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## **Standing Committee on Health**

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**EVIDENCE**

**Tuesday, April 11, 2017**

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**Chair**

**Mr. Bill Casey**



## Standing Committee on Health

Tuesday, April 11, 2017

• (1100)

[English]

**The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)):** Seeing quorum, I call to order the meeting of our study on motion 47.

I want to welcome our guests. This is the first time we've had three teleconference visitors. I want to welcome you from three areas of the United States as well as our in-house guest and new members of the committee.

I want to thank Elise and Alex for putting this all together. They are the technicians who created these connections and did a great job at it.

I want to start by reading the words of M-47 so that we remember exactly what we're here to study. I will read the motion:

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.

We have four witnesses today, and I will introduce them. Our in-house witness is Lianna McDonald, executive director of the Canadian Centre for Child Protection. From Boston, Massachusetts, we have Dr. Gail Dines, president of Culture Reframed. From Fayetteville, North Carolina, we have Dr. Sharon Cooper, chief executive officer of Developmental and Forensic Pediatrics. From Minneapolis, Minnesota, we have Cordelia Anderson, founder of Sensibilities Prevention Services.

I want to welcome you all and thank you very much for taking the time from your schedules to do this.

I understand, Ms. McDonald, that you have to leave at 12:15 to catch a plane.

We open with a 10-minute presentation by each of you. We'll start with Lianna McDonald from the Canadian Centre for Child Protection.

**Ms. Lianna McDonald (Executive Director, Canadian Centre for Child Protection):** Good morning, everyone, and thank you very much to the committee for providing us with this important opportunity.

I would also like to acknowledge my wonderful colleagues who are joining us. You have real experts here today. We've been working with Dr. Sharon Cooper and Cordelia for over 10 years, and they can really offer some important information.

My name is Lianna McDonald, and I am the executive director of the Canadian Centre for Child Protection. Our agency is a national charity dedicated to the personal safety of children. Our goal is to reduce the incidence of missing and sexually exploited children, while educating the Canadian public about ways to keep their children safe.

The Canadian Centre for Child Protection operates Cybertip.ca, which is Canada's national tip line to report online sexual exploitation of children. The tip line is a central part of the Government of Canada's national strategy for the protection of children from sexual exploitation on the Internet. The primary role of the tip line is to receive and analyze reports on potentially illegal material or activities regarding online crimes against children. Since its inception in 2002, the tip line has processed over 220,000 reports from the public concerning children being sexually exploited on the Internet. The number of reports coming into the tip line has steadily increased over the years. Since 2014, Cybertip.ca has averaged approximately 3,000 reports per month.

It is through our work over the last 14 years that our agency has witnessed the growing proliferation of child sexual abuse on the Internet. The misuse of technology has accelerated the propagation of child pornography, normalized the sexualization of children, and made it abundantly easier for offenders to actively participate in this illegal behaviour.

Focusing on today's discussion, it should be noted that there is a significant difference between the so-called adult pornography and the child abuse material that is reported to us on a daily basis. Overwhelmingly, the content that is reported to the tip line depicts children being sexually exploited or abused. The image or video becomes a permanent record of a child's abuse and can propagate indefinitely.

When it comes to disturbing adult pornography, the public has nowhere to report it. Given that Cybertip.ca is the closest thing to a reporting entity, 15% of our reports include this type of egregious sexual material. Our analysts would process these reports as they come into the tip line. Every day, regrettably, our analysts have to see first-hand how extremely disturbing and graphic this content can be. I'll provide just one very mild example, from a popular website. A naked female is shown on her hands and knees while a male is penetrating her from behind. In the background, there are at least six other naked men visible, all masturbating. The men then take turns anally penetrating the female, one after another. She is there completely to serve them.

In our experience, both adult pornography and child pornography have become increasingly disturbing over the years, including elements of sadism, bondage, torture, and bestiality. It is important to recognize that the reports made to the tip line come in from members of the public who have come across some of this disturbing material on the public Internet. There are no usernames or passwords required to gain access. We frequently receive reports relating to adult and child pornography that is in plain view on popular social media platforms. The fact that this content is encountered by members of the public so often and in such public places is a significant public health concern.

The ease of access to sexually explicit material also provides sexual offenders with a tool to groom children. Research indicates that sexual offenders expose children to pornographic videos and images in order to lower children's inhibitions. For example, one study found that out of 91 offenders who sexually exploited children, 33% used adult pornography—videos or magazines—to groom, educate, and desensitize the children.

Offenders use pornography, as well as violent and degrading sexually explicit content, to normalize the abuse perpetrated against a victim. The narrative created by those who offend against children is that the acts are engaged in by mature individuals and the victim is growing up, and it is often used to educate the victim on what the offender wants the child to do.

● (1105)

The above points are supported through research conducted by our agency. In January 2016, we conducted an international survey of survivors whose child sexual abuse was recorded and distributed online. The survivors who participated in the survey contributed valuable details and information about their experiences. Based on the preliminary findings, we learned that among 93 victims who disclosed exposure to inappropriate content as part of their abuse process, 57% were shown adult pornography and 44% were shown child pornography.

I would like to raise one example of a case where an offender used sexually explicit material to groom a child. *R. v. J.V.* is a 2015 case from the Ontario Court of Justice. In this case, the father physically and sexually abused his daughters from the ages of 4 and 5, and throughout their entire childhood in what the judge described as a sadistic pattern of gratuitous torture. The mother was also involved as a facilitator, and in some instances, an abuser.

Each victim described a pattern whereby they would be called into the room by their father to watch pornography. These included threesomes and bestiality. He would make them watch, and then proceed to force them to participate in a variety of sexual acts. One victim described being forced to engage in bestiality after her father watched similar pornographic acts.

When children reach adolescence, the seamless integration of technology into their lives provides them with easy access to pornographic material. An increased amount of research is linking adolescent pornography viewing to numerous negative health outcomes such as aggression, substance abuse, depression, risky sexual behaviours, and sexual deviance.

The available research is also consistent with our experience connecting directly with child educators and Canadian children. The Canadian Centre for Child Protection has educational materials in classrooms across Canada. We also run student advisory groups, which we engage to seek information directly from youth relating to online and personal safety experiences. Through informal discussion with students in 2016, we learned that approximately 70% of the students in grade 6 had at one time or another felt discomfort with something they came across online, with pornography and related terms often cited as the source of discomfort.

This informal data is backed by a study that was released in June 2016 by Middlesex University in London. An extensive survey of students between the ages of 11 and 16 was conducted that revealed that children were initially shocked and confused after seeing pornography, but the shock subsided after repeated viewing. Of critical importance, nearly half of the males reported that online pornography gave them ideas about the type of sex they wanted to try out, and just over half of the boys surveyed saw pornography as realistic.

Our agency also connects with parents. In February 2017, we conducted a survey of parents to better understand their unique concerns regarding their children's access to the Internet and online safety. The preliminary findings suggested that among the 122 respondents, 60% were deeply concerned about their children being exposed to inappropriate content, such as pornographic images or violence. In addition, 53% of respondents indicated they needed help in gaining knowledge of the online environment to educate and protect their children.

The reality is that the burden of managing this issue thus far has fallen onto parents. The number of apps, social media sites, and websites has grown exponentially, yet parents are expected to navigate this on their own and somehow make sure their children aren't exposed to things they can't handle. This is unrealistic, it is unfair, and it ought to change.

In conclusion, our agency believes there is an urgent need to take steps to limit the accessibility of child abuse material as well as violent and degrading sexual content, particularly on websites that are publicly available.

A few concrete steps to address this issue could include:

First is exploring opportunities to engage with bodies that are responsible for the assignment of domain names to designate specific domains as child safe. These child-safe, top-level domains would require entities to enforce rules relating to the type of content they cannot host, such as pornography and graphic violence.

Second is educating adults on the harmful impacts of pornography, and devising solutions, such as age verification technology, to help ensure that pornographic content is not readily accessible to young people.

• (1110)

A third step would be helping parents keep pace with the technological trends and arming them with child protection tools and resources.

Finally, we must educate and empower our children around issues of sexual consent, healthy relationships, and boundaries.

Our hope is that we can continue to work together with stakeholders and the Government of Canada to find meaningful ways to ensure that our children are better protected from harmful content, abuse, and exploitation.

Thank you.

**The Chair:** Thank you very much.

Now we'll hear from our second witness, Dr. Gail Dines, from Culture Reframed, from Boston, Massachusetts. Welcome.

**Dr. Gail Dines (President, Culture Reframed):** Thank you. Good morning.

I am a professor of sociology and women's studies at Wheelock College in Boston, as well as founder and president of Culture Reframed. We are the first health-based non-profit to develop public and professional capacity to build resilience and resistance in children to the porn culture.

I have been researching, writing, and speaking about the porn industry for over 30 years. I am the author of numerous articles and books on the porn industry, including *Pornland: How Porn Has Hijacked Our Sexuality*, which has now been translated into four languages. I have served as an expert witness for the U.S. Department of Justice in a case against the porn industry. My research and activism are rooted in multidisciplinary scholarship and reflect multicultural and feminist perspectives.

The committee has heard from experts about the debates in the scholarly community regarding the harms of pornography. Let me be very clear. Over 40 years of empirical research from psychology, sociology, communications, and the health sciences demonstrates unequivocally that consuming pornography impacts men's and boys' attitudes, behaviours, sexual templates, sexual tastes, norms, values, and gender and sexual identity.

To suggest that porn has no impact is to ignore the weight of the evidence, and importantly, to ignore the voices of women and girls. I travel the world giving presentations on this topic and have heard thousands of stories from women and girls about the often life-long impact of sexual abuse and harassment, and the role of porn in that abuse. This is a critical human rights and justice issue, one that every government should be committed to if they are committed to girls' and women's equality.

In addition to the direct impacts of pornography on sexual violence and abuse, we must acknowledge the large body of scholarship that explores the more subtle ways that porn undermines

the collective well-being of women, men, and children, and erodes the cultural fabric of our society.

We know from research that porn destroys the capacity for intimacy, connection, and empathy, the three key human skills that sustain a society worth living in.

The earlier boys access pornography—and today the average age is 11—the more they watch, and the more violent the material they consume, the less likely they are as adults to develop connected relationships with partners, to parent their children, or to be active and engaged citizens. They are more likely to suffer from erectile dysfunction, isolation, depression, and anxiety.

Porn has a cascading impact on the entire society. That is why it is a public health issue, not a moral one. It is not about the one porn user masturbating alone in the bedroom, bathroom, or boardroom, but about the way porn impacts the wider culture, gender relations, and the workplace. It is the same reason we view drinking and driving as a public health concern. It expands beyond that one inebriated individual and has broader social causes and impacts, causing large-scale loss of life and physical and emotional injuries. It drains the health care system, and it hurts the economy. It requires systemic intervention to address the problem.

That is exactly the same truth for pornography, which undermines the well-being of boys and men and causes a cascading effect on the culture. It puts girls and women at risk of sexual harm, both physical and emotional. It undermines their rights to full equality in the home, the workplace, and society at large, by reducing girls and women to sex objects. Porn normalizes sexual harassment, makes women more vulnerable to sexual abuse in public and private spaces, legitimizes sex acts that debase and degrade women, grooms girls into seeing themselves as nothing more than masturbation facilitators for men, and robs them of their sexual agency.

The well-oiled public relations machine of the porn industry has developed multiple ways to distract us from these effects, which have been documented in the research. One key distraction is to ask, what type of porn are men and boys watching, good porn or bad porn, soft core or hard core, violent or non-violent? This is a distraction because it falsely points to a significant segment of the porn industry as “benign”. To understand porn, it is crucial to study how the porn industry works and to understand the content and genres, and how access to porn is structured within a highly sophisticated web-based commercial environment.

The advent of the Internet ushered in a multi-billion dollar a year industry that reshaped not only how men and boys access porn, but also the content and business model. The Internet made porn affordable, accessible, and anonymous, three key factors that drive demand. With 24-7 access to porn, boys and men quickly became desensitized and needed more extreme porn in order to maintain their interest and arousal.

• (1115)

In 2003, hard-core porn director Jules Jordan told *Adult Video News*, a porn industry journal, that “One of the things about today’s porn and the extreme market, the gonzo market, is so many fans want to see so much more.”

That was 2003. Today, hard-core porn, termed “gonzo” by the industry, is no longer extreme but mainstream. It is no surprise, then, that a 2010 study by Ana Bridges and her team found that the majority of scenes from 50 of the top most-watched movies and films have physical and violent abuse against women in 90% of the scenes.

That was 2010, just as the porn industry was being revolutionized by a company originally called Manwin, later renamed MindGeek following the arrest of its founder, Fabian Thylmann, for tax evasion in 2012. The key to MindGeek’s business plan was to build free porn sites, much like YouTube, and then monetize the traffic through ads for penis enlargers and erectile dysfunction medications and links driving consumers to paid porn sites and webcam porn.

MindGeek has been described as similar to Amazon in books; it’s the dominant force. Thanks to MindGeek, the porn industry is now a mature, highly sophisticated, and corporatized industry. MindGeek controls eight of the top ten most travelled free porn sites in the world, controlling most of the distribution side of the value chain. Its top three free porn sites attract close to 100 million visitors and over 488 million page views a day.

This free porn model delivers porn to boys on a scale never seen before. Because you don’t need a credit card, or proof of age, it is the perfect way to deliver hard-core porn to boys at the very stage in their development when they are sexually curious and their brains are wired for novelty and risk-taking. Absent robust sex education programs, porn has now become the major form of sex education in the world across the globe. This means that violent hard-core porn is shaping boys on a level we’ve never seen before.

Although MindGeek is headquartered in Luxembourg, with offices across the USA and Europe, 800 of its more than 1,000 employees work from their Montreal office. It is indeed ironic that the country that has produced the boldest statement about porn as a public health issue is home to the largest distributor of porn on the planet.

With this level of concentration on the distribution side, it is not difficult to discover the popular types of porn content. MindGeek’s websites don’t contain soft-core or “good” porn. Instead, they catapult you into a world of violent and degrading images of women. Porn is an industrial product, not a haphazard collection of images or creative art. This means it is generic and formulaic across most porn sites.

This business model mirrors the business model of other major industries. When you enter a McDonald’s anywhere in the world, the menu will be more or less the same because the product is designed for a mass market. You can have a Big Mac with or without cheese, with or without mustard, but you can’t order steak au poivre followed by cheese soufflé for dessert. The product on offer has been structured by sophisticated marketing professionals at McDonald’s HQ with an eye to revenues, profits, costs, and market segmentation.

It is the same with MindGeek. Whatever site you land on, you see a similar list of genres and acts, and I’m going to give you the most predominate acts that you will see on all MindGeek sites: women being gagged with a penis till they are choking; pounding oral, anal, and vaginal sex, designed to stretch women’s orifices and cause pain and injury; women being penetrated in all orifices, often by three men at the same time while being hit on the face with hands, penises, spat upon, and called vile misogynist names.

While this is not your father’s *Playboy*, at a profound level it is the same old patriarchal, reactionary, and sexist ideology. It delivers the message to men’s brains, via the penis, that women exist for sexual use and abuse. In porn, women don’t need good child care, equal pay, or the right to live a life of dignity. All they need is a good pounding to make them happy. The idea that porn is somehow about female liberation, creative sexuality, or sexual agency is testimony to the power of the porn industry’s PR machine. Ironically, the ideology and messages are as old as patriarchy itself.

This is why we need to act now. As well as developing and delivering holistic sex education in schools, we need to develop policies similar to those in the United Kingdom that severely limit access to pornography via filters at the ISP level and age verification measures.

• (1120)

We also need to define pornography as a violation of women’s civil rights and ask what matters more: the right of a group of predatory capitalists to profit from violence against women and children, or the rights of women and girls to live as equal and free citizens? You can’t have it both ways. A choice has to be made: porn or gender equality?

**The Chair:** Thank you very much. I appreciate your comments, for sure.

Now we'll go to Dr. Sharon Cooper, chief executive officer of Developmental and Forensic Pediatrics from Fayetteville, North Carolina.

Welcome.

**Dr. Sharon Cooper (Chief Executive Officer, Developmental and Forensic Pediatrics):** Thank you very much, Mr. Chairman.

It is a privilege for me to be able to speak with you today. I am a pediatrician who works specifically in child development, especially the healthy development of children and children who are at risk for developmental disorders. I am also a forensic pediatrician and have spent nearly 40 years now working in the area of child maltreatment. The last 18 years have been focused on Internet crimes against children and information and communication technology crimes.

The presence of Internet pornography and its easy availability to children and youth present a significant threat to the psychosexual development of children and youth today. This threat to the children, the inability of their parents to provide protections, and the resultant aberrant sexual behaviour decisions by more and more groups of teens and older adolescents really provides a clear road map of a threat to society. Therefore, looking through the lens of the ecological model, Internet pornography affects the child, the family, the community, and society.

Efforts to protect children from this prurient content were completely acceptable when print materials were restricted from sale to minors. However, since the public availability of information and communication technology, which really began around 1995 or 1996, this content can no longer be controlled without legislative actions. The very nature of the Internet and smart phone technology fosters a sense of digital normalization that causes parents to have a sense of helplessness with respect to trying to intervene and protect their children from unwanted content.

There are seven different ways in which adult pornography harms children. The first is that adults who view this content often use it as a template for production of their own personal materials as they sexually abuse children. These images are often their plan for action. In hundreds of investigations where I have had to review the storage of images and videos of child sexual abuse material, previously referred to as child pornography, there was existing and saved adult pornography content on the hard drives of offenders who were used to replicating the sexual acts of those children as they downloaded, possessed, and traded these images with like-minded offenders.

Second, adults now use adult pornography to entice youth for self-production of similar images, typically for the purpose of blackmail and continued online victimization, now referred to as "sextortion". It is so easy for an adult to groom a youth into believing that the online explicit material reflects normal sexual relationships and that their romantic interest warrants the child sending mined content to them via the Internet.

Children have described for decades that adult sex offenders will first look at adult pornography just prior to committing a sexual assault. Children have also described the frequent behaviour of sex offenders in encouraging children to view adult pornography with them. This was usually done in hiding and behind locked doors as the offender prepared to sexually assault the child.

Of course, young children do not typically experience the resultant sexual excitation that the offender does, who is under the cognitive distortion that "this will be as good to you as it is to me". The purpose of the adult pornography in this particular scenario is for the education and seduction of these innocent children. What better and easier means of seducing children is there than to simply pull out a smart phone and show adult pornography videos to an unsuspecting child?

We now recognize that adult pornography has become one of the most common catalysts toward youth sex-offending behaviours against peers and younger children. As these youth become habituated to the content, responding, as do adults, with masturbation and the need for more and more egregious content to become sexually satisfied, they often become in essence "disinhibited" if there is not more content to become sexually satisfied. It isn't uncommon for them to victimize a younger child who is simply in the wrong place at the wrong time. These youth also use adult pornography as a means of normalizing sexual acts to younger children, so that the victim child will comply with the nature of the assault.

Another way in which harm occurs to children by adult pornography is the beginning of this downward spiral into anti-social behaviours, as is often noted in online adult content.

• (1125)

When the criminal actions bleed into adolescent relationships, we have the making of both a template for adolescent sexual assault, and—very sadly, these days—more and more cases of memorialization of that sexual assault through cellphone videography and ultimate transmission over the Internet.

A final means of harm to children that is propagated by adult pornography is the visual invitation to seek more and more egregious content. This leads our children down the slippery slope from adult pornography to so-called "barely legal" sites, where adult women and likely adolescent victims are made to look like children, and then eventually to the actual downloading, trading, and possession of child abuse images. This terrible path is life-changing for youth and can cause them to enter into a criminal justice system that changes their futures forever.

From a public health perspective, mirror neuron research has underscored that what we see is more than an image transmitted to our brain. What we see is also processed by other parts of the brain, which convince us that we are actually experiencing what we are seeing. This is particularly relevant to the public health threat of online adult pornography, and especially its impact on children.

I'd like to end my testimony by quoting the words of an imam who testified at a hearing called by our Department of Justice, entitled "Defending childhood: children exposed to violence in 2012". This national task force, of which I was a member, travelled around the United States for nearly a year, listening to sworn testimony from children, adults, and subject matter experts on the impact of exposure to violence to children. This particular imam spoke of trying to provide counter-messages to his congregation of young, growing adolescents—particularly adolescent males—in the hopes of trying to restore and to underscore the need for respect for women and girls, the need to define misogynistic patterns of behaviour, and the need to be, in essence, an upstanding person. The words of this esteemed leader in the community of Baltimore, Maryland, to youth who were growing up in his community are as I quote, "It is said that what you see is what you get, but I would say instead that what you see is what gets you."

Thank you very much for your attention.

• (1130)

**The Chair:** Thank you very much.

Now we're going to go to Cordelia Anderson, founder of Sensibilities Prevention Services in Minneapolis, Minnesota. Welcome.

**Ms. Cordelia Anderson (Founder, Sensibilities Prevention Services, As an Individual):** Hi. It's wonderful to be here, and it's great to follow this up. I really appreciate your doing this study and the opportunity to address this group.

For over forty years, I have worked to promote sexual health and to prevent sexual harm. I began my study at the program in human sexuality at the University of Minnesota, where I was trained, at that time, that pornography was harmless and was, indeed, a sexual aid. I learned a lot about the importance of promoting sexual health and fighting sexual oppression. When I left there, I started one of the first child sexual abuse prevention programs in the U.S.A., and I was a consulting therapist for those who commit acts of harm and for those who were harmed. That all changed my understanding of the impact of pornography on individuals and culture.

Others who have testified so far have mentioned that this is an unregulated social experiment so great that we don't yet know the full extent of the harm or the impact. Some who have testified argued that, because of what they called a lack of research and trends, there is no demonstrative harm. I'm here with my colleagues today to point out that there's a wide range of credible research and trends that clearly point to this as a public health issue that requires a parallel range of efforts to counter.

I want to just go back to Dr. Cooper's comments about the brain. For me, some of the brain research is critical to understanding this as a public health issue. I am not a neuroscientist, but I can cite a lot of the research, guide you to where that is, and try to find some of the simple essence. There are 32 studies and 10 reviews of literature. Very simply put, the neurons that fire together, wire together. Whatever the brain does a lot of, what we do a lot of, we get good at, and it literally changes our brains. The potential for harm is not related to the nudity, but rather the novelty. The brain is malleable. It's always changing.

You heard about the mirror cells. There's also innate programming that's triggered by unrealistic supranormal stimulus: we're drawn to the bigger, the shinier, the brighter. Also, when there's a spike in dopamine and other feel-good chemicals like there is with pornography use, it reduces the ability to achieve the same intensity with a real-life partner. People get desensitized and habituated. They develop a craving for more. The reward centre of the brain wants its fix. When the brain is queued up from consumption, it actually over-responds. The frontal lobe is rewired, and the brain's brake pads to the reward centre, some argue, are gone, and some say are worn out. When that happens, the brain is wired for reward, and that's why there's a growing link to problematic sexual behaviour and sexual aggression.

Further, the brain science is pointing to a biological addiction. You can go to the website [yourbrainonporn.com](http://yourbrainonporn.com) for a compilation of all of those studies and analyses. The fact that children's and adolescent's brains are still under development is why we are so concerned about the additional impact on children.

Now, central to public health, along with the effect on the brain, is the environment. The environment matters to public health. When these toxic images are normalized—which you've heard a lot about—in the hypersexualized mainstream media, as well as in pornography, then that's what most have access to. At the same time, we're censoring healthy images and healthy messages. We wonder why individuals are making the choices they are. It's because toxic decisions make sense in a toxic environment. When there's so much of this stuff out there, consumers don't even know the difference. If they're under a certain age, they haven't even seen the difference.

Let's talk more about children and youth.

Children should be learning about building caring relationships and connections that are mutually respectful, about understanding consent, and about understanding identity. What they're learning from pornography about sex is that it is about performance, about men getting off and women getting men off. It's about physically and emotionally harming another person.

Consent doesn't matter in pornography. Indeed, sex is framed as sexual abuse and aggression, and women's needs don't matter. Pain and degradation are simply to be tolerated. That's why, in a survey of children in the U.K., an 11-year-old boy asked, "If I have a girlfriend, do I need to strangle her when I have sex with her?" The girls were asking if they had to have anal sex even if it hurt, and if they had to be shared with their boyfriends' friends.

• (1135)

A mother called me. I get lots of calls from parents. She was desperate to find help for their 13-year-old son who was very bright, very good on technology. He found porn. The parents did everything they could. They locked up the technology. He broke in. They sent him to two therapists. Both therapists, while this boy was getting worse and worse, said, "Hey, a 13-year-old boy, perfectly natural, normal sex drive, get over it". The boy then acted out on a younger girl.

Individual stories do not make this a public health issue, but other studies and trends do. A study of 14- to 21-year-olds shows that 9% of them engaged in some form of sexually abusive behaviour and 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 problematic sexual behaviour, 75% of the boys and 67% of the girls had been oriented through pornography. In the U.K. between 2013 and 2016, there was a rise in child-on-child sexual abuse by over 80%. Another study of 300 teens' media consumption and sexting behaviour found a statistically significant link between porn use and sexting.

In Peggy Orenstein's book *Girls & Sex*, she interviewed more than a hundred girls, and the girls talked about being emotionally disconnected from their bodies. They were expecting sex to hurt, and further, they didn't believe they should say anything, which is very frustrating to those of us doing sexual violence prevention work for so long.

An Italian study of male high school students said that almost 22% defined their porn use as habitual, 10% said they had lost interest in a real-life partner, 9.1% described their own use as a kind of addiction, and 19% talked about how it created abnormal sexual responses.

The Fortify program is an online treatment program designed for children and youth to find help for their concerns about pornography. In a little over two years more than 35,300 youth found their way to the site and went through the program: 87% were male, 75% viewed their first porn between ages nine and 13. There are strong links with depression and anxiety, which fits with Philip Zimbardo's research outlined in *Man Interrupted*, where he looked at what's happening to our boys and men in education and in the workplace. Why are they losing ground? He called it a social intensity syndrome, and he found two key factors—so much time on video games and so much time on Internet pornography, away from social interaction—were creating a social awkwardness and attention deficit.

There are also studies that show a second-hand effect from pornography. If I block my children from seeing it, they're still affected by the expectations and behaviours of others.

You've heard a lot about child sexual abuse materials, but I want to say two other things about that. When a child is 13 and looks at

images of 13-year olds, that's probably more normative than looking at an adult, but it's in the illegal category.

If they stay fixated, which we're now seeing more of them doing, that becomes a huge problem. For men who are not pedophiles but they get used to wanting new and different stuff, they're used to seeing children sexualized in mainstream media and pornography, and they start looking at these images of younger and younger children. The reality is that the porn industry is not responding to demand but shaping demand for its own profit.

Timothy Kahn, who treats juveniles who sexually offend, says he always assesses youth for their pornography use because he sees that the sexual behaviours of so many of them were triggered by pornography. For adults there's a meta-analysis of 22 studies in seven countries that say there's accumulated data that leaves little doubt that more porn use is affecting not only attitudes but sexually aggressive behaviour.

Contrary to the porn industry and others who have testified saying this is harmless, the fact that there is such a rapid increase in porn-induced erectile dysfunction among our boys and among our men shows yet another health consequence.

A public health response means we cannot arrest, prosecute, incarcerate, legislate, treat, or educate our way out of this. This is a public health issue that requires us to assure conditions in which people can be healthy. We help them to make the healthy choice.

Effective public health initiatives have shown this cannot be done with education alone. Let me give you an example: toxic polluted water. If we have a toxic polluted water source, one of our choices could be to educate children about how great it would be to have intake of pure and healthy water and the potential harms of polluted water. We can educate their parents to put on better filters to protect them. We can educate our health providers to learn about the symptoms when harm is showing up in their bodies from drinking so much polluted water, and we can listen to a lot of people who say, "Hey, there's nothing we can do about all that polluted water. So many people have had it that there's nothing we can do".

• (1140)

Otherwise, we could listen to the leaders who say, "Hey, maybe while doing all those other things, we should focus on the source of the polluted water."

There are no studies that show pornography is helpful to children, youth, or culture, yet there's a range of studies that show it's polluting individual and collective sexual and relational health and wellness. I've outlined a range of actions in my written brief. I'm happy to address those during our questions.

Thank you.

**The Chair:** I want to thank all of you for your testimony and for outlining the challenges we face. They certainly are significant. I appreciate your comments.

Now we'll go to our question period. We'll start with seven-minute questions, and hopefully we'll find some possible answers to the challenges you've outlined.

I'll start our questioning with Ms. Sidhu.

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

Thanks to all of you for coming here and sharing your views.

Ms. McDonald, could you explain the other public health effects on children and any associated issues your organization has looked at or works on, particularly those that are not technology-related?

**Ms. Lianna McDonald:** As I stated, our organization works directly with families and educators. I think one of the things that would be very important would be to get a better sense from some of those front-line professionals who also are working with children. Through our educational program, we often hear about the concerns that educators are facing. I think we've really gone so far on this issue that it's going to be very difficult to figure out how we navigate our way back.

I would also mention, though, that in terms of the joint responsibility I think we have to look at the role of industry and what they need to collaborate on and contribute to in figuring out how we might address this problem.

The last thing I would say is that, as my colleagues have talked about, through viewing the child abuse material and the reports we've received through the tip line, what we see is that Canadians absolutely feel that something should be done, because while it's not technically illegal, the degree of violence that our analysts witness in those videos and images is extremely damaging. We have a whole set of health and wellness practices in order for our child protection analysts to take care of themselves due to the type of content and the egregious material they view.

• (1145)

**Ms. Sonia Sidhu:** Could you elaborate more on the role of parents? We heard from other witnesses about children aged seven to 11. What is the role of parents? Could you explain that?

**Ms. Lianna McDonald:** Again, as we've all mentioned, I think parents have been saddled with this bill of goods. In fact, it is very difficult for any parent, even parents who are trying to the best of their ability to completely monitor and manage.

Children have phones. As for the age at which children now have smart phones, most kids we see in grades 6 and 7 already have these phones, so even when you're looking at what sorts of controls you're putting around them, you're looking at children going to their friends' houses where there might not be supervision going on. We hear over

and over that, no matter the best of intentions, parents cannot prevent their children from having easy access to this type of material.

Let's look at it for a minute. If we look at the age by which we say that children can drive, or if we look at the rules and regs we put around other behaviours because we recognize the harm, in this particular space we really haven't considered it from that lens, which is a problem.

**Ms. Sonia Sidhu:** Many written briefs and submissions have been received by the committee regarding the study of that motion 47.

In your views, what are the strengths and weaknesses of using age verification measures and filters in order to prevent children and youth from having online access to sexually explicit material?

May I ask Dr. Sharon Cooper?

**Dr. Sharon Cooper:** That's a very good question. First of all, in conjunction with what Lianna McDonald just said, when we talk about the youth of children and their extreme access to technology, one of the things that needs to be provided is guidance to parents with respect to time and media. Most physicians today don't have enough time to talk about that when they are doing anticipatory guidance with families. Having children accessing media for excessive amounts of time every day makes it the most normal method of communication for those children and also the most common method of learning.

We need to help parents recognize that putting children on autopilot with media is not a good thing and that they, in fact, have to be very protective of their children. Many times they are extraordinarily excited because the child shows a lot of skill in technology, maybe more than the parent, in fact, with various types of technology. However, if the parent doesn't know how to manage, control, and filter content for their children, I frequently say in national arenas, "Do not purchase this kind of technology unless you know how to use this".

In one of my congressional testimonies in the United States, one of the things that I recommended was that all public libraries in the country should have dedicated librarians to help parents understand the different technologies as they become available, because most parents do not know how to protect their children in that particular arena.

From the perspective of age verification, I believe that it is very important for us to try to seek to follow the path of the U.K. that Dr. Dines was speaking of and put in place some means of not allowing very young children into content that is apparently covered by freedom of speech statutes, etc. Age verification is very important, and right now, it is not at all being promoted in cyberspace.

**Ms. Sonia Sidhu:** Thank you.

Given that education is a matter under provincial and territorial jurisdiction in Canada, what role, if any, do you see the federal government and the Public Health Agency of Canada playing in this area?

Ms. McDonald, do you want to give the answer?

**Ms. Lianna McDonald:** Yes, this is one of the challenges. Our organization has a number of national education programs. We have matched the mandated physical education and health curriculum outcomes to teach children about personal safety, child sexual abuse, and exploitation. We have the means right now in terms of those avenues to educate children about these very important issues.

That said, it is a very important question to ask and challenge to consider in terms of the role of the federal government because, again, it's not just about education per se. As Cordelia had mentioned, there are a number of other tactics that need to be employed. I absolutely think that would be worthy of some sort of proper conversation about what additionally the Government of Canada could do.

• (1150)

**Ms. Sonia Sidhu:** What recommendations, in your opinion, should this committee do? Can any of the others give the answer?

**The Chair:** Just a quick answer, please.

**Ms. Sonia Sidhu:** What do you recommend this committee do about that?

**Dr. Gail Dines:** Can I mention some stuff that's going on in the U.K.? I think it is a very important example.

There are two different methods in the U.K. The first one, which came out in 2013 under Prime Minister Cameron, was the opt-in, opt-out method. This is where, when you buy any mobile device today in most of the world, you opt in to pornography. You have no choice; it's there.

What they did in the U.K. was to suggest that, in fact, rather than the de facto is that you get pornography, the de facto is you cannot get pornography, and if you want it, you have to call up and opt into it, show you are 18 and above, give your credit card, then all of the devices get opted in, and you get an email from the Internet provider service, because this is at the level of the Internet provider service, saying you've changed your status.

Most of the Internet provider services in the U.K. actually did not do that. The only one that did that was Sky, which is one of the biggest Internet provider services. What they found is that, when they offered de facto opting out of porn, 70% of people on Sky stayed opting out. It is very interesting that, when you offered that, 70% did that. They said that, rather than getting any push-back, they actually got a lot of people who were thanking them and more business because they had shown social responsibility.

The second thing that's very important that's going to happen in the U.K. is age verification. Now, this is still being discussed. Again, it's going to the Internet provider level. I do not believe that individual families should be left alone to have to deal with this. It's the equivalent of allowing parents to say that I can go out and hand cigarettes out to high schools, and parents should deal with that. I'm not allowed to hand out these cigarettes to middle schools and high

schools, so why should you be able to hand out free porn to kids of the same age?

What they're doing is age verification in England, which they imagine will come in by the spring of 2018. They're still working out how to do this, but again, it's going to be at the Internet provider level. You're going to have to show you're 18 or above. They're going to bring in a third party to monitor that as a way to protect privacy, so they're looking at maybe credit card companies or driver's licence organizations to do that.

What they're going to do is to say that those pornography sites that are out of compliance are going to be blocked by the Internet provider. Not only will they will be blocked by the Internet provider, also the auxiliary systems, including payment methods, etc., will also block them. Basically, they will be unable to be reached.

Now they're discussing this in the U.K., but what's interesting about the U.K. is that they have made an absolute decision that this has to be done at the governmental level. You cannot leave this on the shoulders of parents, and in fact, parents cannot deal with this because you need to deal with this at the Internet provider service level rather than at the level of each individual gadget so that you're following your kid around. The truth is that to develop healthfully, the last thing your kid needs is a parent breathing down his neck all the time watching what they're looking at. This is a way to take the parent out of the equation and do something socially responsible on the part of the porn industry.

**The Chair:** Thank you. We have to move on now.

Dr. Carrie, I understand you're giving your time to Mr. Viersen.

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

Thank you to my guests for being here today.

Cordelia, I wonder if you have any comments to the same point as Gail has just outlined?

**Ms. Cordelia Anderson:** Absolutely.

**Mr. Arnold Viersen:** What's your perspective on this problem?

**Ms. Cordelia Anderson:** First of all, I really support both of those policy levels that she discussed. I think they're essential to doing something about the toxic flow and the ease of access.

I also want to call your attention to something I believe you've heard quite a bit about and we also see happening in the U.S. Our sexuality education and information council in the U.S., SIECUS, just put out a brief called "Pivoting from Opposition to Porn to Positive Framing for Sexuality Education".

I advocate healthy sexuality education K to 12 and preschool. We need it for a lot of reasons. However, the solution is not to do that at the expense of looking at the harms of pornography. That would again be like constantly feeding your kid toxic water, having them swim in it, having them navigating it, and then educating them about it, about the clean, healthy water. That is really important for lots of reasons, but we have to do something about it.

Think about it, if you will. We all talk about what had to happen with tobacco. You had to have policies to change access. You had to have age issues, you had to have warning signs, and you had to have a truth campaign, which I think we really need, the truth versus the lies. Help us to see the lies. You had to have lawsuits so people had an easier access to sue because of harm and damages to their children, to themselves, to their relationships, and that money was put back into the truth campaign.

We need those kinds of layers as well. We need to be training providers because it is really terrifying to me how many therapists and health professionals don't have accurate information about what's going on so that they would not, in fact, be able to recognize when harm has occurred.

If we don't have some of these broader policies to block the flow and to hold those accountable who are profiting from this, we're missing the mark that we've seen essential in other successful public health campaigns such as getting to people on drinking and driving, which Gail mentioned, such as tobacco, getting people to use car seats and seat belts, and water health.

• (1155)

**Mr. Arnold Viersen:** Specifically on the issues of age verification and perhaps some sort of filter, what are your thoughts?

**Ms. Cordelia Anderson:** I think it's critical. I think it makes sense. It would be wonderful if all the technology companies volunteered.

As Dr. Dines pointed out, there is research to show that with those who left it as really optional and didn't put the energy into it, there was very low compliance. There are other studies that show very good outcomes from digital filters, but it has to be encouraged that they be on everything, all the technology. People who want to opt in and get access still can, and then they know they need to put better filters on if they don't want their own children or others to have access to it. I think it's key.

The change with age verification that makes this different than it was before is actually that the technology is changing. It's far more complex than I could fully articulate to you, but there are people who could spell that out in great detail. I think Dr. Dines and I both have some information with us, as does Dr. Cooper, about what that is. The technology has changed such that it is really getting to be something that isn't just me clicking and saying I'm 18 but is much more robust and much more possible.

**Mr. Arnold Viersen:** I see, Ms. Cooper, that you're nodding in agreement. Do you have any comments you'd like to put out in terms of the U.K. experience?

**Dr. Sharon Cooper:** I think that the ability to opt out and opt in is extremely important. Most of the parents and parent organizations that I dialogue with talk about this sense of frustration over the fact

that they are paying their own money for their children to ultimately be sometimes betrayed and even abused because of the access to this kind of content.

I feel one of the things that governments could also foster would be corporate responsibilities—not voluntary responsibilities—for licensure purposes in a given country to provide parents the opportunity to opt in or opt out, or at least to have alternative technology.

For example, almost every cellphone that you purchase now has a camera. The camera can sometimes be a very negative thing for children and adolescents with respect to victimization. If parents wanted to buy a cellphone for their children without a camera, they'd have a hard time even finding that kind of technology. I would think that every telecommunication company should be encouraged to have opportunities for options for parents who want to protect their children in this manner. That should be linked to licensure based upon countries of origin.

**Mr. Arnold Viersen:** Ms. Cooper, do you have any comments on meaningful age verification?

**Dr. Sharon Cooper:** It's very interesting, because brain research now helps us to understand that the brain is not completely mature until you're almost 25 years of age. The prefrontal cortex, the part where you make good decisions and have cognitive understanding of the consequences, is the last part of the brain to be completely mature. From the standpoint of age verification, certainly 18 would be the minimum age, in my opinion.

One more thing I would say is that in addition to this realization about brain development, countries across the world need to review their laws with respect to the consequences of young people who make mistakes and who may end up in the criminal justice system now that we understand that the prefrontal cortex is not even close to mature at this point. In the United States, we are thinking about whether or not we should ever prosecute a minor as an adult for a crime that they may have committed even at the age of 17 or 16 or 18. Instead, we should be thinking more perhaps about the age of 21. This is another legislative thought process that one might consider, particularly within the context of this normalization of digital harm that we see in information and communication technology.

• (1200)

**Mr. Arnold Viersen:** Thank you.

Cordelia, I know you talked about how we cannot legislate or incarcerate our way out of this issue. Could you make comparisons to other public health things that have taken place, perhaps, in your own country?

**Ms. Cordelia Anderson:** I mentioned them very quickly, but I think a good example that we often use is tobacco, another piece I wanted to mention. You may remember when there was smoking on planes and may remember when we advertised cigarettes to children, in that there was cigarette smoking in kids' cartoons. Policies had to come to change that, to make it not so easy for children to buy cigarettes for themselves or on behalf of anyone else. There was decades of the industry knowing full well that it was harmful but telling everybody who was saying it was harmful that the research wasn't valid, so that there had to be a lot of research.

The industry also came to those who were first fighting against smoking, looking at this as a harm. There was Larry Cohen at the Prevention Institute in California; it had one of the first counties that started to say “no smoking” in a certain part of a restaurant. The tobacco industry came to him and offered him a lot of money to do education as long as he would stop his policy work, because they knew that education alone was not going to hurt their bottom line. It's often that you'll see alcohol companies supporting education about drinking and driving but still making sure that nobody is limiting access to the product in, for example, poorer communities, or their advertising.

Advertising policy changed with tobacco. It used to be the Marlboro Man. I don't know whether you guys had it there too, but it was the image of sexy, the image of virile. In fact, there were doctors who used to say this is healthy, this is good for you, much as in our parallel here. The policy had to change to say, “Wait a minute. We're not saying this is healthy. We see this as harmful, and we're not going to advertise it in this way, and we are not going to use children, for example.

One of the policies I would like to see, ideally applying also to women, is to say we're not going to use children as sexual objects to sell products and are going to stop the sexually exploited advertising of children, because that's part of that hypersexualization, the bleed-over that Dr. Dines talks a lot about from pornography to mainstream media.

We need to look at our advertising. In fact, there's an example in our country here from the wine companies more than 15 years ago. It was called “Dangerous Promises”. They agreed to come together and not use women's bodies to sell their wine product, and the wine ads are very different from beer ads, which are notorious for using women's bodies in very hypersexualized ways to sell their products, with a very false message that the only way to get men's attention is to objectify women.

**The Chair:** Thanks very much.

Mr. Davies.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Thank you, Mr. Chair. Thank you to all the witnesses for being here.

Ms. McDonald, I want to start with you. In the Criminal Code of Canada today as we speak, under paragraph 163(1)(a) 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, and in the Criminal Code, an “obscene publication” is defined as 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”.

It seems to me that the current definition right now in the Criminal Code would be sufficient for the police authorities in this country to be arresting and charging people for circulating or distributing much of the material that I think you and the other witnesses are talking about, namely sex that has violence as a characteristic of it.

Do you think greater efforts need to be made to enforce the Criminal Code in relation to the production and distribution of violent and degrading pornography in this country?

• (1205)

**Ms. Lianna McDonald:** I think we need more clarification. That's a really great question.

We looked at that legislation when we were having challenges with what we would call sexualized child modelling. We had images of children who were being terribly sexualized and used to market, and we would believe, as a front door to actual child-abusive imagery behind that.

We looked at that same provision to see whether we could try to use it to capture this segment. We tried to explore that—and I'm absolutely no criminal law expert, and it would be worthwhile perhaps for this committee to have discussions about this with the proper experts—but there appear to be some challenges with the way the community standard challenge is interpreted. I can really only speak to that at this point.

I also would say, however, that another problem we face, which is consistent with child abuse images as well, concerns where the content is hosted. Depending on jurisdiction and where the actual material is sitting, you have challenges in forcing legislative remedies, which might apply in one country but not exist in another.

Going back to my colleague's comments, this is a really big problem. Arresting our way out of this, when we now have this huge problem, raises one question. How would we throw the resources to that problem, or perhaps how might we prioritize, tackling some areas that we might be able to with the existing legislative tools that we have?

**Mr. Don Davies:** Thank you.

Ms. Anderson, Ms. Cooper, I think you very articulately set out the damaging impact of violent and degrading pornography on young people under the age of 18. I'm going to assume that you would argue that violent and degrading pornography has an equally corrosive effect on adults over 18.

Ms. Dines, I will come to you. I think you made that point quite well.

We can put in age filters for people under 18. What do you propose we do? If we can't arrest our way out of it, and a filter is an age filter, what positive proposals do you have to deal with the impact of violence and degrading pornography on people over the age of 18?

**Ms. Cordelia Anderson:** Dr. Cooper, do you want to start?

**Dr. Sharon Cooper:** Yes. I'll just say something briefly on that. That's a really good question.

A lot of it has to do with the fact that many people don't recognize the addictive nature of this kind of content. I really do like a campaign that is growing in the United States called "Fight the New Drug". It's being marketed to adolescents and young adults, but it's helping them to understand why adult pornography is the leading cause of erectile dysfunction in men under the age of 40. It's not high blood pressure or any of the other medical problems that you often see when you have erectile dysfunction. It is instead this constant diet of sexualized images and pornography that lead to chronic masturbatory behaviour and an inability to have a normal sexual reaction in the face of a normal person.

Again from a public health perspective, it's beginning to help the public understand not only the addictive nature but also how this ruins relationships. A wonderful symposium was held at Princeton about four years ago called the Social Costs of Pornography. A book was published at that symposium with all the information. The key point they brought out was that you are now seeing more and more couples in marital counselling who are coming because of pornography problems within the relationship.

It's helping people to understand this is not a benign pastime. This is not just something else to do instead of playing Grand Theft Auto. This has the potential to not only hook you, but also to break you, and break your family and break your role as a parent. I think looking at it from the perspective of warning individuals it's not just children we have to be concerned about, but most assuredly we have to be concerned about adults.

•(1210)

**Mr. Don Davies:** Before I give you a chance to respond, are you referring to pornography, period, or are you referring to violent and degrading—

**Dr. Sharon Cooper:** Pornography, period. That's correct.

**Mr. Don Davies:** Okay. Thank you.

**Ms. Cordelia Anderson:** It's a very good question. I'm going to give you two examples of ongoing efforts because as strongly as I believe in age verification it really doesn't address this issue of the harm to somebody over 18, especially the young, developing brains, but to all adults, again going back to the brain impact and brain science.

I'm going to give you a couple of examples about things that are under way.

The one example I'm going to give you is child sexual abuse images. I think we can learn some things from it. It's a company called Thorn that has a deterrence project. They tested a series of messages that go out primarily to men who are searching for child sexual abuse images. When they are searching they get different messages, recognizing there's not one motivation for everybody;

there are different sets of motivations. Different messages work to say they need help. Some of them say that if they can find you, law enforcement can find you. They've tested different kinds of messages, and they encourage people to then get help.

I think a different set of messages would go out to people searching, because right now they think, "It's all there. It's great. I'm supposed to be looking. What's wrong with me if I'm not looking? In fact, I'm going to be berated more for not looking and using it, and a number of health professionals and others in my life might tell me I'm supposed to be looking", so there's no counter-narrative. We need to look at counter-narratives, not only through education but perhaps through messaging that comes up via technology. There are solutions.

There are also very good campaigns just to reach boys and men. One that was launched out of Minnesota I'm very excited about. It's called, "I Don't Buy It". It's a series of groups that work with men to come together to look at the intersection between sex trafficking, sexual violence, and use of pornography, and how they are really being manipulated by this industry and manipulated by people who say this is how they're supposed to be either for that other group's profit or a really false sense of masculinity that's not healthy for them or healthy for their relationships. They get engaged in that. There are ways they can get active. They learn how to see what's right out there in front of them. They learn how to take action, and they learn to get involved in a meaningful way and speak up and help other boys and men.

I think there are other strategies we need to look at about how we use technology to educate, how we do broader education about the harms and messaging, which is part of the truth campaign I mentioned that was used with tobacco. It was we're going to help them see the lies. We need to look specifically at how we engage our boys and men to recognize how they too are being harmed by this.

**The Chair:** Thank you very much. That completes our first round.

I understand, Ms. McDonald, that you have to leave. I want to thank you very much, on behalf of the committee, for your testimony. We hope to have you back sometime.

**Ms. Lianna McDonald:** Thanks very much.

**The Chair:** I'm sorry, Mr. Oliver. We haven't finished our first—

**Mr. John Oliver (Oakville, Lib.):** I had one question for Ms. McDonald if she has a few more minutes.

**The Chair:** Ms. McDonald.

**Mr. John Oliver:** Do you have a few more minutes before you go? I just have a couple of quick questions.

**Ms. Lianna McDonald:** Okay, yes.

**Mr. John Oliver:** Thanks.

I did want to congratulate you and thank you for the work you're doing with the Canadian Centre for Child Protection and the work you're doing to stop the abuse of children and the sexual exploitation and violence against children. It's a really important group you have, and I have great support for it.

I want to move the conversation away from the criminal activity. When I look at the public health effects of online violence and degrading sexually explicit images, I think about who's most vulnerable other than the participants, obviously. It's the accidental exposure of children and youth to those images.

We've had some discussion about age verification. I can appreciate how effective that would be but difficult to implement. You mentioned in your testimony helping parents with child protection tools. In the conversations I've had, in my own personal experience, it is very difficult with parental tools right now. It seems that if you put screens in, they block out 90% of Internet material, and you're having a big fight with your kids because they can't access the sites they want to get to. If you take them off, then there are no filters. There doesn't seem to be a....

You mentioned there were child protection tools available for parents to work with that we could maybe look at in the short term. Do you have a list of them? Do you know which apps there are? I think it would be very helpful if we could communicate, as a committee, the current tools that are available for parents.

•(1215)

**Ms. Lianna McDonald:** Yes, and just to echo your point, it is very difficult to manage that.

These are my final two points. One, we'd be happy to put that together. I have a brilliant team who can help pull some information, and we would submit it to the committee for review. We have to have a starting place. There has to be someplace where we start. That would be one thing.

The other thing is that, as we have talked about today in terms of these other new remedies, the U.K. is doing some very remarkable work. There is one individual there, Mr. John Carr. We've been in communication with him about some of these new remedies it's putting forward. It might be worth the committee's time to have him join you by video conference to walk the committee through some of the hurdles it went through, how it did the consultations, and what some of the outcomes of those efforts were. It is doing some really important things there.

**Mr. John Oliver:** Great. Thank you very much, and thanks for taking a few more minutes to answer those questions. I appreciate that.

**Ms. Lianna McDonald:** Thank you.

**Mr. John Oliver:** Thank you, again, for your testimony.

I will ask you the same question. Are you aware of tools, apps, or things that parents could be using that give you a better filter than the very clumsy ones that are available for most electronic devices?

**Ms. Cordelia Anderson:** There are a number of tools. Again, we could compare lists and help get a list for you. As important as that is, what different studies have repeatedly shown was the failure of parents to use them, or to know how to use them, or to get access to

them, and the limits of what we can get individual parents to do, because there's been a pretty hard push towards that. There are lists, and we can talk about those. There are issues with the fact that the older and more sophisticated your children get, the better they can quickly learn how to get around those, so there are limits to them as well. They exist, but also, I want to remind you, because you've heard this testimony quite a bit, that they put the burden back on individual parents as opposed to a collective leadership.

I think there's room for both. I believe firmly in education of children and parents, but I believe that we need to do something about making their job easier.

**Mr. John Oliver:** I absolutely agree. I just have to say that as a parent of a 12-year-old, I have tried to find better tools. I have to tell you that it's been a difficult search. I still haven't found effective strategies, and I want them.

**Ms. Cordelia Anderson:** We'll get you that list. We'll work with Lianna and we'll get you the list.

One thing I just want to keep in mind is that, while I spoke to broader issues than education, many will say that the best tool you have is open and ongoing conversations with your children about why you're concerned about this content and why you don't want them to have access to it. I know you do that well.

**Mr. John Oliver:** That was my next line of questioning. We heard that the public health mandate is "developing, implementing, and evaluating public health policies, programs, and services aimed at promoting and protecting the health of Canadians." I know you are coming at this from a U.S....

We already talked about education. One of our witnesses, who was a doctoral student, said that pornography is "a part of a much larger discussion about improving sexual health, especially for youth, in Canada" and that it begs the question of "how can sexuality education be made more consistent, coordinated, and comprehensive across the provinces?"

When the Province of Ontario tried to introduce a comprehensive sex education program, Forum Research showed that one in six parents considered pulling their children out of public school because of the sex ed program, and in fact 3% did, according to that same research.

How do we close that gap? There seems to be a great resistance amongst many parents to having sex education happening in the school system, and yet everything I've heard from you and from Lianna has been that this is where it's needed, with which I agree. How do we close that gap?

**Ms. Cordelia Anderson:** I think I'll let the pediatrician start here, and then I'll jump in.

**Dr. Sharon Cooper:** That's a really good question. One of the things we have found, from the perspective of health in general, is that sexuality has to be brought into the conversation in infancy. When we are seeing our patients as they go to preschool and toddler groups, we should be talking about sexuality at that point so that it's not a taboo subject for parents. The American Academy of Pediatrics, and I'm sure the Canadian academy as well, fosters this in pediatricians and family medicine physicians to try to really make sure that parents understand that if they make a child's sexuality a taboo subject, the child is at greater risk of being exploited, because they don't know what may happen to them.

One of the things that have been spoken of is to follow the model of bringing sex education—I'll call it sex education but I'll try not to call it sex education—into the school system under a different rubric. One system is bringing it in under computer safety, in computer classes, so that you're talking about how to be safe in the online world and in the off-line world. That is one way that parents will accept pretty readily, because they do want their children to be safe in that setting.

The other way to bring it in from the perspective of helping children to be safe is to bring it in within physical education, helping them understand that in order for children to be completely healthy, they need to not be overweight or sleep-deprived. If they are going to be adequate students, they have to have these parts of their lives under control. Another component of it is Internet use, because Internet use in general can really distract children from their ability to study well, and they become very driven at times, if they become addicted to Internet behaviours, to include video gaming and pornography.

If one uses that model, one could then begin to say, "These are the five most common things that will detract from a child's academic performance." Really focusing on the role of the Internet and the content in there is another way that isn't really so much about sex education. It's about education. It's about how your child can be a better student. How can you help them be more productive in their online behaviour so that it doesn't distract them from what they're trying to learn?

It's really about how you frame the messages to parents, because parents are afraid of the whole issue of "Don't take away my teaching my child about sexuality", but parents teach their children about sexuality hardly at all.

Consequently, the school systems do have to be more mindful of alternative methods of bringing that kind of information in.

• (1220)

**Ms. Cordelia Anderson:** I've seen different types of studies—I don't have them right here—that show that many parents want help, especially about this. In fact, I had one person—and Dr. Dines has probably experienced this too—who was very anti-sexuality education. He knew I spoke pro-comprehensive sexuality education, so he was there to just be upset with me. After listening, his counter was, "Listening to you talk about the harms of pornography is the first time I've believed that we need a comprehensive sexuality education that includes this reality of the cultural messages in our world, with our hypersexualized media and pornography, and we need help."

There are different studies that point to that. To Dr. Cooper's point, it's talking about health, about the science, and about the brain.

**Mr. John Oliver:** I want to get a quick question in because I'm going to run out of time. Are there any jurisdictions in the U.S. that —

**The Chair:** You're out of time. We're out of time. I'm finding there are no short answers on this subject, but we're well over the time for this question period.

Now we're going to move to our second question period, with Ms. Harder.

**Ms. Rachael Harder (Lethbridge, CPC):** My first question is going to go to Ms. Dines. You used a few phrases I thought were key. One of them is that pornography, particularly violent pornography, drains the health care system. The second thing you said is that it hurts the economy.

Can you please expand on those two points for us?

**Dr. Gail Dines:** First of all, we know from the violence that is perpetrated because of the use of pornography.... One of the leading causes of oral cancer today among youth is the HPV virus, which is caused by oral sex. We know that's one of the biggest growing groups for all cancer in adolescent girls. We know that for anal injuries, all kinds of injuries end up in the medical system.

We know that a good percentage of men who were studied have put it between 40% to 70% of men access pornography at work. What does that do to the workplace in terms of sexual harassment when you go in to have a meeting with maybe your male boss or your male colleague, and he has just been masturbating to pornography? How is he going to see you?

We also know that it causes depression and anxiety. As a college professor, my students come into class at 18, and they are so tired, exhausted, and depressed from having to deal with the porn culture. I want to specifically talk about girls because we've focused on boys. This is a key issue of gender equality. Are we going to allow our boys access to images that tell them women are nothing more than orifices to be pounded away, and that they have no rights to arrive at equality, integrity, and equal pay? All the things that women want, which is really a life of dignity, and a life to be free from fear of poverty and violence.

The questions we want to ask are what kind of men are we going to bring up, and what is going to be the cost to the women and the children of having to deal with these men? It is going to be profound. My Ph.D. is in sociology and communication, and it's very important to say there is no way—and you can pick any type of effect you want—that any male who masturbates to pornography will walk away unchanged. The question is how is he going to change? We have enough data to know that it's a continuum of effects. That is, anything from seeing her more as a sex object to wanting rough pounding anal sex, right through to rape and murder.

I want us to focus a little more on the issue of gender equity and not just around boys.

•(1225)

**Ms. Rachael Harder:** Thank you very much.

My next question goes to Sharon Cooper. I'm wondering, again, if you can bring some further thoughts to a couple of your quotes. You talked about what you called distorted cognition, and then you also talked about what you called mirror neuron research.

Can you please comment and further expand on each of those points for me, please?

**Dr. Sharon Cooper:** What we know about sex offenders, especially child sex offenders, is that they frequently have a cognitive distortion that their desire is the victim's desire. They often will say that the reason they did this is because she wanted it. This cognitive distortion is a very common thing that those who treat sex offenders have to first address. That is one of the reasons adults who show children adult pornography are doing this. The pornography excites the adult, and in their cognitive distortion they think it will excite the child as well, when in fact that's not the case.

The other question you asked me was about mirror neuron research. This started around 2007 from Italy. Researchers began to notice from functional MRI studies and others that when people were looking at something, multiple parts of the brain were lighting up as compared to just the eyeball and the optic nerve going to the back of the brain. These other parts of the brain, the temporal part, the frontal part, they thought had nothing to do with vision. They were absolutely right. It helped us to recognize that what those mirror neurons taught us is that when we see something, our body starts to react in many ways. Our heart rate can increase and our blood pressure can go up, because our body becomes convinced we are experiencing what we are seeing at those moments.

This is relevant when we talk about the role of Internet pornography whether it's youth or adults. It causes the body to have a reaction that is much more than what you see. Now there are over 1,000 papers written about mirror neuron research, and I definitely encourage you to look into it.

**Ms. Rachael Harder:** Thank you very much.

My last question will go to Cordelia. We've had a lot of conversation today, of course, with regard to the impact that pornography, particularly violent pornography, has on women and girls but also on the attitudes and perceptions of men and boys.

In your estimation, what can be done and what should be done? If you were to outline your three top priorities, what would they be?

**Ms. Cordelia Anderson:** As a person who has spent a great deal of my time in trying to prevent sexual violence and child sexual abuse—sexual exploitation, particularly—we used to always focus on how to help people reduce their chances of being victimized, looking at that. We're now really thinking about how to help not grow those who will perpetrate acts of sexual harm.

That to me means that we have to look at the impact of pornography on that. We cannot prevent sexual violence, child sexual abuse, and child sexual exploitation and promote sexual health without stopping the exposure to pornography and helping them understand what it is doing to them.

**The Chair:** Your time is up.

Go ahead, Dr. Eyolfson.

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

Thank you very much, all, for coming.

Dr. Cooper, there was a question I was going to put to you, and you actually made a reference to something that leads right into this question. I was going to ask you a question about pornography and how it seems to be infiltrating more mainstream culture. We see pornography in...of course it's on the Internet. Before that, it was those shady video stores. But there's more of these kinds of imagery and attitudes that are getting into what we would call mainstream culture—TV, radio, and that sort of thing.

You mentioned Grand Theft Auto. Fortunately, I've never played this game. I've been told by others that among the things that you can do in the course of playing that game is kill sex trade workers.

•(1230)

**Dr. Sharon Cooper:** Yes. That's right.

**Mr. Doug Eyolfson:** It is one of the things you can do in this game, apparently.

**Dr. Sharon Cooper:** That's right. That's Grand Theft Auto: Vice City, and if you kill a sex worker, you get a special prize.

**Mr. Doug Eyolfson:** Yes.

**Dr. Sharon Cooper:** You get a special prize by killing a sex worker and killing a police officer.

**Mr. Doug Eyolfson:** That's right, yes, which I thought kind of odd in what the label would suggest is just a game about driving cars. Obviously, it's not.

Is there research that goes in with this that shows the effects of the mainstreaming of these attitudes and how it relates? Is there any correlation between what's going on in the mainstream and whether this may be influencing what's going on with Internet porn, or the other way around?

**Dr. Sharon Cooper:** Yes. There is a great deal of research, in fact. What we know is that the media to which our children and adults are exposed profoundly affect attitudes over time. The American Psychological Association has published an excellent task force report on the sexualization of girls. You can download it from the Internet.

In the second edition in 2010—and the U.K. has a similar report—it talks about the sexualization of children and how, when you sexualize children, what happens to the children is that they begin to see their only value in their sexuality. The term that the APA uses is “sexual self-objectification”. It's “I see myself as an object. You can use me or abuse me. I don't really deserve your love, care, tenderness, etc.. I've come to objectify myself.” That is a public health issue that two different countries already have written specific large task force reports about.

**Mr. Doug Eyolfson:** All right, thank you.

Dr. Dines, some controversy has come up in some of the testimony we've had from other researchers. There was some research where they looked at behaviour patterns of those who commit sexual offences and their viewing habits. There has been an argument of—

**The Chair:** Excuse me, Dr. Eyolfson. The bells are ringing, and I need unanimous consent to continue on our committee.

Do I have unanimous consent to continue on?

**Mr. John Oliver:** Sorry, until when?

**The Chair:** We have 29 minutes and 19 seconds.

**Mr. John Oliver:** I suggest that Dr. Eyolfson finish his questioning, and then we adjourn to get to the House.

**The Chair:** I don't have unanimous consent? Is that an option or can we...?

**Mr. John Oliver:** How many more minutes do we have?

**The Chair:** We have two five-minute questions, one three-minute question, and the rest of Dr. Eyolfson's question.

**Mr. Colin Carrie (Oshawa, CPC):** Can we finish that round and still make it over here, do you think?

**The Chair:** That's up to the committee. I'm not going to say you can get there or not. We have 29 minutes and 19 seconds.

What is the wish of Mr. Davies?

**Mr. Don Davies:** Mr. Chair, I think we can finish the round.

**Mr. Colin Carrie:** I think we can finish. Let's try.

**Mr. John Oliver:** It will be tight.

**The Chair:** Go ahead, Mr. Eyolfson.

**Mr. Doug Eyolfson:** Dr. Dines, how do we address this question that comes up about correlation versus cause and effect, as some have suggested, the fact that some who undertake this deviant behaviour and view pornography aren't doing it because of the pornography, that it's more a coexistent interest, as it were?

**Dr. Gail Dines:** I'm a sociologist, and I start from the assumption that men are not born johns, rapists, and murderers. I speak about that from sociological research. I speak about that as a feminist. I speak about that as the mother of a son. We have to accept that men are perpetrating the vast majority of violence against women and children. Is this a biological mix-up in masculinity, or is there something cultural going on? I would argue without doubt that it is something cultural because we do not want to think that men are flawed in their biology.

Because we are seeing increased rates of violence against women and children today, we have to ask, what has happened in the last 10 to 15 years that has shifted profoundly the way that men think about sex and sexuality? The answer to that is pornography. I would argue that if we really want to stop men from doing violence against women, we have to stop saying "boys will be boys" and understand the way in which they are socialized.

We now have longitudinal data; we are following boys to see what happens. Because of what we know from longitudinal data, we can argue that it's not just correlation that men who look at porn are also likely to do violence. It's actually causation. When you use longitudinal data, you're following them through their lifestyle.

I would also argue that we cannot assume that men are born with a desire to do violence against women and children. I believe it is pornography that is playing a profound effect here. Unless we deal with it, we just sell our boys short, and we'll profoundly sell our girls and our women short.

• (1235)

**The Chair:** Time's up. Thank you.

Dr. Carrie.

**Mr. Colin Carrie:** Thank you to the witnesses for being here. I am going to be very quick with my questions to give you the maximum time to answer.

Dr. Dines, you did bring up some interesting points. Since we are looking at the public health effects of online, violent, and degrading, sexually explicit material.... You mentioned the HPV virus and anal injuries. Do you have actual stats for that, for the public health?

**Dr. Gail Dines:** Yes. There's a lot of data in the medical journals around what's going on that I'd be happy to send you. In fact, at Culture Reframed, a lot of our team members are doctors, so we can certainly send you the medical literature on that. We know that without doubt, yes.

**Mr. Colin Carrie:** I'd like to finish up with a question that is a kind of follow-up to what my colleague said. I believe Madam Anderson had a chance to answer, but neither you nor Madam Cooper was able to answer. Because we'll be coming up...we're trying to make a difference. We're looking for solutions and meaningful changes.

Should we do anything? Can we do anything? Do we need to do anything? Maybe you could give us some ideas so that we can look at a solution and at meaningful change.

Dr. Dines, could you start?

**Dr. Gail Dines:** We need to do something, and I'll tell you why. If we do not do anything, it is a mass dereliction of duty on the part of adults to hand our children over to the pornographers. It is our duty as full citizens to protect our children. It is also our duty to make sure there is gender equity. As an elected official, as a government, I think it is your duty to take care of the citizens of your country.

This is a very full statement that you have made about pornography as a public health issue. You need governmental action. You cannot ask any industry to voluntarily monitor itself. We know what happens when you ask them to do that. They lie and they cheat because they're interested in maximizing profits.

I think, at this moment in time, you need to bring down legislation. You need to follow the U.K. example. Rather than making it voluntary—opt-in, opt-out—you need to make it law. You also need to bring in age verification and make it work. Do not ask industry to monitor itself because it fails every time.

**Dr. Sharon Cooper:** I would have to agree with Dr. Dines. It's too accessible to children. It just is. If we don't eradicate this accessibility, then we will not be able to justify all of the actions that we're seeing that are negative about our children because of the unknown sexual messages that are being promoted to them on such a common ground.

I would agree with both of those measures.

**Mr. Colin Carrie:** All right. I'll give my remaining time to the next questioner.

**The Chair:** We'll go right to Mr. Davies.

**Mr. Don Davies:** Thank you.

I want to ask a couple of hard questions on sociological evidence, because we heard some of this last week.

Dr. Fisher testified at this committee that, over the last 25 years, since the mid-1990s when we had the real advent of the Internet and Internet-based pornography, the rates of sexual assault in Canada have not gone up.

What would be your comment on that? Would we not expect that to go up if, in fact, there was a clear linkage with pornography?

**Dr. Gail Dines:** First of all, he's an outlier in the field of research. Let's be very clear.

When you do social or physical sciences, you go with the weight of the evidence. You don't go with one study here or there. It's the same as global warming. I can show you some junk science that says there's no such thing as global warming. You know that in the scientific community it is not a question. There are numerous questions to be asked, but nobody's saying there's no such thing as global warming. I would put Dr. Fisher in the same example as a global warming denier.

• (1240)

**Mr. Don Davies:** But is he wrong, Professor Dines, about the rates of sexual assault?

**Dr. Gail Dines:** I'll tell you what I don't know. I don't know the statistics.

What I do know is that what has probably gone down profoundly is the reporting. Many women will not report that they have been sexually abused or raped, because what happens after is that they get a second rape in at the police station in terms of emotionally being raped, being told that they're not telling the truth, often being called liars.

What happens, I know, across college campuses in the United States, and I'm sure in Canada, is that when a woman speaks out, the college closes ranks and protects the college. Often the friends of the

rapist start harassing the woman. It is the woman who has been raped who leaves; he's left in college. In terms of speaking to young people who've been raped, I can tell you as a college professor for 30 years that I can count on one hand the number of students who have gone forward to report their rape.

Now if on average a quarter of my students over 30 years have been raped, and a quarter of the women I've spoken to at different colleges, but I can literally put on one hand—

**Mr. Don Davies:** Professor Dines, hasn't that always been the case? When was it a positive experience for women to report rape, or when were they taken seriously?

**Dr. Gail Dines:** I don't think it has ever been positive, but I think it has gotten worse, because the more that pornography becomes part of our sexual templates and culture, the more we think that maybe women deserve this, maybe she's a liar, maybe she's a slut. All the ideologies of pornography come to bear on a legal system. You just have to look at some of the results, some of the judges and the lawyers who come out against rape victims. One judge very famously said of a 12-year-old, "She was a little bit promiscuous for her age," after she was raped by her father.

**Mr. Don Davies:** We've had some of those experiences in Canada recently.

Ms. Cooper or Ms. Anderson, do you have any thoughts?

**Dr. Sharon Cooper:** Briefly, what I would say is that we have seen the incidence of child sexual abuse declining in our country. However, we have seen the incidence of child sexual abuse images, which are the most objective measures of child sexual abuse logarithmically, exponentially increasing.

We have more than 150 million images on the Internet now of children who have been raped. The overwhelming majority of these children never made a disclosure. The only way that we found them was because we saw the images first.

**The Chair:** I'm sorry, I have to end that now. I'm very sorry we have to leave, but we have to go to a vote now. It's part of our process here.

I want to thank you very much for coming. I'm sorry if we seem rushed, but we have 20 minutes and 37 seconds to get to the vote.

I want to address Ms. Harder's issue about going over the time. Every single question and every single answer was over the time today, but when we have two or three witnesses, it goes over. When I did cut off one witness a few meetings ago, Mr. Webber took exception to that at the time. It's a balance I have to choose as chair. I try to let the witnesses complete their answers. I don't like to interrupt them, but if they do go over...in that case it was three and a half minutes beyond. I just want you to know that every single question went over.

Thanks very much, and thank you to the witnesses.

The meeting is adjourned.





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