



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

**REPORT ON THE PUBLIC HEALTH EFFECTS OF
THE EASE OF ACCESS AND VIEWING OF ONLINE
VIOLENT AND DEGRADING SEXUALLY EXPLICIT
MATERIAL ON CHILDREN, WOMEN AND MEN**

**Report of the Standing Committee on
Health**

**Bill Casey
Chair**

JUNE 2017

42nd PARLIAMENT, FIRST SESSION

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THE STANDING COMMITTEE ON HEALTH

has the honour to present its

ELEVENTH REPORT

Pursuant to the Order of Reference of Thursday, December 8, 2016, the Committee has studied the public health effects of online violent and degrading sexually explicit material on children, women and men and has agreed to report the following:

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REPORT ON THE PUBLIC HEALTH EFFECTS OF THE EASE OF ACCESS AND VIEWING OF ONLINE VIOLENT AND DEGRADING SEXUALLY EXPLICIT MATERIAL ON CHILDREN, WOMEN AND MEN

INTRODUCTION

On 8 December 2016, the House of Commons passed *Private Members' Business M-47* stating:

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 2017.¹

The House of Commons Standing Committee on Health (the Committee) agreed to hold four meetings as part of its study. During the first meeting, the Committee heard from Mr. Arnold Viersen, Member of Parliament (MP) and sponsor of M-47, who provided the Committee with an overview of his motion and outlined possible directions for the Committee's study. During the remaining three meetings, the Committee heard from a total of 11 witnesses, including academic researchers, medical professionals and other stakeholders. In addition, the Committee received 23 written submissions from interested individuals, researchers, adult entertainment industry representatives, medical professionals and community organizations.

This report summarizes testimony and written evidence received by the Committee on the public health effects of the ease of access and viewing of online violent and degrading sexually explicit material on children, women and men, focusing in particular on the peer-reviewed scientific research presented by witnesses. Drawing on the evidence and recommendations received from witnesses and through written submissions, this report also outlines possible areas where the federal government could take action in collaboration with provinces and territories and other stakeholders to address the ease of access to online violent and degrading sexually explicit material.

1 House of Commons, Parliament of Canada, "Motion," *Journals*, 1st Session, 42nd Parliament, 8 December 2016.

BACKGROUND INFORMATION ON PORNOGRAPHY AND OBSCENITY IN CANADIAN LAW

A. Defining Obscenity

Though access to sexually explicit material in Canada is legal, its content is regulated under the *Criminal Code*. Under section 163(1)(a) of the *Criminal Code*,² it is an offence to make, print, publish, distribute, or circulate “any obscene written matter, picture, model, phonograph record or other thing whatever.” It is also an offence to possess such material for the purpose of publication, distribution or circulation. An “obscene” publication is one that has “the undue exploitation of sex, or of sex and any one or more of the following subjects, namely, crime, horror, cruelty and violence” as a dominant characteristic (section 163(8) of the *Criminal Code*). In addition, producing, distributing and possessing child pornography is a crime under section 163.1 of the *Criminal Code*.

B. Obscenity and Freedom of Expression

In 1992, in *R. v. Butler*,³ the Supreme Court of Canada considered whether the definition of obscenity contained in section 163(8) of the *Criminal Code* infringed the right to freedom of expression under section 2(b) of the *Canadian Charter of Rights and Freedoms* (the Charter). The Court ruled that section 163(8) did infringe section 2(b) of the Charter, but that the infringement was demonstrably justified under section 1 of the Charter. Writing for the majority, Justice Sopinka noted that there are three tests to be applied to determine whether the exploitation of sex is “undue”: the “community standard of tolerance” test; the “degradation or dehumanization” test; and, the “internal necessities test” or “artistic defence.” He also divided pornography into three categories: (1) explicit sex with violence; (2) explicit sex without violence but which subjects people to treatment that is degrading or dehumanizing; and (3) explicit sex without violence that is neither degrading nor dehumanizing.

C. Harm and Pornography

With respect to harm and pornography, Justice Sopinka further stated:

Some segments of society would consider that all three categories of pornography cause harm to society because they tend to undermine its moral fibre. Others would contend that none of the categories cause harm. Furthermore there is a range of opinion as to what is degrading or dehumanizing. . . .

The courts must determine as best they can what the community would tolerate others being exposed to on the basis of the degree of harm that may flow from such exposure. Harm in this context means that it predisposes persons to act in an anti-social manner as, for example, the physical or mental mistreatment of women by men, or, what is perhaps debatable, the reverse. Anti-social conduct for this purpose is conduct which society formally

2 [Criminal Code](#), R.S.C., 1985, c. C-46.

3 [R. v. Butler](#), [1992] 1 SCR 452.

recognizes as incompatible with its proper functioning. The stronger the inference of a risk of harm the lesser the likelihood of tolerance. The inference may be drawn from the material itself or from the material and other evidence. Similarly evidence as to the community standards is desirable but not essential.

In making this determination with respect to the three categories of pornography referred to above, the portrayal of sex coupled with violence will almost always constitute the undue exploitation of sex. Explicit sex which is degrading or dehumanizing may be undue if the risk of harm is substantial. Finally, explicit sex that is not violent and neither degrading nor dehumanizing is generally tolerated in our society and will not qualify as the undue exploitation of sex unless it employs children in its production.

THE PUBLIC HEALTH EFFECTS OF THE EASE OF ACCESS AND VIEWING OF ONLINE VIOLENT AND DEGRADING SEXUALLY EXPLICIT MATERIAL ON CHILDREN, WOMEN AND MEN: WHAT THE COMMITTEE HEARD

A. Defining “Online Violent and Degrading Sexually Explicit Material”

The Committee agreed that, in keeping with the text of M-47, it would focus its study on “violent and degrading sexually explicit material.” However, witnesses noted that pornography itself lacks a common definition,⁴ and there does not appear to be a clear distinction between violent or degrading sexually explicit material and other sexually explicit material. As Ms. Kathleen Hare, Doctoral Student, Department of Language and Literacy Education, University of British Columbia noted, “[h]ow ideas of pornography, sexual health, and violence can even be defined to start these types of conversations is subject to debate in the body of research on this topic.”⁵ She continued,

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

The way I would understand violent pornography is that it's non-consensual acts of violence, degradation, or dehumanization in pornography. For me, the key word in there is “non-consensual”, recognizing that there's also pornography from, say, kink communities where it is consensual and might otherwise depict activities that seem violent.⁶

Even an individual’s assessment of what is “violent and degrading” may vary depending on the extent to which the individual has been exposed to “violent and degrading” material.⁷

4 House of Commons, Standing Committee on Health (HESA), [Evidence](#), 4 April 2017, 1145 (Dr. William Fisher, professor, Department of Psychology, University of Western Ontario, As an Individual); 1200 (Dr. Kim Roberts, professor and Head, Child Memory Lab, Department of Psychology, Wilfred Laurier University, As an Individual).

5 HESA, [Evidence](#), 23 March 2017, 1100 (Ms. Kathleen Hare, Doctoral Student, Department of Language and Literacy Education, University of British Columbia, As an Individual).

6 *Ibid.*, 1230 (Ms. Hare).

7 *Ibid.*, 1230 (Dr. Mary Anne Layden, Director of the Sexual Trauma and Psychopathology Program, University of Pennsylvania, As an Individual).

B. Overview of the Ease of Access to Online Violent and Degrading Sexually Explicit Material

In her appearance before the Committee, Dr. Gail Dines, professor and Chair of Women's Studies at Wheelock College and President of Culture Reframed explained that the advent of the Internet resulted in pornography or sexually explicit material becoming more accessible to men, women and children than ever before.⁸ While in the past, pornography was only available through videos, magazines and books, the Committee heard that companies such as MindGeek have created Internet pornography sites that allow anonymous free access to pornography seven days a week and 24 hours a day. According to Dr. Dines, MindGeek's top three free pornography sites attract approximately 100 million visitors and receive over 488 million page views a day.⁹

As these sites do not require a credit card or proof of age for access, children are able to access these sites easily, with one witness asserting that on average, children first view pornography at 11 years of age.¹⁰ In a written submission provided to the Committee, 14 year-old Joseph Deschambault further explained how children can accidentally gain access to Internet pornography, noting that he first accessed it through a pop-up window on a video gaming site when he was 8 years old.¹¹ He also claimed that pornography websites use search tags commonly used by children.

However, there was debate among witnesses regarding the extent to which men, women and children access violent and degrading sexually explicit images in comparison to non-violent and degrading sexually explicit images. Witnesses noted that what individuals consider to be violent and degrading is very subjective. For example, Ms. Kathleen Hare explained, "For me, the key point is that looking at it, it's very difficult to separate out, because what is violent is subjective."¹² Similarly, Dr. Mary Anne Layden, Director of the Sexual Trauma and Psychopathology Program, University of Pennsylvania stated, "It's hard sometimes to categorize depending upon who is looking at it and who is evaluating it. That's the complication in the research as to who says it's degrading."¹³ Dr. Layden also explained that while individuals may initially find some sexually explicit material violent and degrading, they may also become desensitized upon repeated viewing resulting in them no longer seeing it as such.¹⁴

8 HESA, [Evidence](#), 1st Session, 42nd Parliament, 11 April 2017, 1110 (Dr. Gail Dines, President, Culture Reframed).

9 Ibid.

10 Ibid.

11 Joseph Deschambault, "[Re: Motion M-47](#)," written submission to the House of Commons Standing Committee on Health, 3 March 2017.

12 HESA, [Evidence](#), 23 March 2017, 1225 (Ms. Hare).

13 Ibid., 1225 (Dr. Layden).

14 Ibid.

C. Understanding Online Violent and Degrading Sexually Explicit Material as a Public Health Issue

In his appearance before the Committee, Mr. Arnold Viersen explained that the intent of his motion was that the Committee examine online violent and degrading sexually explicit material through a public health lens, drawing on the public health model approach of the United States' Centers for Disease Control and Prevention that involves defining the problem; identifying risk and protective factors; developing initiatives and programs; and investing in widespread adoption of effective efforts.¹⁵ According to Dr. Dines, the ease of access to online violent and degrading sexually explicit material should be considered a public health issue because its effects extend beyond the individual, having broader systemic impacts on relationships, culture, gender relations and the workplace.

However, Dr. Jacqueline Gahagan, professor and Interim Assistant Dean, Faculty of Health Professions, Dalhousie University, testified that “while we know that pornography in the Internet age is clearly an important health and social issue, the role of public health in addressing this issue is much less clear.”¹⁶ Dr. Gahagan noted that public health focuses on promoting health and preventing illness, injury and premature death by addressing their underlying causes, which are established through epidemiological surveillance data and research. She explained that research regarding the exact causal role of pornography in sexual violence and poor health outcomes remains “hotly debated”, which poses challenges to understanding and responding to it as a public health issue in the same manner as one would for other types of public health concerns, such as communicable diseases.¹⁷

D. Overview of Scientific Evidence Related to the Public Health Effects of Online Violent and Degrading Sexually Explicit Material

The Committee heard from witnesses that there are significant debates surrounding the scientific research related to the public health effects of sexually explicit material or pornography more broadly, as well as research examining the effects of violent and degrading sexually explicit material more specifically.¹⁸

1. Impact on Sexual Attitudes and Behaviours

Ms. Cordelia Anderson, Founder of Sensibilities Prevention Services, suggested that watching violent sexual material is associated with sexually problematic behaviour among youth, explaining that:

A study of 14 to 21 year olds showed that 9% of them engaged in some form of sexually abusive behavior and that in that 9% there was much more use of violent sexual material. An Australian study showed that, of seven to 11 year olds who were in treatment for

15 HESA, [Evidence](#), 7 February 2017, 1105 (Mr. Arnold Viersen, Peace River-Westlock, CPC).

16 HESA, [Evidence](#), 23 March 2017, 1110 (Dr. Jacqueline Gahagan, professor, Interim Assistant Dean, Faculty of Health Professions, Dalhousie University, As an Individual).

17 Ibid.

18 HESA, [Evidence](#), 23 March 2017 (Dr. Gahagan, Ms. Hare).

problematic sexual behaviour, 75% of the boys and 67% of the girls had been oriented through pornography.¹⁹

Dr. Neil Malamuth, professor, University of California, Los Angeles, found in his research that men's sexual aggression could be caused by both primary and secondary factors.²⁰ If individuals are already at a relatively higher risk of committing sexual aggression, heavy exposure to non-consenting pornography, "makes them more likely both to hold attitudes accepting of violence against women and, in some cases, actually act out in a sexually aggressive manner."²¹

E. How to Address the Ease of Access to Online Violent and Degrading Sexually Explicit Material

Though there was significant debate regarding the findings of scientific research related to the public health effects of online violent and degrading sexually explicit material, there was general agreement among witnesses about how to address the ease of access to such material. Witnesses outlined two main areas where the federal government could potentially take action to address this issue: sexual health promotion and restricting children's access to this material through age verification and other methods.

1. Sexual Health Promotion

According to Ms. Hare, viewing sexually explicit material can have positive impacts in terms of promoting communication within couples about sexuality, as well as allow young people to learn about the different spectrum of sexual expression, and provide lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, 2 spirited (LGBTQ2+) communities with the opportunity to explore sexual activities outside of heterosexual norms.²²

In her own research examining the impact of sexually explicit Internet movies on the sexual health of young adults, Ms. Hare found that it had both positive and negative impacts on their sexual health, but these impacts could not be separated from how sexuality is treated more broadly in society through other types of media, as well as through wider social and political discourses. Her research further pointed to how youth are actively engaging with pornography to obtain knowledge of the positive aspects of sexuality, reflecting limited access to and resources for such information in mainstream media and sexual education. From her perspective, these research findings highlight the need for more comprehensive sexual education to be included as part of a broader effort to promote sexual health in Canada.

19 HESA, [Evidence](#), 11 April 2017, 1135 (Ms. Cordelia Anderson, Founder of Sensibilities Prevention Services, As an Individual).

20 HESA, [Evidence](#), 4 April 2017, 1115 (Dr. Neil Malamuth, professor, University of California, Los Angeles, As an Individual).

21 Ibid.

22 HESA, [Evidence](#), 23 March 2017, 1100 (Ms. Hare).

According to Dr. Gahagan, the federal government could address the health and social concerns raised by online violent and degrading sexually explicit material through the development of a national sexual health promotion strategy that could be included in school sex education courses, as well as provided through online partner agencies and other medical fora. The aim of the strategy would be to provide youth and their parents the tools necessary to support sexual health and healthy behaviours in the digital age. Dr. Gahagan explained that the strategy could “offer information on things such as healthy relationships, sexually transmitted and blood-borne infections prevention and testing, as well as providing information on the potential impacts of violent pornography, including the reality of possible criminal sanctions for producing and circulating pornography without consent.”²³

Dr. Cooper, Chief Executive Officer, Developmental and Forensic Pediatrics, Ms. Anderson and Dr. Dines also highlighted the importance of comprehensive healthy sex education in addressing the negative images about sexuality and relationships portrayed in pornography.²⁴ Ms. Anderson and Dr. Fisher, professor, Department of Psychology, University of Western Ontario explained that online interactive technologies could also play a critical role in providing sexual health education and supports. For example, the Committee heard that the Society of Obstetricians and Gynaecologists of Canada had developed the SexualityandU.ca website to provide information to enable youth to make informed choices in relation to sex, as well as promote safer sex and consensual sex.²⁵ The Committee heard that these online interactive tools are critical as children and youth may not have access to comprehensive sex education in schools for a variety of reasons, including the teacher’s comfort with the topic.²⁶

Witnesses stressed to the Committee that sexual health promotion efforts also need to focus on addressing issues of gender equity and gender violence in society more broadly, including promoting discussions regarding sexual consent. Dr. Kim Roberts, professor and Head, Child Memory Lab, Department of Psychology, Wilfred Laurier University, explained that this approach has been implemented successfully in the United Kingdom through a public advertising campaign that discusses sexual consent in terms of being invited in for 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 a 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.²⁷

23 Ibid., 1110 (Dr. Gahagan).

24 HESA, [Evidence](#), 11 April 2017 (Dr. Sharon Cooper, Chief Executive Officer, Developmental and Forensic Pediatrics, Ms. Anderson, Dr. Dines).

25 HESA, [Evidence](#), 4 April 2017, 1225 (Dr. Fisher).

26 Ibid.

27 Ibid., 1215 (Dr. Roberts).

Dr. Gahagan suggested that addressing issues related to gender equity and gender-based violence could also be addressed by using a “gender-based analysis Plus”²⁸ approach to develop and evaluate sexual health promotion programs and materials for youth and women.²⁹

2. Restricting Children’s Access to Internet Pornography through Age Verification and Other Measures

The Committee also heard from witnesses that child access to online violent and degrading sexually explicit images could be addressed through various technological measures. In particular, the Committee heard that the United Kingdom is considering measures that would require a credit card for access to pornography websites, which would help prevent young children from accessing their content.³⁰ The Committee was also told that the United Kingdom is considering an “opt in” approach by which individuals who want to have access to pornography on their digital devices must call their Internet service providers (ISPs) and provide proof of age and a credit card number, otherwise pornography websites and content would automatically be filtered out by the ISPs.

28 According to Status of Women Canada, “GBA+ is an analytical tool used to assess how diverse groups of women, men and gender-diverse people may experience policies, programs and initiatives. The “plus” in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences. We all have multiple identity factors that intersect to make us who we are; GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.” Status of Women Canada, [What is GBA+](#).

29 HESA, [Evidence](#), 23 March 2017, 1245 (Dr. Gahagan).

30 HESA, [Evidence](#), 11 April 2017, 1145 (Dr. Dines).

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

The Committee's study of M-47 revealed that there are significant debates surrounding the public health effects of the ease of access and viewing of online violent and degrading sexually explicit material. Witnesses presented evidence of both the positive and negative impacts of viewing pornography on sexual attitudes and behaviours among children, women and men. However, despite evidence of a correlation between negative sexual attitudes and behaviours and the viewing of pornography, research has not established any causal relationship among the general population to date.³¹ Furthermore, given the lack of agreement on what constitutes "sexually explicit material" and "violent and degrading sexually explicit material" in the scientific literature, the Committee heard that it is difficult to distinguish the impacts of violent and degrading sexually explicit material from those of non-violent and degrading sexually explicit material.³² Finally, the impacts of sexually explicit material on sexual health and behaviour cannot be separated out from how sexuality is addressed in society more broadly through education, political and social structures, and the wider media environment.³³

However, the Committee's study did highlight a need to provide children, youth and parents with better and more comprehensive sources of information regarding sexual health and behaviour. If responsible adults do not provide transparent, thorough information, the Internet will often fill the void. Better information and tools would provide them with the necessary supports to respond to the increasing ease of access to online violent and degrading sexually explicit material, as well as other sexual health issues, such as prevention and testing for sexually transmitted and blood-borne infections, healthy relationships, and sexual consent. Witnesses were in agreement that this goal could be achieved through broad-based sexual health promotion efforts, including sex education in schools, community and online interactive programs and information, as well as advertising campaigns. Furthermore, they felt that these sexual health promotion efforts should also aim to address systemic problems related to gender equity and gender-based violence.

Finally, the Committee heard that parents need greater support to help protect children from unwanted exposure to sexually explicit material. As the Canadian Centre for Child Protection pointed out, 60% of the parents that they surveyed were deeply concerned about their children being exposed to inappropriate content and 53% indicated that they needed help in gaining knowledge of the online environment to educate and protect their children.³⁴ To address this issue, the Committee heard that technology

31 HESA, [Evidence](#), 4 April 2017, 1115 (Dr. Malamuth).

32 Ibid. (Dr. Malamuth, Dr. Fisher).

33 HESA, [Evidence](#), 23 March 2017, 1100 (Ms. Hare).

34 HESA, [Evidence](#), 11 April 2017, 1100 (Ms. Lianna McDonald, Executive Director, Canadian Centre for Child Protection).

companies should work to create better online content filters and tools that empower parents to protect children while they are online.

In response to these concerns and reflecting the recommendations heard in oral testimony and presented in written submissions, the Committee therefore recommends that:

1. The Public Health Agency of Canada update the 2008 [Canadian Guidelines for Sexual Health Education](#) to address sexual health in the digital age, gender-based violence, consent, supplementary information for young people to learn about the different spectrum of sexual expressions and identities including lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, 2 spirited (LGBTQ2+) communities and provide support for their implementation.
2. The Public Health Agency of Canada, in collaboration with provincial and territorial governments, health care providers, public health and education experts and other relevant stakeholders, develop a Canadian sexual health promotion strategy that would provide comprehensive information on sexuality and sexual health that would include, but not be limited to, sexual identity, gender equity, gender-based violence, consent and behaviour in the digital age and possible risks of exposure to online violent and degrading sexually explicit materials and encourage its usage in school curriculums.
3. The Public Health Agency of Canada apply [Gender-based Analysis Plus](#) in the development of the proposed Canadian sexual health promotion strategy and in the update of the *Canadian Guidelines for Sexual Health Education*.
4. a. The Public Health Agency of Canada compile and make available a list of best practices, information, and currently available tools for parents and families on how to protect children from exposure to online sexually explicit material.
b. That technology companies, electronics manufacturers, software and browser developers work to create better content filters and tools that respect individual privacy while empowering parents to protect children online.

LIST OF RECOMMENDATIONS

1. The Public Health Agency of Canada update the 2008 [Canadian Guidelines for Sexual Health Education](#) to address sexual health in the digital age, gender-based violence, consent, supplementary information for young people to learn about the different spectrum of sexual expressions and identities including lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, 2 spirited (LGBTQ2+) communities and provide support for their implementation..... 12
2. The Public Health Agency of Canada, in collaboration with provincial and territorial governments, health care providers, public health and education experts and other relevant stakeholders, develop a Canadian sexual health promotion strategy that would provide comprehensive information on sexuality and sexual health that would include, but not be limited to, sexual identity, gender equity, gender-based violence, consent and behaviour in the digital age and possible risks of exposure to online violent and degrading sexually explicit materials and encourage its usage in school curriculums..... 12
3. The Public Health Agency of Canada apply [Gender-based Analysis Plus](#) in the development of the proposed Canadian sexual health promotion strategy and in the update of the *Canadian Guidelines for Sexual Health Education*. 12
4. a. The Public Health Agency of Canada compile and make available a list of best practices, information, and currently available tools for parents and families on how to protect children from exposure to online sexually explicit material.

b. That technology companies, electronics manufacturers, software and browser developers work to create better content filters and tools that respect individual privacy while empowering parents to protect children online..... 12

APPENDIX A LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
Arnold Viersen, M.P., Peace River—Westlock	2017/02/07	40
As individuals	2017/03/23	47
Jacqueline Gahagan, Professor, Interim Director, Assistant Dean Faculty of Health Professions, Dalhousie University		
Kathleen Hare, Doctoral Student Department of Language and Literacy Education University of British Columbia		
Mary Anne Layden, Director Sexual Trauma and Psychopathology Program Department of Psychiatry, University of Pennsylvania		
As individuals	2017/04/04	48
William Fisher, Professor Department of Psychology, University of Western Ontario		
Neil Malamuth, Professor University of California, Los Angeles		
Kim Roberts, Professor and Head, Child Memory Lab Department of Psychology, Wilfrid Laurier University		
As an individual	2017/04/11	50
Cordelia Anderson, Founder Sensibilities Prevention Services		
Canadian Centre for Child Protection		
Lianna McDonald, Executive Director		
Culture Reframed		
Gail Dines, President		
Developmental and Forensic Pediatrics		
Sharon Cooper, Chief Executive Officer		

APPENDIX B LIST OF BRIEFS

Organizations and Individuals

Allen, Ernie

Anderson, Cordelia

Central Nova Women's Resource Centre

Christian Legal Fellowship

Culture Reframed

Deschambault, Joseph

Doak-Gebauer, Charlene

Evangelical Fellowship of Canada

Fight the New Drug

Fisher, William

Gerrard, Glendyne

Hope for the Sold

Kohut, Taylor

Kornelsen, Dallas

MacDonald, Linda

Namaste, Viviane

NoFap

Pfaus, James

Porn Harms Kids

Rainy River District Women's Shelter of Hope

Sarson, Jeanne

Sullivan, Rebecca

Organizations and Individuals

TEN Broadcasting

The Reward Foundation

The Turning Point Counselling Services

Webber, Valerie

Wilson, Gary B.

Zacharias, Janet

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 40, 47, 48, 50, 57, 58](#)) is tabled.

Respectfully submitted,

Bill Casey
Chair

Introduction:

This dissenting report represents the views of the Conservative Members of the Committee.

This study had the potential to lead to a defining report on a growing public health concern. Parliament has not studied the issue since 1985, over a decade before the internet made sexually explicit materials widely available to Canadians of all ages.

There were initial signs that this study was going to achieve this goal. The House of Commons unanimously supported M-47.¹ The leader of the Green Party was a co-sponsor of the motion. There were many supportive statements from members of the New Democratic Party.² As well, Ms. Kamal Khera, the Parliamentary Secretary to the Minister of Health, stated during the debate: “A study by the Standing Committee on Health would provide an opportunity to hear from experts, researchers, and advocates for those affected by online violence and degrading sexually explicit material. Understanding the health effects of accessing and viewing violent and degrading sexually explicit online material and physical and sexual violence in Canada would help to inform future government policy development in this area.”³

Other House of Commons Standing Committees have recognized the gravity of violent and degrading pornography. For example, the Status of Women Committee “recommended that the federal government should develop a public awareness campaign for the general public and develop an “opt-in” internet model to be implemented in Canada.”⁴

However, once M-47 was referred to the Standing Committee on Health, it became apparent that members on the committee were not going to treat the subject with the seriousness it deserves.

The committee limited the study to only four meetings, thereby arbitrarily limiting the number of witnesses that could appear. Further, once the hearings were concluded, the committee adopted a formal motion to limit evidence that could be included in the final report to only evidence that was provided by individuals with published peer-reviewed scientific research.⁵ Such a narrow focus excluded witnesses who work with individuals who have been most impacted by violent and degrading sexually explicit materials.

The final report of this committee relies heavily on the testimony of two witnesses, one whom cites most of his research from before 1995⁶ and the other whose research consisted of interviewing only 12 individuals between the ages of 18 and 29.⁷ This would have provided much more balance had the views of more witnesses been included in the final report.

¹ House of Commons, Journals, 42 Parliament 1st session, 8 December, 2016

² CBC News, Elizabeth Thompson, <http://www.cbc.ca/news/politics/health-pornography-violence-sexually-explicit-1.3893626> (2016)

³ House of Commons, Hansard, 14 Nov 2016, 1150 (Kamal Khera, Member of Parliament)

⁴ Taking Action to End Violence Against Young Women and Girls in Canada, Standing Committee on the Status of Women, Report 7, 42nd Parliament, 1st session.

⁵ HESA, Minutes of Proceedings, 1st Session, 42nd Parliament, 2 May 2017

⁶ HESA, Written Submission, 27, March, 2017 (Dr. Fisher)

⁷ HESA, Handout, 23 March 2017, (PhD Student Kathleen Hare)

Defining the problem:

1. Defining ‘violent’ and ‘degrading’

The final report notes that it is difficult to separate violent sexual material from general sexually explicit materials, particularly when determining impact.⁸ For this reason, it is concerning that witnesses who testified that a large portion of online pornography is violent and degrading were largely ignored and much of their testimony was omitted from the report.⁹

As one witness stated at committee, “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 the kinds of effects that Canadians should be concerned about in terms of attitudes about women and the potential, at least, for violence against women.”¹⁰

2. Determining if a Public Health Response is Needed

The committee heard that violent and degrading pornography has a causal relationship with sexual aggression. Those witnesses, who did not agree that violent and sexually explicit material had a causal impact on sexual aggression, did note that such material amplifies pre-existing aggressive tendencies.¹¹

Public Health Impact on Women:

The final report is silent on the contribution of violent and degrading pornography to rape culture. The committee heard ample evidence that violent and degrading pornography generally objectifies women, subjects women to violent acts, and normalizes a subservient position for women in the minds of some viewers.^{12,13} There was further evidence presented to the committee that repeated exposure to violent and degrading pornography desensitizes viewers to violence against women.^{14,15} Of the top three factors identified as connected with sexual violence, violent and degrading pornography ranked within the top three.¹⁶

Public Health Impact on Children:

The committee heard that pornography, including violent pornography, has a major impact on sexual norms for youth.^{17,18,19} The committee heard that it is common for children to begin viewing pornography as young as the age of 11.²⁰

The final report, however, is entirely silent on the evidence the committee heard about how violent and degrading explicit material can be used to facilitate criminal acts against children and has a causal relationship to peer-to-peer aggression amongst youth.^{21,22,23}

⁸ HESA, Evidence, 23 March 2017, 1230 (PhD Student Kathleen Hare)

⁹ Dr. Layden, Dr. Cooper, Cordelia Anderson, Dr. Dines

¹⁰ HESA, Evidence, 4 April 2017, 1150 (Dr. Malamuth, Professor, University of California, Los Angeles)

¹¹ HESA, Evidence, 4 April 2017, 1120 (Dr. Malamuth, Professor, University of California, Los Angeles)

¹² Porn Harms Kids, “Brief Submitted by Culture Reframed to the Health Committee,” Submitted Brief, 2017

¹³ HESA, Evidence, 11 April 2017, 1110 (Dr. Dines, Professor and Chair of Women’s Studies at Wheelock College)

¹⁴ HESA, Evidence, 11 April 2017, 1130 (Cordelia Anderson)

¹⁵ HESA, Evidence, 11 April 2017, 1110 (Dr. Dines)

¹⁶ HESA, Evidence, 23 March 2017, 1120 (Dr. Layden, Director -Sexual Trauma and Psychopathology, Uni. of Pennsylvania)

¹⁷ Janet Zacharias, “Brief Submitted by Janet Zacharias to the Health Committee,” Submitted Brief, 2017

¹⁸ Culture Reframed, “Brief Submitted by Culture Reframed to the Health Committee,” Submitted Brief, 2017

¹⁹ HESA, Evidence, 11 April 2017, 1220, 1235 (Dr. Sharon Cooper, CEO, Developmental and Forensic Pediatrics)

²⁰ HESA, Evidence, 11 April 2017, 1110 (Dr. Dines, Professor and Chair of Women’s Studies at Wheelock College)

²¹ HESA, Evidence, 11 April 2017, 1100 (Lianna McDonald, Executive Director, Canadian Centre for Child Protection)

Therefore, taking action to ensure that children are protected from sexual violence, that youth have the protection and ability to develop positive sexual norms, and that youth are not drawn into criminal acts, are all matters of public health that were ignored by the committee's report.

Public Health Impact on Men:

A number of witnesses testified that young boys are being shaped by violent and degrading sexually explicit material.^{24,25} The committee heard that once a habit is formed that could last into adulthood. The committee heard that males who have habitually viewed violent and degrading sexual materials are more likely to suffer from erectile dysfunction, isolation, depression and anxiety.²⁶

Conclusion and Recommendations:

The committee did hear from the majority of witnesses, both in oral testimony and in written submissions, that there is a role for government to play in preventing youth and children from accessing violent and degrading pornography. This approach would ensure that youth can develop healthy sexual norms before they are exposed to this material as adults.

The committee also heard, and the Conservative members agree with the members of the committee, that Criminal Code changes are not the answer.

In relation to the recommendations adopted by the full committee, Conservative members would also note the following:

- **Regarding committee recommendations 1 and 2**, while Conservative members agree with updating the 2008 Canadian Guidelines for Sexual Health Education and the development of a Canadian Sexual Health Promotion Strategy, we also caution that the federal government must be respectful of provincial jurisdiction in the field of education. In addition, parental choice and autonomy must be recognized and respected. Such material as referred to in recommendations 1 and 2 should be publicly available so that parents and guardians can utilize it as they see fit.
- **Regarding committee recommendation 4(B)**, we agree with this recommendation, but would also note that some witnesses suggested that Canada follow the recent actions of the United Kingdom to prevent children and youth from accessing sexually explicit materials. Conservative members recommend that the government further explore such options in order to better protect children and youth.

This could include working with internet service providers to provide adult content filters through the service provider, and that such filters could be active by default unless the adult customer opted out of using them.^{27,28,29,30,31,32,33}

²² HESA, Evidence, 11 April 2017, 1120 (Dr. Sharon Cooper, CEO, Developmental and Forensic Pediatrics)

²³ HESA, Evidence, 11 April 2017, 1130 (Cordelia Anderson MA, Sensibilities Prevention Services)

²⁴ HESA, Evidence, 11 April 2017, 1115 (Dr. Dines, Professor and Chair of Women's Studies at Wheelock College)

²⁵ HESA, Evidence, 11 April 2017, 1130 (Cordelia Anderson MA, Sensibilities Prevention Services)

²⁶ Gary B. Wilson, "Brief Submitted by Gary B. Wilson to the Health Committee," Submitted Brief, 2017

²⁷ Turning Point Counseling Services - Paul Lavergne, "M-47," *Submitted Brief*, 9 March 2017.

²⁸ HESA, Evidence, 11 April 2017, 1155 (Dr. Sharon Cooper, Chief Executive Officer, Developmental and Forensic Pediatrics).

²⁹ Defend Dignity – Glendyne Gerrard, "Pornography: A Public Health Crisis," *Submitted Brief*, 21 March 2017.

³⁰ Evangelical Fellowship of Canada, "Submission on M47," *Submitted Brief*, 22 March 2017.

³¹ Women's Centres Connect, "Submission to Standing Committee on Health," *Submitted Brief*, 2 February 2017.

³² HESA, Evidence, 11 April 2017, 1150 (Dr. Gail Dines, President, Culture Reframed).

In addition, the implementation of meaningful age verification tools should be examined, while ensuring the privacy of Canadians is protected.
34,35,36,37,38,39,40,41,42,43,44,45,46,47

Given that it has been some time since this matter has been studied in any depth, and given that technology evolves at lightning speed, the Conservative members of the committee would also make the following recommendation:

- **That the Public Health Agency of Canada should provide increased funding to further understand the public health impacts of violent and degrading sexual content.**
48,49,50,51,52,53,54

Respectfully submitted.

³³ Porn Harms Kids - Liz Walker, "Brief Regarding M-47," *Submitted Brief*, 22 March 2017.

³⁴ HESA, Evidence, 11 April 2017, 1100 (Ms. Lianna McDonald, Executive Director, Canadian Centre for Child Protection).

³⁵ Rainy River District Women's Shelter of Hope, "Should Pornography Be Regulated?" *Submitted Brief*, January 2017.

³⁶ Gary B. Wilson, "Brief Relating to Motion 47," *Submitted Brief*, 16 February 2017.

³⁷ Turning Point Counseling Services - Paul Lavergne, "M-47," *Submitted Brief*, 9 March 2017.

³⁸ TEN Broadcasting - Stuart Duncan, "Brief in Response to M-47," *Submitted Brief*, 9 March 2017.

³⁹ Joseph Deschambault, "Re: Motion M-47," *Submitted Brief*, 3 March 2017.

⁴⁰ Child Pornography Hurts - Charlene Doak-Gebauer, "Brief to the Committee on Health," *Submitted Brief*, 21 March 2017.

⁴¹ Evangelical Fellowship of Canada, "Submission on M-47," *Submitted Brief*, 22 March 2017.

⁴² Hope For The Sold – Michelle Brock, "Brief on Motion M-47," *Submitted Brief*, 10 March 2017.

⁴³ WePROTECT Global Alliance - Ernie Allen, "Age Verification for Online Pornography," *Submitted Brief*, 2 March 2017.

⁴⁴ HESA, Evidence, 11 April 2017, 1145 (Dr. Sharon Cooper, CEO, Developmental and Forensic Pediatrics).

⁴⁵ Defend Dignity – Glendyne Gerrard, "Pornography: A Public Health Crisis," *Submitted Brief*, 21 March 2017.

⁴⁶ Porn Harms Kids - Liz Walker, "Brief Regarding M-47," *Submitted Brief*, 22 March 2017.

⁴⁷ HESA, Evidence, 11 April 2017, 1115 (Dr. Gail Dines, President, Culture Reframed).

⁴⁸ NoFap, *Submitted Brief*, March 21st 2017

⁴⁹ Defend Dignity, *Submitted Brief*, March 21st 2017

⁵⁰ Gary B. Wilson, *Submitted Brief*, February 16th 2017

⁵¹ Janet Zacharias, *Submitted Brief*, March 7th 2017

⁵² Reward Foundation, *Submitted Brief*, March 21st 2017