

At the witness hearing of the senate inquiry into the Sexualisation of Children in the Media, Dr Lieberman and Ms Brassil were asked to provide additional information on notice. A response to each of these information requests is listed below:

Information requests:

1. Additional information on evidence for harm being inflicted on children through advertising.

In addition to the articles cited in the SH&FPA submission, evidence published in peer reviewed journals of the harmful effects of advertising include the following:

Note: The literature is a summary of evidence in the meta-analysis by American Psychological Association, 2007. It broadly canvasses the negative effect of sexualisation on women and girls, not girls only. It is considered that all the studies cited are relevant to the Inquiry as they impact on girls or have as their root the formative attitudes and experiences of women when they were girls (Bussey & Bandura, 1984, 1992; Lips, 1989).

- Self- objectification is a woman's internalisation of society's sexual objectification of the female body, whereby women come to see themselves as objects. It results in increased body dissatisfaction including feelings of shame about one's body (Fredrickson et al, 1998; McKinley, 1998, 1999; Tiggemann & Slater, 2001), appearance anxiety (Tiggemann & Lynch, 2001; Monro & Huon, 2005) and specifically in adolescent girls (Slater and Tiggemann, 2002). Viewing media that idealises sexual attractiveness is associated with increased body dissatisfaction in girls and young women (reviews by Groesz et al, 2002; Holmstrom, 2004)
- Viewing of sexually-objectifying material contributes to mental health disorders, including eating disorders, low self-esteem and depression. The incidence of anorexia nervosa over 50 years in 10-19 year olds has paralleled changes in idealised body image (Lucas et al., 1991). Links have been demonstrated between bulimic symptoms and frequent television viewing (Botta, 2000) and between media exposure and women's behaviour and beliefs about eating (meta –analysis by Grabe et al., 2006). Low self-esteem, negative mood and depressive symptoms are linked to sexualised female ideals in adolescent girls (Durkin & Paxton, 2002; Tolman et al., 2006; Harrison et al., 2003), and undergraduate women (Mills et al., 2002; Hawkins et al., 2004).
- Evidence of impaired cognitive performance in college –aged women, that those wearing swimming costumes achieved significantly worse results on a maths test than those wearing a jumper, which was not the case for men (Fredrickson et al, 1998) with the conclusion that focus on the body and its relationship to sexualised cultural ideals interfered with mental acuity. This was later supported by studies demonstrating similar effects in relation to logical reasoning and spatial skills (Gapinski et al, 2003). In addition,

studies demonstrate that single sex classes, where girls focus more on their work than their appearance, result in less self-consciousness in girls and substantial improvements in performance (Rutti, 1997).

- Self-objectification is linked to poorer sexual health and protective behaviours, particularly in relation to decreased condom use and poorer sexual assertiveness (Impett et al., 2006; Wiederman, 2001; Wingood et al., 1992)
- Exposure to sexualised media impacts on physical health. Smoking in women is correlated with having a sexually objectified standard of physical appearance (Harrell, 2002) and there is a link between smoking onset and body dissatisfaction.
- Poorer motor performance is influenced by the degree to which girls practise self-objectification as a consequence of sexualisation and are concerned about their appearance (Fredrickson and Harrison, 2005). As is well known, physical activity leads to feelings of confidence, positive mood (Plante, 1993), physical health and cognitive performance (Etnier et al., 1997) and girls and women who are physically active are better able to protect themselves from physical attack and abuse (Dowling, 2000).
- Sexualisation of girls impacts on sexist attitudes, societal tolerance for sexual violence and exploitation of girls and women. Women and men exposed to sexually objectifying media about women are significantly more accepting of rape myths, sexual harassment, sex role stereotypes, interpersonal violence and adversarial sexual beliefs about relationships (Hansen et al., 1988; Lanis et al., 1995; L Rudman et al., 1995; Mackay et al., 1997; Kalof, 1999; Milburn et al., 2000; Ward 2002)
- Boys exposed to sexualisation of girls may be more likely to commit sexual harassment (Quinn, 2002; O'Hare et al., 1998)

2. Information on the lowering of the age of sexual activity in Australian children.

The Secondary Students and Sexual Health 2002 Survey. (Smith et al., 2003) is the 3rd 'National Survey of Australian Secondary Students, HIV/ AIDS and Sexual Health', conducted every five years throughout Australia since 1992. The 2002 survey, involved 2388 young people (55% young women) from Years 10 and 12 in all States and Territories. The survey shows that the rate of vaginal intercourse increased between 1997 and 2002 and that more young people are sexually active at a younger age.

The Australian Study of Health and Relationships (2003) reported the median age of first sexual intercourse has declined to 16 years from Australian women and men; a reduction from 18 years (Rissel, C. & Richters, J., 2003)

3. Evidence for the impact of comprehensive relationships and sexual health education on sexual behaviour:

- Guttmacher Policy review, Spring 2007 directly addresses the impact of ‘abstinence only –until –marriage education’. The promotion of premarital abstinence (stopping teens from having sex) without support for the use of contraceptives, safer- sex practices and protective behaviours was reviewed. Evidence cited includes *Perspectives on Sexual and Reproductive Health, December 2006* demonstrating the impact of the rise of abstinence – only education on the reduction in teens receiving access to information on birth control, especially teens from minority and low-socio economic groups. Researchers from Guttmacher and Columbia University, published in the *American Journal of Public Health, January 2007* studying the 24% decline in teen pregnancy rates in the US from 1995-2002, demonstrated that 86% of this was due to an increase in effective contraceptive use. Together, these findings indicate that effective relationships and sex education is essential for achieving declines in teen pregnancy, and not doing so disproportionately effects low socio-economic groups which promulgates their continued poverty.
- Kohler et al. (2008) compare the sexual health risks of adolescents who received abstinence –only and comprehensive sex education to those who received no formal sex education. Results demonstrate that those who received comprehensive sex education have a lower risk of pregnancy than those who received abstinence-only education or no sex education.
- It has been demonstrated internationally that comprehensive sexuality and relationships education programs are likely to assist in reducing vulnerability to sexual abuse by providing accurate information and awareness about the body, sexual development, and appropriate boundaries of physical intimacy in family and social relationships. (Briggs & Hawkins, 1997).
- Comprehensive relationships and sexuality education does not promote earlier or increased sexual activity and, in fact, can delay the onset of sexual activity, and reduce the number of sexual partners. (Baldo et al., 1993; Grunseit & Kippax, 1993; Kirby et al., 1994)
- The Australian Curriculum Framework provides an agreed national position on all curriculum areas. Each State/Territory has its own Curriculum Framework which guides program delivery in the classroom. Relationships and sexual health education sits under the Health and Physical Education streams. These stream are not compulsory (unlike reading and arithmetic) and parents/carers can withdraw their children from these education streams.
- Fact Sheet 6 - Sexual Knowledge and Behaviours, published by SHine SA April 2007 is provided as additional information about relationships and sexual health education programs and is submitted with this report.

4. Recommendations regarding standards for sexual content in media and advertising/ marketing communications: actions to be taken

Classifications for media outlets

It is recommended that the Government introduce standards for media and advertising/ marketing communications similar in code, framework and content to those outlined under the Australian Government “Guidelines for the Classification of Films and Computer Games”, as amended under Section 12 of the Classification (Publications, Films and Computer Games) Act 1995. Specifically:

- that each of the conventional media outlets be listed as a G, PG, M, MA 15+, R18+, X18+, or RC space; where

G = open public space with viewing accessibility by all of the population (eg public parks, major roadways, shopping centres, public recreation areas such as beach fronts.

= These spaces should only portray ‘very mild’ sexual themes

PG = Public spaces with entrance requirements, but where the majority of the population, of all ages, congregate (eg sports stadiums, movie theatres, swimming and sports centres)

= These spaces should only portray ‘mild’ sexual themes

M = Spaces where people of teenage years and older congregate and younger people only access with adult supervision

= These spaces should only portray ‘moderate’ sexual themes

MA = Spaces that are restricted to people from the age of 15+

= These spaces could portray ‘strong’ sexual themes

R 18+= Spaces restricted to people from the age of 18

= These spaces could have ‘high’ sexual themes

RC = Refused Classification

Classifications for readership of magazines and broadsheets

- That magazine and broadsheet publications have explicit recommendations for targeted age of readership.

Content of media and advertising/ marketing communications in line with best practice standards for relationships and sexual education

- That media and advertising/ marketing communications content be in accordance with best practice education communications, as follows:

Primary school children:

Media and advertising / marketing communications in children's viewing time conform to best practice standards for primary school age children relationships and sexual education, contained within the primary Personal Development, Health and Physical Education (PDHPE) syllabus (eg. Board of Studies, NSW, 2006a). This incorporates a maturing focus on understanding the value of self and others, physical activity, informed decision making leading to effective and responsible action, the development and maintenance of positive interpersonal relationships and healthy behaviours. Information about sexuality occurs in Stage 3 (fifth and sixth class – 10-12 year olds), and focuses on changes at puberty, the reproductive process responsibility in sexual relationships and emotional readiness.

High school youth:

Media and advertising/ marketing communications directed at youth under 15 years conform to best practice standards for high school age children relationships and sexual health education contained within the secondary PDHPE syllabus (eg. Board of Studies, NSW 2006b; Ollis & Mitchell, 2001; NSW Department of Education and Training, 1999). This incorporates a maturing focus on respectful relationships, knowledge and safe behaviours, gender and diversity issues, drugs, alcohol and sexually transmissible infections, violence, power and choice.

Underpinning Principle:

Effective relationships and sexual health education involves the development of critical literacies, through children and young people questioning and analysing information and images that they experience in the mainstream media. This education is not information transmission, but the development of values and attitudes in relation to the information received from a range of sources. Therefore relationships and sexual health education can have an important ameliorating effect.

Training in relationships and sexual education

- Relationships and sexual education to be a compulsory part of a teacher education program in the teacher training years at university.

- Critical media appraisal to be a compulsory part of education for school age children, both at primary and secondary levels
- Parent/ community education training programs in relationships and sexual education be supported by Government

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