

organizations who seek to challenge and raise awareness about the harms of the global pornography industry.

Those who are familiar with contemporary feminist critiques of pornography are unlikely to find anything ground-breaking in this text; however those who are new to the subject matter will find an accessible and engaging collection by contributors who are clearly informed and passionately invested in this area of research. Feminist proponents of pornography will certainly find reason to critique the text, as its contributors all but ignore the potential for women's empowerment and agency in acting as producers and consumers of pornography. For their part, however, the contributors acknowledge this gap as they emphasize their intention to deconstruct and challenge the ideologies and socioeconomic conditions that continue to normalize the selling and purchasing of women's (or any feminized "others'") bodies and sexualities. For these academics and activists, the potential for some women to act as empowered agents while producing and consuming pornography is not an adequate reason to withhold or dilute critique of the industry's broader deleterious impacts.

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SEX, LIES & PHARMACEUTICALS: HOW DRUG COMPANIES PLAN TO PROFIT FROM FEMALE SEXUAL DYSFUNCTION

Ray Moynihan & Barbara Mintzes
Vancouver: Greystone Books, 2012

**REVIEWED BY CHERYL VAN
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If you build it, she will come.

At least that's the promise. That the pharmaceutical industry is driven by profit margins, above all else, is not news. And that there is (always) something wrong with women's bodies requiring intervention hasn't really lost any of its medical veracity. For in creating disorders, diseases, and panic, Big Pharma can swoop in with just the right treatment. For a price. The trouble is, it's women again who pay most dearly when medicine and big business merge. Ray Moynihan and Barbara Mintzes have joined together to provide compelling evidence exposing pharmaceutical industry's role in *creating* a disease that they then plan to cure. And what's scary is that in just fifteen years, the mythic "Female Sexual Dysfunction" has gained inordinate popularity. Heck even Oprah quoted the industry-born and marketed "46 percent of all women 'suffer' from FSD" stat.

The pressure's on ladies. And not in a good way and probably not on the right spot either. No, the pressure is on for you to want it more, and that you just aren't ensuring he's ringing your bell. Yup it's your fault. And yes, I said he. You see same-sex sexuality isn't important here—so much so it has been rendered invisible. Probably because women usually get it right for other women. But I digress...

Moynihan and Mintzes' book *Sex, Lies and Pharmaceuticals: How Drug Companies Plan to Profit from Female Sexual Dysfunction* is a comprehensive investigation into this newly classified "problem" and the enormous push to place it in physicians' professional vernacular. And just in time, because Flibanserin—a drug that promises to fix us—has just come on the market. Another drug to fix our inadequacies. *Quel* surprise. Moynihan and Mintzes' research included interviews with retired pharmaceutical professionals who outed their own roles in the creation of FSD. In so doing, these courageous whistle-blowers assisted the authors to demonstrate how FSD is a grossly exaggerated phenomenon, barely earning the validity to be called a disorder in the first place.

Moynihan has a rich history in this area, most recently documenting in *Selling Sickness* countless examples of the medicalization of every-day life phases which then require medical and pharmaceutical intervention. Now he is out to discredit the very basis for what's being coined the Pink Viagra (again with the pink??), except it hasn't worked. Early research has shown that unlike men, women don't need more blood flow. And so the research has shifted. Up. Way up. Current research is exploring (brace yourselves) the usefulness of a pill targeting women's brains. There it is again: the tie between women's uterus and their minds. And of course the tie that binds is one of pathology.

So not only are women too emotional, too nervous, too fat, too irrational, and too dry, they're not sexually responsive enough. Does this remind anyone else of the years when women were called frigid? Brrrrr. Has me shaking, but I'm not sure if it's out of terror or anger. Probably both.

But at least one thing has stayed constant. The real reason for women being unresponsive sexually aside from:

- being too tired;
- made to feel ashamed about the appearance or scent of our bodies;
- still reeling from a childhood or relational trauma; or
- exhausted from trying to be taken seriously;

it's the pervasive absence of any exploration into the skill of her partner. So maybe instead of a pill, or a medical procedure to tighten her up, lift her bladder or re-boot her genito-urinary glands, would-be partners could be given a diagram of the clitoris' location. And at the top of the one-page précis should be this message:

“You Suck. And not in a good way.”

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SEXUAL ASSAULT IN CANADA: LAW, LEGAL PRACTICE AND WOMEN'S ACTIVISM

Elizabeth A Sheehy, Ed.
Ottawa: University of Ottawa Press,
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REVIEWED BY REZA BARMAKI

Sexual Assault in Canada: Law, Legal Practice and Women's Activism takes a comprehensive look at the socio-legal aspects of female sexual assault in

Canada. More specifically, it looks at the variety of cultural myths and legal discourses and techniques that have historically helped with either denying its prevalence, normalizing it, preventing its prosecution, or portraying its harms as insignificant. This is an edited book of a massive proportion (819 pages) and an extensive range. It is divided into two parts that contain a total of 28 articles. Part I, containing the first fifteen articles, examines sexual assault from a variety of points of views: various ways of discrediting (“unfounding”) of its reports by women by the criminal justice system officials, its promotion by the hyper-masculine sporting culture and other male-dominated institutions, the consequences of colonization and racism in its perpetuation in regards to Aboriginal women, and its denial in relation to disabled women. It also looks at various forms of political pressure exerted on activists and sexual-assault centres to abandon feminist politics, and progressive forms of feminist art and literature that aim to subvert the traditional, legal discourses related to sexual assault. As a whole, these articles describe the cultural and legal realities surrounding sexual assault and point to theoretical and practical venues of resistance and change. The two most interesting papers in this part are those of McIntyre and Odette. In “The Supreme Court of Canada's Betrayal of Residential School Survivors: Ignorance is No Excuse” McIntyre discusses the Supreme Court's responses to compensation claims by Aboriginal women and men who were sexually abused as children in residential schools. She argues that the Court ignored the extensive research on residential school abuse – which pointed to the racist social context as the main causes of such abuse – in its decisions and, instead, decided these cases using narrow and formalistic reasoning.

In “Sexual Assault and Disabled Women Ten Years After *Jane Doe*” Odette examines barriers faced by disabled women who wish to resort to the legal system and/or various women's centres.

Part II, containing thirteen articles, focuses more on legal issues. The themes explored include prosecution of sexual assault in relation to racialized women, adjudication of sexual assault and linguistic practices that embody rape myths, sexism, and other systemic obstacles facing women who testify in rape trials, sentencing of males convicted of rape, and issues surrounding compensation for sexually assaulted women. Part II begins with Jane Doe's “Who Benefits From the Sexual Assault Evidence Kit?”. It is based on interviews with women who have undergone Sexual Assault Evidence Kit (SAEK, which is the exam and treatment protocol and directions for evidence collection from sexually-assaulted women), nurses who administer SAEK, hospital counsellors, and sexual-assault crisis centres' workers. Doe points to a gradual shift towards medicalization of sexual assault as an illness and the consequent increase in the power of medical officials as expressed in administration of SAEK. She argues that inconsistent administration of SAEK, combined with its dubious legal utility, has brought sexually-assaulted women little legal benefit and lots of psychological harm. The two most interesting papers in this part are those of Ehrlich and Marriner. Using linguistic analysis in “Perpetuating – and Resisting – Rape Myths in Trial Discourse”, Ehrlich demonstrates how the various forms of questioning techniques—for example, those demanding a yes/no answer, and those based on assumptions that the witness cannot reject if she answers the question—allow lawyers to control the kind of information