Submission to the Senate Standing Committee on Environment, Communications & the Arts regarding the Inquiry into the Sexualisation of Children in the Contemporary Media Environment

Introduction

FINRRAGE (Australia) contends that children are severely hurt by the concerted push by all media - with or without graphics, thus including radio - to increasingly represent facets of premature sexualisation as 'the norm' for young children, especially girls. We believe that Dr Emma Rush's and Andrea La Nauze's groundbreaking Research Paper *Corporate Paedophilia* (2006) and Women's Forum Australia's (WFA) innovative *Magazine Faking It* (2007) as well as their extended workshops all over Australia have admirably brought the problem to the nation's attention. We sincerely hope that the Senate Inquiry will take these two documents as their starting point and build on them to come up with strategies to counteract the many exploitative and dangerous messages that young girls - and boys - get to behave in sexualised ways already as pre-teens.

As part of an international network in existence since 1984 that investigates the harm done to girls and women from the increasing medicalisation of their lives, particularly in the area of old and new reproductive technologies, in this brief submission *FINRRAGE* (Australia) wishes to bring to the Senate Inquiry's attention our concerns about harmful *premature medicalisation*, particularly of girls, as part of premature sexualisation.

To put it bluntly, the increasing sexualisation of children through what they are encouraged by the media to engage in (for example, fashion, diets, even cosmetic surgery etc) or in fact produce themselves as in YouTube. My Space, Bebo or Facebook, end in premature *sex* for many children. 'Doing it' - having sex - as part of (pre)-teenage fun is thus perceived by many as a 'no big deal' and a necessary ingredient of being 'cool'.

We believe that the media, perhaps at times inadvertently, is contributing to the expectations of early sex-as-the-norm in the following areas that we will briefly discuss separately below. They are:

• the overwhelmingly positive reactions of the Australian media to the introduction of the so-called cervical cancer vaccines (Gardasil and Cervarix) in Australia in 2006 and 2007;
• the depiction of hormonal contraception as unproblematic and with an emphasis on provider controlled long-acting contraceptives such as the 3-months injection Depo Provera and especially the 3-year Implant Implanon as the new cool thing;
• the media representation in 2005/06 of the abortion pill RU 486 as more 'natural' hence easier on (young) women who need to undergo an abortion;
• the ongoing positive media discussion to de-stigmatise 'mental illness' which unfortunately gets too quickly translated into 'depression-equals-a-chemical brain-imbalance' that can be fixed by anti-depressant medication.

The following scenario (which hopefully has not yet happened but that, we firmly believe, is unavoidable in the future if we cannot stop the tide of media condoned premature medicalisation as part of premature sexualisation will give the Inquiry Committee an idea about our concerns. *All events described below are factually correct.*

Monica, an average white girl, age 12, struggles with her popularity with the boys in her class. She thinks she's too fat and her mother doesn't buy her the right clothes. She is close to developing an eating disorder, but is pleased that her avid emulating of *Dolly's* beauty advice gets her a boyfriend. She is keen on having the first Gardasil injection so she won't get cervical cancer from sex. The severe body rash she develops after the injection doesn't add to her confidence but nevertheless, she soon engages in sex, without condoms or contraception (the boy didn't want the former; she knew her mother wouldn't help her to get a script). The sex wasn't what she had imagined, the boy dumps her, she puts weight back on and gets depressed (she still has the rash over her whole body). Her school results go down which leads to fights at home. She panics when her period doesn't arrive, breaks down and tells all. Her mother takes her to the clinic where she is informed that her daughter qualifies for a 'medical' abortion as she is by now severely depressed (one of the necessary indications for its very limited use). The same day, Monica takes three pills and is told to come back two days later for the second part of the abortion (the prostaglandin). She gets violently ill with stomach cramps and nausea. When she is on the toilet three days later, she passes the embryo which to her horror is already quite well formed. (She thought this only happened in anti-abortion propaganda which she doesn't agree with.) When her bleeding hasn't stopped after 2 weeks she needs a D & C to remove the remaining embryonic tissue. By this time she is on an SSRI antidepressant. She erupts in temper fits alternating with feeling of loneliness and bottomless despair. She sees her future as bleak, not worth living and she still has the rash.

We sincerely hope that there will be no 'Monica' who has to experience this unfortunate scenario but we urge the Inquiry Committee to take seriously our concerns about the unavoidable harmful medicalisation of prematurely sexualised girls that the media condones and indeed encourages in its uncritical reporting of so-called scientific miracle drugs and treatments.

We now briefly detail the aforementioned four areas of concern (the media acceptance/promotion of dieting and cosmetic surgery are other issues of medicalisation that we hope the Inquiry will cover).

1.*The 'vaccine against cervical cancer'*
The Australian media's love affair with the anti-HPV vaccine Gardasil has been extraordinary. With Ian Frazer, the Australian of the Year 2006, praised to the skies as the vaccine's inventor (a somewhat incorrect statement as two US Universities and the US Cancer Institute/NIH allegedly share the invention; Beran, 2006), the vaccine has received uncritical promotion across the media especially since the former Howard government subsidised it to the tune of $ 450 Mio to be administered for free to girls and women between 12 and 26. With headlines such as 'Making young women safe' in the *Canberra Sunday Times* (Sherlock, 2007) school girls now assume that if they have this

vaccine they will not get cervical cancer from sex. As most of these girls will not have engaged in sex, but, as said earlier, live in our prematurely sexualising society, the heavy media promotion of the free vaccine contributes to the idea that pre-teen sex is normal. Indeed now you can do it 'safely'. (Some girls also assume that the vaccine will protect them against sexually transmitted infections, hence the crucial message 'no condom, no sex' moves off the radar.)

Apart from publicising - in a massive way - (hetero)sexuality as the norm for young girls and boys, the media and in part the vaccine's promoters themselves, can be accused of a) spreading half-truths and b) hiding the fact that administration of the 'miracle' vaccine can lead to severe adverse reactions. Moreover, young girls are told that it is their bodies - not boys'/men's - that have to be medicalised in order to avoid 'problems' as a consequence of sex - a lesson that is continued with contraception (see 2. below).

a) **Half truths**. Gardasil (and Cervarix, a second vaccine on the Australian market since 2007), do not vaccinate against cervical cancer. They produce antibodies against two strains of the human papilloma virus (HPV) that are associated with cervical cancer (many scientists claim with as much as 70 per cent, but this claim is disputed). However, 80% of the population currently appears to be infected with HPV (transmitted from men by sex), but in most it clears within two years without ill effects. Cervical cancer may take 20 to 30 years to develop. Intense Pap Smear campaigns have led to early diagnosis of aberrant cells and to successful treatments. In this way, cervical cancer rates have been greatly reduced by Pap Smears. In westernised countries such as Australia cervical cancer is not a high-ranking health problem. At best, the anti-HPV vaccine may thus be unnecessary, benefiting only its creators, CSL shareholders (and overseas Merck/Sanofi Pasteur), through its massive sales, and diminishing the Australian taxpayers' scarce health dollar. At worst, this unproven vaccines might become Thalidomide-, DES- or HRT-like scandals of 2050. The importance of continuing to undergo two-yearly Pap Smears to catch the 30% of cancers not related to HPV may well be jeopardised as well and therefore undo the prior promotion of this message.

b) **Serious adverse reactions**. The anti-HPV vaccines have many serious risks. Overseas, 11 deaths after Gardasil have occurred (9 in the US and 2 in Europe; all denied by the manufacturer as caused by Gardasil). More than 5000 adverse effects have voluntarily been reported to VAERS in the US, four times more than those recorded after the introduction of other new vaccines. In Australia, as of January 2008, the TGA had received 681 reports of adverse effects. 162 girls and women had not recovered, with those between 14 and 17 years of age not recovering for 165 days. Adverse reactions reported range from nausea, rash, chest discomfort, grand mal convulsion, eye oedema and partial blindness to bronchospasm, anaphylactic reactions, Guillain-Barre syndrome Lymphadenopathy and many others.

Unbelievably, with rare exceptions, the Australian media has not reported such adverse reactions nor has the government acted on it. (Exceptions are two Channel 7 *todaytonigh*t programs, 7 December 2007 and 3 March 2008 Perth/Adelaide only; Tankard Reist and Klein, 2007 a and b; Klein and Tankard Reist 2007; Radio National Illawarra with 'Sally'

talking about her vaccination experience, January 30, 2008; Sweet 2008). Given that the vaccine was only tested on fewer than 1200 girls under 16 when its main target group is precisely girls before they have engaged in sex, this means that the Australian government is engaging in subsidising mass scale experimentation with no knowledge of short- let alone long-term adverse effects on the girls' health. Overseas research has shown that some women who unknowingly were pregnant at the time of the vaccine administration had miscarriages with their foetuses showing malformation. This indicates that the various vaccine components (it is a genetically engineered yeast molecule with non-infectious virus like particles that stimulate the immune system to produce antibodies), may have many unknown interactions with the endocrine/reproductive system.

FINRRAGE (Australia) hopes the Inquiry Committee will suggest the development of Guidelines across the media - advertisers included - which ensure that biased reporting when it comes to so-called new miracle drugs and treatment will be more closely scrutinised and in extreme cases of downplaying risks, will be liable to fines. At stake is the public's health. Young girls - and their parents - cannot be blamed for thinking they now need this vaccine to engage in sex and not get sick when the free vaccination campaign sports Billboards across Australia with slogans such as 'Join the fight against cervical cancer' and the erroneous statement, 'Be part of the first generation of women to be vaccinated against cervical cancer'.

FINRRAGE (Australia) urges the Government that the vaccination campaign be stopped and every single girl who received Gardasil be contacted and surveyed regarding her health. The media could be of great help in this endeavour. In cases where damage has occurred, the Australian government should offer free treatment. That such an action is of the highest urgency is due to the fact that, scandalously, the Register to monitor the vaccinations may at best be operational by the end of 2008 - a tardiness that may cost the government dearly in potential lawsuits by women and aggrieved girls and their parents.

2. *Contraception: the hormonal 3-year Implant is the next cool thing*

As girls and boys are subtly and not so subtly steered towards engaging in sex at a pre-teen age by various media messages, how to prevent a teen pregnancy becomes an important question. In general, the popular understanding is that there is a whole cafeteria of safe contraceptive 'choices' available and your doctor or family planning clinic will help you select the one 'that's best for you'. The media contributes to this narrative by publishing articles such as 'Skin spray contraceptive next big thing' (Pincock, 2008) in *The Weekend Australian* of 9-10 February. Praising a progesterone-like hormonal spray that is currently trialled in Australia as what '… could be the next major breakthrough in avoiding pregnancy' without mentioning a single adverse effect, exemplifies the tone of most reporting and depiction of hormonal contraception. And once again, it is girls and women who are going to spray themselves to avoid pregnancy; a contraceptive for men falters every time when it gets to Stage III trials as weight gain, hangovers and loss of libido are simply not acceptable for men!

The current favourite is the 3-year Implant Implanon, a second generation progesterone-like contraceptive Implant. Its ingredient Etonogestrel is very similar to the Depot progesterone in Depo Provera and Levonorgestrel in the discredited Norplant (which caused blindness in women and was taken off the US market in 2002 but is now making its comeback as Norplant-II in Europe). Implanon consists of a 40 mm single polymer rod that is injected under the skin in a girl/woman's upper arm where it can be felt. It can migrate and may be hard to find if she wants to have the rod removed before its 3-year effectiveness has run out. Health providers need to be instructed in both implantation and removal.

Implanon was approved in Australia in 2001 and has since become one of the most favoured contraceptive options by Family Planning Organisations. In *45 years on: What now in Contraceptives?*, a widely-distributed free booklet published in 2006/7 by the National Council of Women in Australian, Implanon is listed as the number one non-daily method. Its advantages are described as: 'Convenience - not having to remember to take anything,' Long duration of use,' 'Reliability,' and 'Fertility returns quickly upon removal of implant' - all points that may especially appeal to young girls and women who have grown up with the 'one stop-quick fix-no-bother' approach to life. Indeed, featured in the booklet as 'Being a busy girl…', Biana Dye, presenter of Nova radio, a station for the young, is excited about Implanon: 'What a cool concept not having to worry about contraception for three years' (p. 21).

The only disadvantage the booklet includes is 'Menstrual cycle is altered and some women have irregular periods.' Throughout the booklet, Implanon is then repeatedly mentioned as the latest exciting contraceptive choice. Unfortunately, underplaying risk and adverse effects does no service to girls and women but we have not seen any recent media articles or TV programs that focused on such risks. In June 2003, the TGA (Therapeutic Goods Administration) mentioned in their Adverse Drug Reactions Bulletin that they had received 130 adverse reaction reports, 37 of which related to prolonged bleeding between 2 and 26 weeks. (33 of the 37 women had their implant removed). Other well known adverse effects, listed by the US FDA (Food and Drug Administration who only approved Implanon in July 2006) include 'increased or decreased bleeding frequency including amenorrhea (no periods), headaches, acne and emotional lability.'

The problems don't stop there. As with the 3-month injection Depo Provera (also still administered to girls and women), there is the serious problem of potential bone mineral density (BMD) loss. Because Implanon has only been on the market since 1998 (in Europe), it will be years before Implanon users will know whether the oestrogen decreasing mechanism of this synthetic progestin will significantly reduce BMD. A 2007 study of the forearm bone density of 111 women reported in *Reproductive Health* Vol 4, no 11, comparing levonorgestrel (Norplant) and etonogestrel (Implanon) is cause for concern: after 18 and 36 months of use, BMD of the 'distal radius' of the forearm in both groups was 'significantly lower' (Monteiro-Dantas et al.,) although the 'ultra-distal radius' appeared not to be affected. It needs to be remembered that it took from the mid 1980s to 2004 for the manufacturer of Depo Provera to finally acknowledge BMD loss from the 3-months injectable and being required by the FDA to put a black box-warning

on its product. A similar time span of almost 20 years would make it another 10 years (to 2018) before it will be known more conclusively whether Implanon leads to significant bone density loss which like Depo Provera may only be partially recovered once the contraceptive is stopped. In the meantime, thousand of users - especially including girls and young women who are most vulnerable to bone loss - may jeopardise their long-term health and risk higher levels of fractures from osteoporosis as they get older.

Like other progesterone-like contraceptives (including the mini pill) Implanon is not recommended for women who smoke and those with heart or liver disease and vaginal bleeding. Loss of libido during the use of Implanon is another frequent problem not mentioned by its enthusiastic promoters and so are problems with its removal. As one recent user remembers:

> I had it implanted when I was 18 (I had really adverse reactions to the pill), and it has done something permanently to me - ever since I have had no sex drive at all. Must be something to do with hormone levels or something, I didn't get my period for the whole 3 years I had it in. Anyway, I had it implanted in (state), and when I wanted it out I couldn't find ANYONE who did it. I rang doctors, hospitals, family planning clinics, and they all knew how to put them in, but not take them out. So I thought I may as well wait until the 3 years was up and I was in (another state).

Over the past week, Implanon has been in the media spotlight as it was reported that 12-year old girls were 'temporarily sterilised' with Implanon in a number of Queensland remote communities (see for instance Tim Dick in the *Sydney Morning Herald*, 16 April 2008). Whilst this issue raises serious questions about health professionals aiding and abetting sex under the legal age of 16, other than reporting that some of these young girls were found with sexually transmitted infections (STIs), Implanon itself was not queried for its medical problems. Such incomplete reporting could mean that girls and young women from other strata of society might now have heard of Implanon for the first time. Australian girls now have a name for a contraceptive they might ask their doctor about, one that is provider controlled (meaning they cannot stop its action themselves but need to find a health professional to remove it), and one that may make them very sick, including permanent reduction of bone density.

As with the anti-HPV vaccines, *FINRRAGE* (Australia) urges the Senate Inquiry Committee to produce Guidelines for media standards that oblige journalists of all media to refrain from falsely promoting a contraceptive as safe.

3. Abortion the chemical way: are girls at risk?

FINRRAGE endorses girls and women's access to safe and legal abortion when that is indeed what appears to be in their and their future child's best interest. However, since 1991 we have expressed our gravest reservations about chemical abortion, the so-called French abortion pill RU 486 which consists of three pills followed two days later by a prostaglandin that its manufacturer has never endorsed for use in abortion (see Klein, Raymond and Dumble 1991). To this day, no manufacturer has ever applied to

commercially market RU 486 in Australia. In 2006, a renewed political campaign by liberal/libertarian politicians across the political spectrum wrestled control over RU 486 from the Health Minister. The media reported the RU 486 issue in a highly biased way depicting it as an 'anti-abortion vs progressive forces' issue. Concerned feminist voices such as ours who believe chemical abortion is a second-rate option due to its health hazards and drawn out nature of administration, found it hard to be heard amongst the media mind-set that could only see white and black: for or against abortion. *FINRRAGE* (Australia) participated in the Senate Inquiry at the time and we refer this Inquiry Committee to our Submission (Klein, 2006).

We raise our concern about RU 486 in the context of premature sexualisation of girls because there exists the wrong notion that it is 'natural' and easier on the girl or woman. In reality, a woman may bleed up to 6 weeks and then be required to undergo a D & C to remove all or partially left over embryonic matter. Or, if the embryo is expelled, as depicted in the 'Monica' scenario above, it often comes out intact and even at a 59 to 63 days' pregnancy, its human features are distinct which may severely traumatise the aborting woman.

It is easy to see that a young girl might be especially traumatised by such an event and we are worried that as teen pregnancies become more frequent - as they will as a consequence of increased unprotected sex - young girls who may have become depressed because of this unintended pregnancy, may be eligible for a RU 486 termination. Contrary to public understanding, RU 486/prostaglandin abortions are currently only available to women who cannot tolerate a conventional suction abortion. Strangely, depression is included in these indications for an RU 486 abortion. (We find hard to understand this indication in the first place.)

We hope the Inquiry Committee will at least add the issue of RU 486 and its potential application to girls who find themselves with an unintended pregnancy to its list of issues of premature medicalisation that need to be monitored by the government but also by the media in a non-biased way. Lastly, we briefly turn to the issue of depression in prematurely sexualised children.

4. *Depression and anti-depressant medication: a dangerous quick fix approach*
Anti-depressant medication from time to time are covered by the media as problematic (eg making symptoms worse or leading to violence including suicide); most recently reports claimed that assessed against placebos, they were, in fact, ineffective. However, such reports are then quickly drowned out by pro-medication supporters that claim the benefits of these drugs.

In the context of this Inquiry *FINRRAGE* (Australia) wants to draw the Committee's attention to increasing levels of depression in children but especially in girls. In 2007, the American Psychology Association issued an important report warning about increasing levels of depression in girls (much more than in boys) as a result of premature sexualisation. It is well established in the medical and sociological literature that twice as many women as men are diagnosed as suffering from stress and anxiety disorders and, as

a consequence, are much higher users of anti-depressant medication than men (eg Stoppard and McMullen, 2003). While Australian institutions such as Beyond Blue have over the last decade done much good work in de-stigmatising so-called 'mental illness', this work has not been without problems. Depression in particular is increasingly seen as a 'chemical imbalance in the brain.' Naturally then, in our drug-oriented quick-fix society, a magic pill once again seems the solution to remedy this 'deficit.' In her ongoing doctoral study, Delanie Woodlock, asked by means of questionnaire and face-to-face interviews with over 100 girls and young women about their experience of depression and their views about the nature of the problem. In the majority of cases, the girls listed the 'chemical imbalance' theory as their explanation. The majority had been put on anti-depressants (mostly the SSRI type) which in some cases had good results but in others led to worsening of the depressions and other debilitating adverse effects.

In the context of this Inquiry, *FINRRAGE* (Australia) urges the Inquiry to add the use of anti-depressant medication in girls and boys as an issue that needs attention including serious investigative journalism - not just a one-off report - that asks fundamental questions about the current obsession to find a pill for every societal ill.

Summary

By canvassing four potential medical risks for young girls in the age of premature sexualisation - the anti HPV vaccines, hormonal contraception, the abortion pill RU 486 and the increased use of anti-depressant medication - we hope to contribute to the Inquiry's tasks. We suggest an examination of short- and long term health effects of *premature medicalisation* fuelled by media depiction of life for young girls and boys as one in which premature sexualisation is the norm. As a consequence, premature medicalisation follows with, as we argue above, many dire consequences for the short- and long term health of the girls (the boys are no doubt harmed in other ways). The media has much to answer for about how we, as a society, learn about the increasing medicalisation of our lives through regularly presenting medical 'breakthoughs' in a overly rosy way. We sincerely hope the Senate Inquiry Committee will come up with innovative ideas of how to advance a fairer and more 'real' portrayal of these medical fixes in the media (including the financial gains to be made from their sale). We believe highlighting premature medicalisation is a crucial aspect of reducing premature sexualisation of children, which no doubt, everyone agrees, is a disturbing problem facing us in the 21st century.

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