Brief for the Standing Committee on Health Regarding Motion M-47

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We the undersigned are scholars working in the fields of sexual health and community health research, pornography, media, and gender studies. We approach the topic of pornography from a variety of perspectives within our respective disciplines but we share a common concern over the growing tendency to frame pornography as a "public health concern." To be effective, public health research and policy must rely on the rigorous collection and assessment of evidence. With respect to the issue of pornography, the existing empirical evidence fails to indicate that sexually explicit materials (SEM) cause substantive harm to community health or well-being in Canada. Further, the historic application of existing legislation regarding the regulation of SEM have particularly burdened gender and sexually marginalized individuals, as their legally protected rights have been compromised by claims that their sexual practices mark them as unhealthy.

We acknowledge a minor subset of existing scientific research that points to public health problems associated with SEM. Not only is their empirical case for negative public health impacts of SEM vastly overstated,¹ but such arguments ignore clear evidence of potential social and health benefits of SEM use.²-⁴ Much of the research supporting the view that SEM engenders unhealthy or antisocial outcomes is plagued by methodological shortcomings, including: artificial experimental settings; convenience sampling and absence of control populations; inconsistent or inadequate measures of key variables or definitions of key terms; prioritization of anecdotal information; a lack of theory-driven research, and a notable moralizing focus on harm among researchers who should be impartial in their work.⁵-⁰ Such research also often draws conclusions based upon leading questions rooted in assumptions that women are inherently sexually inhibited and/or disinterested.¹⁰ This denial of sexual agency for women often forms the backbone of such research.

One key problem shared among much of the research that is critical of SEM is the easy conflation of causation with correlation. Proposition M-47 risks falling into this common trap by seeking to determine the "effects of online, violent and degrading sexually explicit materials" [italics ours]. Clear evidence of the causal harms of SEM does not currently exist, and attempting to prove direct, causal effects of one private practice on general social attitudes and behaviours is empirically difficult. Unfortunately, many people, researchers included, rely on correlational evidence to conflate a potential symptom with the actual disease. This is bad science, and the adoption of such interpretations would result in bad policy.

Take the argument that SEM use *contributes* to sexual assault, for example. At best, existing research appears to be consistent with a "Confluence Model" of sexual aggression, whereby it is theorized that SEM use drives acts of sexual coercion, but only among men who are already predisposed to engage in sexual aggression due to other, more determinate factors. ^{6,11,12} However, Confluence Model studies involving SEM use have always adopted correlational, rather than experimental methodologies. ¹³ Such methods leave open the possibility that unmeasured variables are actually responsible for the violent behaviour. Supporting this view, a recent Canadian paper ¹⁴ found that sex drive, rather than SEM use, is more likely to predict increased risk of sexual violence among men who are predisposed to such behaviour.

To take another example, much of the present-day debate draws on concerns about "pornography addiction," even though there is little empirical evidence to support this framework. ¹⁵ In fact, the American Association of Sexuality Educators, Counselors and Therapists recently made an official statement ¹⁶ that there is insufficient empirical evidence to support using an addiction framework to describe and address any distress that people may experience in relation to their use of SEM.

Proposals to legitimate porn addiction through the invention of a diagnosis called "hypersexual disorder" continue to be rejected by the American Psychiatric Association.¹⁷ What then underlies the "pornography addiction" phenomenon that has emerged in recent years? Data collected by Grubbs and colleagues^{18,19} suggest that attitudes towards SEM use - rather than the use itself - may be the proximal determinant of individual health effects, at least with respect to perceived addiction. They found that after controlling for actual levels of SEM consumption, religiosity and moral disapproval of SEM predicted whether or not an individual self-identified as being "addicted" to SEM as well as the degree to which they experienced psychological distress and adverse mental health outcomes. The disturbing result is that men who self-identify as addicted to porn/sex are more likely to be a part of expensive ersatz treatment programs that magnify this guilt.²⁰ They may also engage in patterns of compulsive sexual behavior, in which case treating the compulsion, rather than abstaining from viewing SEM, alleviates the behavior.21 These arguments of addiction are often based on what is known as "neurochemical phrenology." Simply put, anti-porn advocates place emphasis on evidence of increased brain dopamine release in response to SEM and liken it to the state that drives drug-seeking behavior.²² Activation of these dopamine-rich brain regions mediate attention to any natural reward or cue associated with reward, including music that gives the listener "chills," good food, pictures of one's children or pets, or water to a thirsty viewer.²²⁻²⁵

Further relevant evidence that SEM has no measurable adverse impacts on public health comes from population studies, as unrestricted access to Internet pornography has provided researchers a "natural experiment" of the social and health impacts of SEM. Population-level data over the past two decades indicate that where adults have relatively easy access to SEM, rates of sexual violence have not increased, and have often decreased. ^{10,26,27} In Canada, adolescent sexual activity and pregnancy rates remain stable and considerably below that of the United States and England/Wales. ^{28,29} Divorce rates are also dropping. ³⁰

Broad assertions of SEM induced harm are not consistent with a substantial body of empirical evidence. Many studies have found that consumers of pornography hold more egalitarian views on gender than do non-consumers. Further, SEM consumption can have a positive effect on sexual education and the formation of sexual identity, especially for LGBTQ2+ viewers. Reliable, replicable studies have concluded that some SEM users and their partners report far more relationship benefits than harms related to their SEM use. According to a recent Canadian study, the key variable is not SEM use, but relational honesty. The service of the sexual devices a substantial body of empirical evidence.

Not only is the public health case against SEM an unresolved and active field of inquiry, but historically it has also been used in Canada to discriminate against LGBTQ2+ people. In the 1980s, two parliamentary committees on pornography failed to find sufficient social scientific evidence for their values-based assessment of pornography.^{38,39} A few years later, the Supreme Court of Canada made the admittedly evidence-free ruling, "While a direct link between obscenity and harm to society may be difficult to establish, it is reasonable to presume that exposure to images bears a causal relationship to changes in attitudes and beliefs" (R. v. Butler, [1992] 1 S.C.R. 452). Following that decision, Glad Day Bookshop was found guilty of selling obscene materials under claims that the material was harmful to women. The fact that the magazine in question, *Bad Attitudes*, was a lesbian serial produced by and for the LGBTQ2+ community was deemed "irrelevant." In his decision, the judge applied a "community tolerance test" founded upon traditional, heteronormative sexual values.⁴⁰⁻⁴²

The rhetoric accompanying the resurgence of public concern regarding SEM involves all-too-familiar territory. Many of the foundational arguments that are used to promote the harms-based view of SEM invoke specific dangers to "women and children" and revoke the right of adult women to consent to the production of SEM (e.g. "all pornography involves trafficked women"), or to engage in sexual minority practices (e.g. consensual BDSM practices). It does not acknowledge that the vast majority of SEM is performed by consenting adults, and that the industry ensures this through a variety

of standardized labour practices.⁴³ Current social efforts that argue that SEM present unprecedented risks to the public's health serve paternalistic agendas that seek to undermine people's right to sexual autonomy. This is particularly true for women, who are treated as incapable of consenting to sex that does not meet normative, moralising standards of "appropriate" sexuality.⁹

Furthermore, we caution the committee on the wisdom of launching an inquiry into "violent and degrading" SEM when the chosen terminology remains fundamentally undefined. The term "degrading" is a nebulous concept that reflects more on the attitudes and predispositions of the viewer than on the actual content of the SEM⁴⁴. Any definitions of violence that do not incorporate principles of consent and of women's rights to bodily sovereignty will fail to address the complexities of gender and sexual violence, and merely repeat past failures. Women will continue to be stripped of their sexual agency. LGBTQ2+ and unconventional sexual communities will continue to be targeted and harassed. Sexual abusers will have a ready-made excuse ("porn made me do it") for their aggressive, hostile attitudes toward sex.

Canada has gone down this road before. In the thirty years since the two parliamentary committees, harms-based policy on obscenity has proven fruitless, and critical public funds to tackle gender and sexual violence – a very real and pressing public health issue – are diverted from useful avenues to pursue what is ultimately a moral panic. If this committee is sincere in its belief that gender and sexual violence constitutes a public health crisis, then it is incumbent upon the committee to pay more attention to research which demonstrates the benefits of mandatory consent-based sexual education, increased gender and sexual equity and diversity representation in public and professional life, enforcement of existing laws on sexual violence and consent, and better data tracking of sexual violence from reporting to prosecution.^{45,46} While we share the committee's hopeful wish that gender and sexual violence could be so easily solved, we know this not to be the case. And we trust our government representatives to know this too.

We thank you for your time and your consideration of our position,

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