kind of sexual things they already do with their partner or with themselves. We know from Meredith Chivers' laboratory at Queen's University that women and men are both aroused by nonviolent pornography. We know from Wendy Stock's unpublished dissertation that women were sexually aroused by rape themed pornography, although they didn't like it. We have very limited specific information on anybody's response outside the laboratory studies, the experimental studies. This is an area we need to look at.

I very much sympathize with my colleague that, you know, we've been asking the wrong question in part. How does this affect women? No one here seems to be able to tell you.

• (1150)

Mr. Don Davies: I'm going to finish with you, Dr. Roberts, although I want to come back to Dr. Malamuth with one question.

You've spoken about the ethical issues involved in research. Obviously, we can't take a control group of children and expose them to violent and degrading pornography and follow them for a few years, as you've pointed out. Can we ever prove with scientific certainty what the impact of violent, degrading pornography is on children, given that limitation?

Prof. Neil Malamuth: In science, we never prove anything, but we do have supporting evidence. Here, Dr. Fisher and I disagree on the weight of the evidence because I and my colleagues have published at least 20 studies on violent pornography, and while some of them have been in the laboratory, some of them have not. What Dr. Fisher and I may have common ground on is that when you do research in naturalistic settings, in real world settings, people don't just watch violent pornography or nonviolent pornography. It's very difficult to disentangle. You can say that for people who watch generally a higher level of pornography, more extreme pornography, some of that is violent pornography. The Supreme Court of Canada cited our research and other research in the famous Butler case to change the law. In fact, it said the weight of the evidence is sufficient to show that violent pornography does have kinds of effects that Canadians should be concerned about in terms of attitudes about women and the potential, at least, for violence against women.

Mr. Don Davies: I'm going to stop you again just because I want to give one last quick question to Dr. Roberts.

Given that, modelling others' behaviour seems intuitive to children. Children who grow up being spanked are more likely to spank their children. Children who grow up with their parents smoking seem more likely to smoke. This is an intuition. I'm very mindful of causation, correlation issues, problems of definition, all sorts of those issues, but are we correctly assuming that adolescents or children who are exposed on a regular basis to violent pornography or what we could all agree is degrading pornography

—let's assume we could agree on that—are more likely to view that as acceptable behaviour? Would it interfere in their normal psychosexual, social development as a matter of intuition? Can we draw that conclusion?

Dr. Kim Roberts: It's any type of what we could call the more disturbing side of images. It could just be physical aggression that children are watching.

There were a ton of studies of those images in the eighties and nineties when television was seen as the biggest concern. The more you watch something the more desensitized you get to it, and you start to believe it is the norm.

Looking at those psychological processes, yes, I could very well see that a person's view becomes accepting of this as the norm. Then, they're going to need more and more degrading things to get that same pleasure.

• (1155)

The Chair: Thank you.

Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

I'd like to thank the witnesses for their input on this topic.

In your remarks, one of the things that struck me is that it would be naïve to think that everything in society does not affect us in one way or another. When we are exposed to something, it certainly has some influence on us. That influence can be positive or negative; it can have an impact on our real or virtual lives. We are talking about the availability of pornography on the Internet. Education, culture, freedom, and even religion can shape our criteria for rating the pornography we find on the Internet.

What I wonder is whether some pornography can be legal and other pornography, illegal. I think so. Is it possible to rank the level of accessibility or availability of Internet pornography? I haven't tested it myself or gone as far as looking at potentially illegal things, but is it available? Maybe.

As for the extent to which looking at Internet pornography affects people, research is hard to come by. I would be interested in learning more about that.

Ms. Roberts, you referred earlier to the number of women and men who were at the table or in the room. I would be interested to know how many people in this room have looked at pornography on the Internet and what influence it had on them. How does it affect our lives? I would go even further. I will let the leading scientists and professors here today answer this. Does studying pornography, participating in this type of research, or viewing more pornography than the average person affect your behaviour? Could it also influence the behaviour of the people being studied?

Is some pornography legal and other pornography, illegal?

Ms. Roberts, perhaps you can go first.

[English]

Dr. Kim Roberts: I'm not quite sure I picked up the question.

Are you asking whether there different levels of harm that can be contributed by more intense pornography or more legal or illegal pornography?

Mr. Ramez Ayoub: There is pornography, so there is a rating of what kind of pornography one can get over the Internet.

The question is, are there legal forms of pornography, or is everything illegal? Is there illegal pornography that we can get? What is the effect or influence of watching that pornography for the rest of our behaviour?

Dr. Kim Roberts: Right, there are a couple of things there.

The first one is that the pornography that my work involves is pornography that's not usually accessible to most people. It's the deep web. It's all very clandestine. You need to know exactly where to go. It's a global community.

As I said there are rules. For instance, to get pornography you have to give pornography. You either have to have a set of photographs, images, or videos of yourself you can give, or you create those images and videos.

• (1200)

Mr. Ramez Ayoub: Is that illegal?

Dr. Kim Roberts: That's illegal, yes.

As for the legal pornography, I can't answer that question. I don't know what would be classified as legal or illegal. As my colleagues have said, the actual definition of pornography is so hard to obtain. I don't know whether there would be any kind of set guidelines about what's legal and what's not legal. I think my colleagues can answer that better than I can.

I did have another point that I can't remember. In the interest of time, I'll pass it to my colleague.

Mr. Ramez Ayoub: Mr. Malamuth.

Prof. Neil Malamuth: Canada did, as I mentioned, in the Butler case—and there have been various decisions since then—try to draw the line on what is legal and what is not legal, particularly focusing on violent pornography as being illegal and other types of pornography mostly being legal. Of course, child pornography is illegal all around.

Canada used to prosecute some violent pornography, but now pretty much has stopped doing that because it's become virtually impossible. With the Internet, you can now put in certain key words if you're looking for certain types, such as “rape” or “forced”, and you will get a plethora of violent pornography. It is pretty much impossible to prosecute anymore compared to years ago when Canada was primarily focusing on pornography that was brought across the border from the U.S. and that was violent. So a lot of it what is technically illegal in Canada is no longer prosecuted.

In the United States, there isn't such a division, and violent and other kinds of pornography are legal. If you use certain select words, you can find virtually any type of pornography on common sites that are now available, except child pornography, which, as mentioned, is part of an underworld that you have to really seek out. But if you go

to some of the most common sites, and I can give you the names of them, and maybe I should, but let's say it's videos and you put in the word “forced”, you will see hundreds of videos that show rape. That is no longer [Inaudible—Editor].

While Dr. Fisher mentioned the work of his former graduate students, insofar as people are attracted to this type of pornography, in the published version of Boeringer's study and other studies, they do show that a significant minority of men in the general population are sexually aroused, particularly by violent pornography—and that is the best single risk predictor. Even though none of the individual risk predictors are good in and of themselves or predict very highly, you have to take six or seven of them. But if you were only to select one, then sexual arousal to violent sexual images would show the highest correlation with actual sexual aggression.

The Chair: Thank you.

Now we're going to go to our five-minute rounds, starting with Ms. Harder.

Ms. Rachael Harder (Lethbridge, CPC): My first question is for Kim Roberts. From your point of view, what would you say is the association between violent pornography or violence in pornography and sexual assault cases against women and girls, but particularly also children, because that's your field of expertise?

Dr. Kim Roberts: I think, because of this underground pornography network, because you have to upload your own images, that if you haven't gotten them from somewhere, you do create them. Anecdotally, while talking to the police whom I train, and social workers and emergency room doctors, I feel I have been hearing a lot more about people often abusing their own children. In the majority of cases, it's their own children, for the purposes of getting material that they can then upload, because that gives them access to more pornography for themselves.

[Technical difficulty—Editor].

Ms. Rachael Harder: Sorry, are you done?

Dr. Kim Roberts: Yes.

Ms. Rachael Harder: I've been looking at some different statistics, and I realize that we're in Canada, but I think this one perhaps stands true here. In the U.S. the FBI is reporting that at 80% of the scenes of violent sex crimes they have found pornography—80%. I understand what you're saying, Mr. Fisher, with regard to correlation and causation. My background is research; I'm a sociologist. But that 80% figure seems hard to get past and somehow explain away without there being a causal association. Can you perhaps comment on this 80%? This is a statistic coming from the U.S., from the FBI, and they are finding this at 80% of sex crime scenes.

• (1205)

Dr. William Fisher: Let me respond—forgive me—first with a question. What percentage of university undergraduate men use pornography on a daily or weekly basis?

Ms. Rachael Harder: I'd prefer not to know.

Dr. William Fisher: It's at least 80%, so this is not a distinctive finding. The base rate of the use of Internet pornography is very, very high among non-rapists, as well as sexual criminals.

The second question has to be whether it is the fact that sexual criminals who possess a variety of anti-social personality traits, etc., are attracted to pornography and sexual criminality, or whether this is a spurious relationship. It's there, but it's not there in a causal role.

The best evidence I can give you, again trying to look at the systematic science, is that multiple studies of convicted sexual offenders, in contrast to the FBI, show less use of pornography by sex offenders than by other people—by comparator groups. Whether this is a causal factor or not, I can't tell you; I don't know in those particular situations. I can tell you that the baseline rate of use of pornography among young males, for example, who represent sexual criminals, at least age-wise, is very high, and that the systematic studies generally suggest that sex criminals are not distinctive in their use of pornography.

I would also look at the general rates of sexual assault, which, in the context of unlimited access to pornography, have not increased.

Ms. Rachael Harder: Neil, would you say that government needs to invest more money to look at further studies with regard to how violent pornography might impact the actions of men and boys toward women and girls?

Prof. Neil Malamuth: We always welcome more research funding.

I have to say that it's become much more difficult to actually do experimental studies, because the ethics boards will say, "We believe your findings. Therefore, we don't want you to expose men who are potentially at risk to violent pornography." It's a catch-22 situation. However, certainly in terms of survey studies and various kinds of studies, without actually randomly assigning people to exposures, of course, more research is always valued.

Again, at the risk of differing too consistently with my esteemed colleague, Dr. Fisher, I would not argue that correlation is causation, by any means, but I'm not familiar with the statistic you cited from the FBI. However, research on rapists and other sexual offenders actually shows that they have not been exposed less to pornography. They've been exposed more at an earlier age and, most importantly, they report being affected by it more.

Consistent with our findings, you could have, given a confluence of factors, one person exposed to pornography and it's not going to affect them, except maybe that they'll masturbate, or maybe it won't affect them at all. It might even affect them in certain circumstances to be more sexually desirous toward their partner. However, for somebody else who has the risk factors, that same exposure can have a very different effect and can exacerbate those anti-social tendencies. That's the key to our conclusions, so amount of exposure is in fact not the key.

Starting from the earlier studies by Goldstein et al, which I think Dr. Fisher is referring to, and a lot of studies since then, do show that sex offenders have often been exposed to more pornography at an earlier age. They've been more affected by it, and over the life course, in fact, are exposed to more rather than less, which somehow used to be believed. However, if you look at the systematic studies that look across different studies in meta-analytical way—I'll be glad to give the reference to that—they show that more pornography

exposure is the case for sex offenders, and more of the violent sexual offenders.

Again, I caution that does not show there is a causation. I would agree with Dr. Fisher that many college students, the majority of college students, let's say, who regularly use pornography, are not affected in that same way, but I would say that with those who have the more anti-social tendencies, according to the research, it can indeed reinforce and strengthen those tendencies.

• (1210)

The Chair: Thank you very much. Your time is up.

Dr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thanks to all of you for coming.

My first question is for you, Dr. Roberts, because you're a specialist in childhood and childhood memories. We had some testimony on March 23 from Professor Gahagan from Dalhousie University. She talked about the need for a sexual health promotion strategy so that children, teachers, and parents would have the tools to help deal with this, particularly when we talk about the risk out there of accidental exposure.

In your view, is there a need for a national educational and promotional strategy for sexual health?

Dr. Kim Roberts: I think that would be an excellent idea. Now, bear in mind that a lot of the sex education that children get has now been pulled from the curriculum through parents' concerns and so on. Certainly it's still within the Ontario curriculum, which is what I know best. There's a lot of emphasis put on trying to teach children how to be responsible on the Internet—i.e., your account will be up forever, so don't put these types of materials out there.

It's not having any effect. It's not doing anything.

Mr. Doug Eyolfson: Is it possible that some of the positive effects from this kind of education are being interfered with by the fact that so many parents are taking their children out of it?

Dr. Kim Roberts: Quite possibly. What happens is that if children aren't taught by credible sources—it could be parents, it could be teachers, or it could be whoever the person is who could do that—then children will learn things on the playground that are often very unreliable. I've had teenagers say to me, "I took two pills because we had sex twice that night." This is the type of thing they're learning. It's all rumour. It's all distorted information.

So yes, I think there needs to be a really thoughtful discussion on how we can best equip children. It's difficult in the sense that a lot of the skills you need for this are quite mature skills. There's a type of perspective-taking that you need to have. If you quickly type something in Snapchat or Facebook.... With Facebook especially, you learn that it's there forever. This works with very extreme examples, but for just little things, such as putting out some political opinion, it can later come back to bite you.

That type of perspective-taking is very difficult for people to have. I think it's difficult because we always think of perspective-taking as "your view, my view", but it's actually chronological as well, right? It's thinking about the perspective now and the perspective in 10 or 20 years. That's what I think is very difficult for children to grab hold of.

Mr. Doug Eyolfson: Sure. Thank you.

I'll go back to a further statement made by Dr. Gahagan when questioned about this. As you say, we do find that there seems to be an issue here. Dr. Gahagan's opinion was that there should not be an opt-out for this for education, because there is such a public health issue with it. This should be a subject like math. You can't opt out of math. You can't opt out of English. You can't opt out of history.

Is there enough of a problem here to say that you cannot opt out of this?

•(1215)

Dr. Kim Roberts: That's very difficult for me to answer, because I realize that there are lots and lots of different opinions, some based on cultural values. I mean, parents have lots of reasons for doing that. To me, it's part of health, part of health development, part of respecting and protecting yourself, just the same way any other aspect of health would be. It's taking responsibility for yourself as well.

Mr. Doug Eyolfson: All right. Thank you.

Dr. Malamuth, there's a mention in here of an article entitled "The Importance of Individual Differences in Pornography Use". You made reference to the impact of wider media, things that are available beyond the Internet, such as what's on TV and what's in magazines. Would you say that there is an influence on wider social media? Is there enough exposure to at least the suggestion of this violent and degrading material that's having an effect on children?

Prof. Neil Malamuth: I try to focus primarily on what I can say with confidence based on the research findings. It's very difficult, if not impossible, in North America to do the kind of research on children that we've done with adults. What I've written about the effects on children I've extrapolated from the research on adults, arguing that these kinds of effects are at least as likely, probably considered more likely, to occur with children, who have less experience and perhaps less ability to access other kinds of information and so forth.

I think it is the case that you can't necessarily isolate pornography exposure from a whole host of other influences, and many other media influences, but at the same time there has been a change over the years in what children may be exposed to. I think we all agree that at least on a survey basis, we need to have more information about that.

Again anecdotally, in talking to parents and to some underage individuals, I'm amazed at how they can access certain kinds of pornography that were not available when I grew up—and certainly, if that pornography were available, it was very difficult to access. As a parent, yes, I am concerned about how that is affecting our children.

Coming back to the issue of legal control, I think it's impossible any longer to control that from a legal perspective. It's just so

rampant and accessible that the best we can do is to try to educate kids in a way that will inoculate them to the potential negative effects on some of the individuals. That's what I'd like to see more emphasis on at the children's level, as well as trying to reduce the chances of people stumbling upon on it or having too easy access to it.

By and large, I think sexual education that is more primary, that is a more about a healthy type of sexuality, is where we should probably be focusing with children.

Mr. Doug Eyolfson: Thank you very much.

The Chair: The time's up.

Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

I'll direct my question to Dr. Roberts.

I see that you wrote a nice letter to all of us indicating that you offer your support for motion M-47. You said, "On behalf of Canadian children across the country, I thank you for your consideration to take definitive action to moderate this damaging aspect of our children's lives."

Dr. Eyolfson mentioned sex education and how we can best teach kids at an educational level, which is mainly a provincial jurisdiction. What other ideas do you have with respect to taking definitive action in order to alleviate issues of child porn?

Dr. Kim Roberts: There are short-term and long-term perspectives on this. The long-term perspective I would see is to simply change the acceptability of a lot of this. Clearly, everyone around this table is not accepting of any kind of harmful or degrading effects on children, but I think generally in the population that's not quite true. Perhaps that's not quite right with regard to children, but in terms of pornography in general, I think it's very common.

If you go to schools and grab a bunch of boys, pretty much all of them, as you mentioned, will have access to pornography. In some ways, I suppose, it's the same as it's been with smoking and drinking, with the age restrictions put on those. I don't think that would stop people getting access, but it's just one more block.

I think the bigger aspect is to actually change people's opinions. As an example of this, I don't know if you're aware of it, but there was a vignette that came out of the U.K. It was about sexual consent, but in terms of having a cup of tea. Basically, the whole vignette is that if you offer someone a cup of tea and they say no, don't give them the cup of tea. If you invite them home for a cup of tea and they say they'd like a cup of tea, but they get home and they don't want a cup of tea anymore, don't give them a cup of tea. Also, don't turn up at the door with a cup of tea, and don't force them to drink a cup of tea.

It's something that everybody grasped hold of because it was such a good parallel. Everyone understands the cup of tea, but it takes some really good thinking it through to understand it as sexual consent. It takes away all those aspects of, "Well...". I've heard judges say all sorts of things in child sexual abuse cases: "Well, sex was in the air", and this is the case of a 14-year-old, or "Well, if it really happened she would have remembered it", or this: "Why did she go there? She knows what happens there." All of these types of things are putting the emphasis on the person who has been violated rather than saying, "No, actually, it's the person who did that who committed the crime here—nobody else."

I think that type of approach, a very creative approach, would certainly help as well. I think that just making sure that children have respect for themselves is a big deal. For those kids who have been abused, that's very difficult. That bar is very high to get to for them. For those who haven't been abused, it's just about making sure they know that they are in control of what they see and what they do.

• (1220)

Mr. Len Webber: Okay. Thank you.

I'm not sure how much time I have left.

The Chair: You have one minute.

Mr. Len Webber: Do you have any thoughts, Neil or Bill?

Dr. William Fisher: I'm very strongly in support of directly attacking the issue of sexual coercion, with or without attention to regulation of what Dr. Malamuth refers to as, and what I concur is, an unregulatable Internet. I think we can certainly all agree that there is an utterly unacceptable level of sexual coercion and violence generally, but not always, directed against women.

Then the question becomes for all of us around the table, how do we address that very directly? In studies of pornography and aggression and three-way interactions with the anti-social personality, we're making fine theoretical points that account for very little—something like 4%—of the variability in sexual aggression.

I was delighted to show my class the tea vignette. We spend vastly lopsided amounts of time directed at women, coaching them on how to modify their behaviour and constrain their lives to avoid sexual assault, and grotesquely little time directed directly at men. This is a very big issue.

I would add, I am the senior author, together with Mike Barrett and Alex McKay, of Health Canada's *Canadian Guidelines for Sexual Health Education*, which was authored, I believe, in the late 1980s. I'm having a senior moment. It was designed on the basis of the best research to create an educational immunization against the lopsided sexist and gendered violence that, unfortunately, characterizes our society.

I've sometimes said wistfully that pornography does us a favour. When you see pornography you're aware that you're looking at something that nonetheless is still a little out of the ordinary. Yet when you see the routine sexism of every TV show, it doesn't raise any red flags, and that's what scares me. When you look at children's books and you see that women are inside and women don't have professions and women are ironing, that's a very big deal.

Broadly speaking, I'm very supportive of education. I'm concerned about stigmatizing sex in general, which might be an inevitable consequence of trying and failing to regulate the Internet. What do we know? We know that individuals who are most anxious about sexuality have the toughest time looking after their sexual health. So I'm strongly supportive of, and I'm happy to find common ground here with, a direct method of addressing the problem that has been lurking in the background of this discussion: does pornography cause X, does pornography cause Y? There's some dispute about that.

However, there's no dispute about the very high levels of coercion, sexism and maltreatment of women in society, and the common ground is perhaps that we could craft ways of directly addressing that, educationally and otherwise.

• (1225)

The Chair: Thank you.

Ms. Sidhu.

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

Thank you to all the presenters.

Some studies have shown that viewing pornography is associated with brain chemical changes, similar to those observed in addiction. Can you discuss the current research findings regarding the potential impacts on mental health of viewing sexually explicit material? What is the effect on mental health at any age?

Dr. William Fisher: There is widely cited "research", quote/unquote, in line with your statement that the effects on the brain are like addiction, such as to heroin. Perhaps the best answer to that is from Nicole Prause, who was formerly at UCLA, a neuropsychologist, who has pointed out that the effects on the brain of viewing pornography are similar to the effects on the brain of viewing a picture of a loved one. Dopamine and other chemicals are not distinctively associated with addiction or with viewing pornography. They're often distinctively associated with positive events.

You're also touching on the issue of, quote/unquote, "sex addiction" or "pornography addiction". In fact, one of the briefs before you is by a so-called certified sex addiction therapist. I want to emphasize that the American Psychiatric Association's gold standard manual of psychiatric disorders, the *Diagnostic and Statistical Manual of Mental Disorders*, edition 5, a fairly recent revision, explicitly considered and rejected both the diagnosis of hyper-sexuality and sex addiction. The American Association of Sex Educators, Counselors and Therapists, the largest organization of sex therapists, has dismissed the idea of sex addiction.

Clearly, there are people who use pornography or many other things in an intrusive and compulsive way that interferes with their life, but the concept of addiction or unique neurochemical events is not one that has much support.

Ms. Sonia Sidhu: What about what Ms. Roberts' statement that there is an effect on child development? What are your thoughts about that?

Dr. Kim Roberts: I think the critical developmental point here is the teenage brain. In the teenage brain, the frontal lobe, which is responsible for all the decision-making, weighing the pros and cons of risks, that type of thing, is functioning.... Let's just say the amygdalic system—which is where all of the thrill and the dopamine rises and so on happens—is working at a much faster rate in the teenage years than the frontal lobe is. They're both still developing, but the frontal lobe continues to develop all the way through into your mid-twenties, 26, 27, 28, which is something we didn't realize several years ago and one of the reasons you tend to see teenagers taking risks. It's because, for their brain, it's more pleasurable for them to do that than to think through all the actual risks. It's possible that if viewing pornography in any form is giving them that high, that is something that's going to increase over and over and potentially lead into some more risky behaviour on their part.

Does that make sense?

Ms. Sonia Sidhu: Is low self-esteem connected to those kinds of things?

• (1230)

Dr. Kim Roberts: Low self-esteem? I'm not sure about that.

Ms. Sonia Sidhu: In child development—

Dr. Kim Roberts: Well, low self-esteem primarily comes from how you're treated by your parents. That's the critical relationship that will determine your self-esteem. How your parents tell you you are is how you will believe yourself to be, so you internalize what you hear and that voice becomes your own voice. Then in the teenage years, there is more work, let's call it, on the part of the teenager in developing their self-identity and self-esteem. It's very fragile until they get to around 18 or 19, when they start to realize that they can be individual. They can have their own views, and it's okay to have those views.

Ms. Sonia Sidhu: Thank you.

Dr. Fisher, in another article published in your journal on sex research, you said there is a need to improve the delivery of sex education to teenagers and young adults. How do you envision this change taking place?

Dr. William Fisher: I'll go back to the subject of education. I was one of the originators, with the Society of Obstetricians and Gynaecologists of Canada, of a website called SexualityandU.ca. We wished, if you will, to infect the Internet, which has some very horrific stuff, with some good stuff. This is a generation of Internet natives. We created SexualityandU.ca, and we advertised it widely, mostly on Valentine's Day. We were getting 450,000 unique visitors, for an average of 10 to 11 minutes, in English and in French, over a period of years. The site has recently been relaunched—it's now called SexandU.ca—under the auspices of the Society of Obstetricians and Gynaecologists of Canada, to essentially provide relevant scripts for responsible action in teenagers, to strengthen the hand of teenagers who wish to abstain from sexual contact, and to promote safer sex, contraceptively protected sex, and, critically, consensual sex.

We have also done another project that, with apologies, is called Peggy's Porn Guide. One of my graduate students, who is very good at Internet animation, took film clips of several of the lies of pornography—that women always want to have sex or that they'll agree to do anything under any circumstance—and with an animated figure presented them to young men. The young men were asked to respond: Is this the way things really are, or is this a fantasy? Anybody who in any way believed the “lies” of some segments of pornography was sent to talk to Peggy, a buxom animated figure, who then did role reversal: for example, “How would you like to be coerced?”, etc.

I would favour adopting interactive technologies that have a very wide reach and can be done extremely well, at some cost, and then disseminated widely. It also, with apologies and respect, provides an end run. That is, I don't have to hope that a comfortable sex educator is in position in every school and in every county. I can actually monitor and upgrade the best sex education in this way. One of the things I would do is put the cup of tea on it. I think we need to develop this emphatically. There is very good research, by the way. Doug Kirby and others have done very good research on the effectiveness of sex education.

One of the things that has been going on, in addition to the unlimited access to whatever is on the Internet, is that, in Canada, there has been better sex education, which is one of the competing factors in a population-level estimate. When you think about the impact of Internet pornography, together with everything else that's going on, you do say to yourself, “Where's the beef?” If there were a significant impact on the development of norms that said it's okay to have sex early and with lots of partners, we would see a shift in that direction. We've actually seen a shift in the opposite direction.

It is okay to say that we've heard a lot, going in a number of directions, about the development of norms, what becomes normal, etc. At some point, it is also okay to say, “Where's the beef?” Where is the dramatic change in the mores that are supposedly being conditioned? There are fragments of answers out there.

• (1235)

The Chair: Thanks very much.

Now for a final question, we go to Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chair.

Mr. Fisher, I think I promised to come back to you about the difference, in the research, between sexually explicit materials and violent and degrading materials. Your research, I think, has focused on exposure to pornography simpliciter. Is there a difference in your research, or in your mind, between pornography or sexually explicit material and violent or degrading pornography?

Dr. William Fisher: There is clearly a difference between violent and degrading pornography, and other forms of sexually explicit material, but it's not simple.

First, I would direct your attention to the fact I have conducted experiments on violent pornography. That type of pornography has not been absent either in my experimental research or in my correlational research, where I found that people with a high sex drive tend to use more violent pornography than people with a low sex drive. I conducted a study in which men were given electrical shocks and verbally harassed by a female and then shown violent pornography. We showed them classic violent pornography taken from the classic research and then we gave them an opportunity to be aggressive or not to be aggressive, by talking to the woman, or whatever. There is a difference.

I want to direct your attention to two other things, though. There is a community of folks—and we have no idea how large it is—who refer to themselves as into kink, bondage and discipline, sadism and masochism. It is one of the most completely consensual communities around. They could give us lessons on how to obtain consent, and they exclude people and ostracize them if consent is violated. There is a substantial amount of BDSM pornography or sexually explicit material that you might argue is an area that doesn't exactly conform to violent pornography.

Classic violent pornography, the lie of violent pornography—which is happily not too common but is definitely problematic—is that sexual assault works for him, because he gets sex and works for her, because she has an orgasm, and nobody gets punished. Okay? That's an advertisement, if you will, for sexual criminality. However, don't be of the school that views pornography from a monkey see, monkey do perspective. Generally speaking, the monkey has a learning history. Generally speaking, the monkey has a brain, anticipates punishment, anticipates guilt, and if the individual is very unempathetic, doesn't have a learning history of punishment, etc., then we've got big problems.

There may be big problems with pornography in a confluence model context. It may be a big problem with almost any other script for aggression, and we do not lack them in our society.

Mr. Don Davies: Dr. Malamuth, the last question goes to you.

I know that on pornographic films, there's often a warning that comes on the screen before the film runs. I'm going to assume that this has a very limited effect. I think the U.K. is looking at bringing in filters in an attempt to regulate what I think Dr. Fisher called "unregulatable", the Internet.

Assuming that we can't do that, you talked about education. At what age do you think we should be starting the healthy sex education of our children, and do you see a public education role for that, as some means of trying to teach a young generation about healthy normative attitudes toward sex, if we can't ultimately control their exposure to maybe more harmful depictions?

Prof. Neil Malamuth: For a change, I'm going to defer to Dr. Fisher for that answer, because it's not an area that I'm particularly expert on. Recently I gave my 13-year-old son a book that's specifically designed for sex education for people of his age, and he read the first chapter, and he said he wasn't ready for that yet.

I think there are individual differences as well, but I am not an expert on that particular question.

Mr. Don Davies: Thank you.

Dr. Fisher.

Dr. William Fisher: The simple answer is that it's a bit of a moving target. I've spent 30 years doing HIV prevention research in various communities from South Africa to inner cities. I've done large-scale research in inner cities where kids start wanting to have babies at 13 1/2, and obviously you calibrate education before that.

So partly it's a moving target. I would strongly suggest there's no such thing as sex education poisoning. There is no way of robbing a kid of their innocence. They'll simply tune right out. I think there is developmentally appropriate education, and it involves the sort of thing that I think Ontario is phasing in, with correct body-naming, respect for boundaries, good touch bad touch, and things like that. I think it can be effective, and I think it needs to be directed in a very specific and grade-appropriate way.

One other thing: Back in the distant past, I was able to assist with a study of about half the practising sex educators in the state of Indiana, and we found that the curriculum didn't make a bit of difference. What mattered was the teacher's comfort with the topic. So we've got to provide not only curricula, but we also have to invest heavily in staff selection and support and training. It's not fair to teachers to dump a curriculum guide on them.

The key point is let us all join in a direct attack on the unwanted potential effects of pornography. Let us all join in a direct assault on inequitable, coercive, and unhealthy behaviour, and cut to the chase.

● (1240)

The Chair: Thank you very much, everyone.

That concludes our session and our information.

Dr. Kim Roberts: Could I add something?

The Chair: Yes, you certainly may.

Dr. Kim Roberts: I very quickly want to talk about education of children. At the moment, I think sex education is a “thing”. When kids get to grade 6, they know that it's coming, Sometimes the kids are separated, so a male teacher teaches the boys and a female teacher teaches the girls. I think we should stop it from being like that and just make it something that we return to continuously throughout education, because it relates to all aspects of our being and not just our bodies, but also our psychology, our relationships, and so on. I think you mentioned that from kindergarten, they should be able to use the right names for body parts. That should not be a problem. At no age should that be a problem. Start in kindergarten and just build on it year by year, so it's not a “thing” anymore and it's something that everyone's comfortable with. I think that will help with the teachers' comfort. The other thing is empowering parents to get involved as well. Parents have to be on board. All educational studies show that the best outcomes occur when parents are involved in school life.

The Chair: Thank you again.

Dr. Fisher, just a minute ago, you said that this is not simple. I think you're quite accurate in that assessment. I want to thank you for all your work on this subject. It isn't simple. It is complicated and it's a moving target.

I want to thank the committee members for great questions and the witnesses for great answers.

We want to suspend for a minute. We have a few committee business details to work on, but I want to excuse the witnesses and, again, thank you very much for coming.

Dr. Malamuth, in Arizona, thank you.

Thank you.

•(1240) _____ (Pause) _____

•(1245)

The Chair: We'll resume our committee work. It will only take a few minutes.

Yesterday in the House, a motion was passed to assume that Thursday is Friday and that Thursday will have the same hours as a normal Friday. Therefore, we have to decide whether we want to have our committee meeting on Thursday. I think we do or I'm assuming we do. Do we want to continue our committee meeting this Thursday?

A voice: It's next Thursday.

Chair: Right, it's next Thursday. Sorry. It's a long weekend, so that's the thing.

Mr. Don Davies: What time is question period?

The Chair: I assume that question period will be at the normal time it is on a Friday.

Mr. Don Davies: That would be 11 o'clock, which is right when we meet here.

The Chair: It's complicated. Does anybody want to make a proposal?

Go ahead, Mr. Davies.

Mr. Don Davies: I'm agnostic about it. I'm happy to go with what the majority of my colleagues think, but it strikes me that, given that question period is at 11, we probably would have to cancel the committee meeting.

The Chair: We could move it to 12. That's an option.

Yes, Mr. Oliver.

Mr. John Oliver: I'm confused. So if Thursday will be a Friday, that means that those of us who don't have House duty won't here. Are you saying that we would stay here for the committee meeting, even though we would not be on House duty?

The Chair: I can't answer for House duty. Thursday will be treated as if it were a Friday with Friday hours. Will we have the committee meeting an hour later after question period?

Go ahead, Dr. Eyolfson.

Mr. Doug Eyolfson: I'm thinking that the logistics of that might be really complicated. If we're going to Friday hours and it conflicts with question period, I think it's probably best to cancel.

The Chair: Are there any other comments?

•(1250)

Mr. Len Webber: Again, regarding House duty on Thursday, I, and I assume others, will have to work around that and find either a replacement here or a replacement there, so that's an issue.

The Chair: Yes, Mr. Davies.

Mr. Don Davies: I'm going to move that we cancel the Thursday meeting.

The Chair: All right. We have a motion on the floor to cancel our meeting. All in favour?

(Motion agreed to)

The Chair: Go ahead, Mr. Kang.

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): I have a comment on that. According to my calendar, our meeting is at 11 o'clock, question period is at 2 p.m., and at 3 p.m. is House duty on the 13th.

Mr. Doug Eyolfson: There was a motion yesterday. It passed to change it.

The Chair: We have passed a motion now. That meeting is cancelled, so we'll have to adjust our schedule on that.

We have to take our meeting from the 13th and we're going to move it to.... Are you proposing that it be May 4? That means our sickle cell study and Bill C-211 will be moved to May 4.

We'll move on to the next thing. We've passed around a budget for M-47 that totals \$27,700. I need a motion to support that.

Ms. Rachael Harder: Mr. Chair, are we discussing the schedule at all today? I ask because I have a question with regard to a couple of proposals, but they're not solidified within this schedule.

The Chair: Yes, let's do this budget first and then we'll come back to the schedule.

Ms. Rachael Harder: Okay.

Mr. Don Davies: Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chair.

I have a question on the meals. Under “miscellaneous”, it refers to three working meals, and then it says there's a \$500 unit price totalling \$1500. Does it cost \$500 for each meal?

The Chair: It costs \$380.

Mr. Don Davies: So one meal costs \$380, so the \$500 is just overbudgeting, that's the limit of what we can spend, but we don't expect to spend that much.

The Chair: Are there any other questions? Do I have a motion to approve the budget for M-47?

(Motion agreed to)

The Chair: Now we have Ms. Harder with a point on the schedule.

Ms. Rachael Harder: Chair, in the calendar you've proposed, we will bring forward the thalidomide witnesses on May 9 and 11. This isn't something that has been decided concretely by the committee, so I want to ensure that we will solidify these dates as the ones that we will indeed discuss thalidomide.

The Chair: My understanding is that the committee approved those dates subject to certain information from Health Canada, which has not arrived yet. If we get that information, those two meetings will go ahead.

Ms. Rachael Harder: Sorry, what is the information we're waiting for?

The Chair: Mr. Oliver, would you like to...? Mr. Oliver specified the information we needed.

Mr. John Oliver: I don't have the exact wording. One was the number of people who had been denied access to the fund. The second was more complex—it was the rationale in respect of factors that would lead to somebody's not qualifying.

The Chair: It was mostly statistics and the rationale behind the approval or denial. We have not received an answer yet. If we do get an answer, the committee has agreed to have those dates for that study.

Mr. Len Webber: Mr. Chair, I see here on April 10 that there is a response from Health Canada on the thalidomide question.

The Chair: That's the deadline for the answer.

Mr. Len Webber: That's the deadline for the answer, so we will have an answer by then.

The Chair: That's the deadline. We've imposed that deadline, but they haven't agreed to it. If we don't have an answer by then, I think we will press for it.

Ms. Rachael Harder: Would it then be appropriate for me to put forward a motion that we push forward for this study on May 9 and 10?

The Chair: We've already agreed to those dates subject to information from Health Canada.

● (1255)

Ms. Rachael Harder: Let's say Health Canada doesn't get us the information by April 10, which is the deadline we've given them. What are the next steps?

The Chair: We will delay those meetings until we have the information, I would say. That would be my opinion. The committee would have to decide, but that would be my suggestion. We wanted that very specific information.

Any other questions?

The clerk is suggesting that yesterday was the deadline for witnesses for our Bill S-211 sickle cell study. He's suggesting that we move it to Friday. So April 7, this Friday, will be the deadline for the witness list for the sickle cell bill.

We asked Dr. Gahagan to send us a study she referred to. She sent us 124 pages. That is going to take a lot of work to translate. We have a scientific summary and we're proposing to translate those four pages and distribute them. Is that all right with the committee—instead of 124 pages?

Mr. Don Davies: That would be fine, Mr. Chair, but could we provide a link to the study? Would that be okay even though the study is only in English?

The Chair: I'll find out. I don't know if we have a link or not. If I hear of one, I'll let you know.

That's it for official business, unless there's anything else.

Ms. Harder.

Ms. Rachael Harder: Mr. Chair, I would like to make a proposal. With regard to the thalidomide study, in the interest of time, if the Health Department does not get back to us with the information that we need by April 10, it would seem appropriate to me that we propose to go forward with the study on May 9 and 11 and bring forward the department as our first witness.

We already have the answer to one of the questions. When the minister was here with regard to the opioids study, she said that there are 24 affected individuals. We have that on record. We can recall that record if you so wish, but there is no reason why Health Canada can't be our first witness for this study and why this cannot go forward on May 9 and 11. I would propose that we solidify those dates.

The Chair: Is that a motion?

Ms. Rachael Harder: It is a motion. Yes.

The Chair: Do I have any debate on the motion?

All in favour of having the thalidomide meetings whether or not we hear back from the Department of Health?

Indicate by saying “aye” or a show of hands in favour.

Mr. Don Davies: Mr. Chair, on a point of order, the motion I heard Ms. Harder say she's moving is that we go ahead with those meetings on thalidomide whether we hear from Health Canada by April 9 or not, but that we call Health Canada as the first witness. Is that right? Is that the motion? Okay.

Ms. Rachael Harder: Thank you.

The Chair: Again, all in favour of the motion?

Mr. Darshan Singh Kang: If we don't get anything from Health Canada and we still go ahead and study this, will that be it? We won't be asking for other dates further down the road for further information or anything? For the study, will we be done with it in two days? Or will there be more witnesses further down the road?

Ms. Rachael Harder: Our motivation is to have these individuals cared for as quickly as possible. Unfortunately, time has been dragged on, and I see no reason why, after two meetings and getting the necessary witnesses to the table during those two meetings, we couldn't wrap this up.

The Chair: We have a motion on the floor. All in favour of the motion to have the meetings on thalidomide whether we—

Mr. Len Webber: Could we have a recorded vote, Mr. Chair, on this as well, please?

The Chair: Yes. It's a recorded vote.

• (1300)

Ms. Sonia Sidhu: Ms. Harder, can you explain to me? Is this for two meetings or are you having more meetings?

Ms. Rachael Harder: The motion states that we would do this on May 9 and May 11, that those dates would be solidified, and that if

Health Canada refuses to provide us with the information before April 10, or for some other reason does not, then they would be brought forward as our first witness on May 9.

Ms. Sonia Sidhu: Can we wait? Maybe we can ask our health officials when they are going to give us their report.

The Chair: We asked them to give it to us by April 10. That's all I can tell you. We've asked for it.

Mr. Don Davies: Mr. Chair, on a point of order, I'm not generally a stickler for detail, but we're in the middle of a vote.

The Chair: Yes.

Mr. Don Davies: It's not really the time for discussion or questions.

(Motion agreed to: yeas 5; nays 2 [See *Minutes of Proceedings*])

The Chair: I will do everything I can to get the information that has been asked for prior to those meetings.

The meeting is adjourned.

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