AUSTRALIAN FEMINISTS FOR WOMEN'S RIGHTS

Submission to the UN Committee on the Elimination of Discrimination against Women re gender stereotypes

Australian Feminists for Women's Rights (AF4WR) is an incorporated association of feminists from all over Australia campaigning for women's sex-based rights protections, within a broader context of social and economic justice for all. We welcome the opportunity to provide a submission on the above topic.

We agree with the majority of the arguments presented and documented in the General Recommendation on Gender Stereotypes Concept Note (hereinafter the Concept Note) and believe that eradication of gender stereotypes is key to eradicating discriminations and violence against women and girls, as originally set out in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979). We would, however, like to foreground some aspects that are insufficiently addressed within the Concept Note or where the Concept Note itself perpetuates some myths about sex and gender.

This submission has three primary foci:

1) **the confusion between sex and gender** (including the definitions implied within the Concept Note of "intersectionality" and the notion of "identity" in the framing of "LBTI women" [para. 13]);

2) **violence against women in health and reproduction**, including both failure to attend to women's specific health needs due to stereotyped attitudes, which can extend to forms of physical and psychological violence, and the harms done to women's health through both commercial and so-called "altruistic" surrogacy.

3) **the pornification of culture** leading to heightened sexual objectification of women through, among other things, sexual violence against women, femicide and legitimation of prostitution.

1) Sex and Gender

AF4WR makes this submission with the following understanding of gender and sex as two separate concepts, one based in social constructs (gender) and one based in biological science (sex). The following definitions are used by AF4WR:

- ***Sex*** refers to the biological dimorphism among humans as sexually dimorphic mammals, i.e. humans are male or female. The infinitesimally small proportion of the human population that has a DSD (disorder or difference of sexual development), does not alter this fact, first, because most people usually classed in this group are usually very clearly either biologically male or female (e.g. males with Klinefelter syndrome or females with Turner syndrome). Second, even those DSDs with the most ambiguous external presentation (e.g. the very rare Swyer syndrome) do not alter this overall sexual dimorphism. Sex is not "fluid" and is not interchangeable with "gender".

- ***Women and girls*** means those of female sex, that is, female bodied adults and children, those born with various multiples of the X chromosome (most commonly XX) and, except in extremely rare cases, no Y chromosome, and possessing female genitalia and other secondary female sexed-based characteristics due to female puberty. In our discussion of violations of the rights of women and girls, this is the population to which we are referring. We do not consider "woman" to be an individual or group "identity" but a biological reality with significant socioeconomic, political and cultural implications. The continuation of discriminations against women and girls *as a sex class* is based on structural power imbalances supported by the ideology of sex-role stereotypes, or what is called *gender stereotypes* in the Concept Note.

- ***Gender*** was originally analysed by feminists as a sociocultural construct based on sex-role stereotypes (although it was first conceptualised as a social marker in 1955 by sexologist John Money). The expression *gender stereotypes* employed in the Concept Note is consistent with the discussion of stereotyped sex roles in Articles 5 and 10 of CEDAW (1979). In other words, gender refers to social and cultural expectations and behaviour that are based on sex-role stereotypes. It is not a material or biological condition but a cultural one, and although it can be a basis of analysis of cultural prejudices against women and girls that contribute to the acts of personal, institutional, or symbolic violence they experience, it has no basis in material reality. Considerable confusion has arisen out of the conflation of the concepts of sex and gender within institutional vocabulary and legislation.

Article 1 of CEDAW states:

> For the purposes of the present Convention, the term "discrimination against women" shall mean any distinction, exclusion or restriction made ***on the basis of sex*** which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field (emphasis added).

The Convention recognises that being born female is the foundation of *the oppression of women as a sex class by men as a sex class*, namely: sexual abuse and violence against women and the many documented discriminations and inequalities experienced by girls and women across the life span and across cultures. In 2020 the UN Secretary-General's Policy Brief on the impact of COVID-19 on women noted that "across every sphere, from health to the economy, security to social protection, the effects of Covid-19 are much worse for women and girls simply by virtue of their sex… The pandemic has deepened pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic" (UN 2020, 2).

It is important to treat biological sex and gender as distinct concepts because the economic, social and cultural oppression of women and girls throughout history is, as we have seen above and as is comprehensively covered in the Concept Note, founded on the physical realities of female biology.

Gender is a different concept to sex, even though they are often used interchangeably in everyday discourse. Gender refers to social, not genetic characteristics, and means, according to the World Health Organisation (WHO): "the characteristics of women, men, girls and boys that ***are socially constructed***. This includes norms, behaviours, and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time." (WHO, n.d., emphasis added).

As concerns the concept of ***intersectionality***, this term has been much used and abused since first coined in 1989 by Kimberle Crenshaw, to describe a situation confronting women of colour taking workplace discrimination cases in the US. Their workplace experience was *both* sex-specific *and* race-specific, but they were obliged to choose between sex discrimination and race discrimination legislation in taking cases to workplace tribunals. Crenshaw's term provided a shorthand way of describing a broader situation that US women of colour and particularly African-American women had been writing about over at least the previous decade to describe the intersection of race, sex and class (and sometimes heterosexism) in the oppression of women of colour. In other words, their experience was not additive (race + sex + class) but merged as a form of oppression specific to their race and sex.

The term caught on, becoming a new academic and then activist buzzword, and was subsequently deployed to describe all manner of situations experienced by anyone claiming "woman" as a "gender identity". However, the term was originally meant to describe *the objective social situation of a specific group of women (as in, people of female sex)*. It is not about individual "identity" and it is certainly not about the "gender identity" of males.

The incorrect deployment of this term as an attempt to squeeze non-women into the biological and social category of "women" has caused both a great deal of confusion and served to undermine women's rights: rights that were originally articulated *precisely* to combat different forms of discrimination and violence against women *as a sex class* and ideologically justified by sex-role stereotypes ("gender stereotypes" in the Concept Note). Yet trans-identification is based on *precisely* those stereotypes that have demonstrably been so oppressive of women.

The main clinical criteria for the diagnosis of so-called "gender dysphoria" in both girls and boys are set out in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), produced in the US and used globally as an authoritative source. According to DSM-5-TR, "gender dysphoria in children [is] a marked incongruence between one's experienced/expressed gender and assigned *[sic]* gender, lasting at least 6 months, as manifested by at least six of the following (one of which must be the first criterion)":

1. A strong desire to be of the other gender or an insistence that one is the other gender.
2. A strong preference for wearing clothes typical of the opposite gender. In boys a strong preference for wearing or simulating female attire, and/or a resistance to wearing traditional masculine clothing. In girls, a strong preference for wearing typical masculine clothing, and/or a resistance to wearing traditional feminine clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. A strong rejection of toys, games, and activities stereotypical of one's assigned gender.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the physical sex characteristics that match one's experienced gender.

(Cited by the American Psychiatric Association)

The DSM reproduces here the myth of a "gender" being "assigned" at birth rather than a sex being observed and documented (which these days, thanks to ultrasound technology, often, even mostly, happens well before birth). Moreover, five of its eight "diagnostic'' criteria are based on the child not conforming to those outdated traditional feminine or masculine stereotyped behaviour, appearance, or activities.

Yet as we have seen, CEDAW identifies sex-role stereotyping as a major factor in the subordination of women, and explicitly requires States to counter such stereotyping in the education of children. Its Article 10b states:

> The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods.

The ideological and clinical position of identifying children and indeed adults as "trans" based on narrow stereotypes is clearly at odds with CEDAW. Reinforcing such stereotypes under the guise of "intersectional identities" is also clearly at odds with the rest of the overview of "gender stereotypes" provided in the Concept Note.

2) Women's Health

Women's pain and self-reported symptoms are taken less seriously than men's, and the impacts of health problems on women are underresearched, leading to deleterious and possibly life-threatening health outcomes for women.

Women in pain are much more likely than men to receive prescriptions for sedatives, rather than pain medication, for their ailments, and wait considerably longer than men to receive an accurate diagnosis. They are more likely to be misdiagnosed with mental health problems due to misogynist stereotypes that women are "emotional", resulting in prescriptions for psychotropic drugs rather than the treatment actually needed, and they are consistently allocated less time than male patients by hospital staff due to men's complaints being seen as more "real" and important.

Research findings released by Melbourne's Monash University just a few days prior to the date of this submission have confirmed, once again, that there are inherent biological differences between the sexes where medical diagnosis and treatment are concerned. Symptoms present differently between males and females and certain conditions are either sex-specific or more likely to affect one sex than the other. For example, four in five sufferers of auto-immune diseases are women. These differences are poorly understood—a lack of understanding that both stems from and reinforces entrenched biases across the medical field, thus creating a feedback loop of prejudice that is difficult to change. As a result, women continue suffer from our health system's pervasive failures to appropriately understand and respond to women's health.

The new practice in Australia of relying on a patient's gender identity rather than sex in medical registration forms is likely to see an exacerbation of these inherent dangers for women who need medical treatment specific to their sex.

As concerns pregnancy and reproduction, the dehumanisation of women reaches often alarming proportions. One in ten women in Australia continue to suffer ***obstetric violence***, which in a country that supposedly has good universal healthcare is particularly shocking. The International Confederation of Midwives defines obstetric violence as follows:

> It includes physical violence, loss of autonomy; being subjected to any clinical intervention without appropriate informed consent; being shouted at, scolded, humiliated, or threatened; and being ignored, refused, or receiving no response to requests for help. It may also include non-evidence-based practices, such as routine episiotomy and lack of access to physiological birth.

Obstetric violence occurs precisely because of the stereotypes according to which, in a male-dominated specialist medical profession, women are taken less seriously than men and treated as some sort of baby machine rather than as whole people. In Australia as elsewhere, the expertise of midwives *as specialist medical professionals* has been systemically and systematically undermined and remains inadequately resourced.

One aspect of obstetric violence is the significant increase in the use of unnecessary caesarian sections (C-sections).

Surrogacy. The overuse of C-sections also characterises another form in which the dehumanisation of women—precisely, their treatment as baby machines—impacts deleteriously on women's health: procurement of children through surrogacy. There exists a large quantity of research on the harmful impacts of both egg harvesting and gestational surrogacy on women, including this recent Canadian study. Surrogacy has been characterised as a particularly egregious violation of women's human rights. Yet, moves to further liberalise it in capitalist democracies, including Australia, are ongoing, which is a terrible indictment of how seriously women's lives, both in the West and transnationally, are being taken. Surrogacy is, in our view, a form of prostitution (and more often than not represents its most harmful forms of trafficking, in both women and babies). Among the many harms to women and girls that are underpinned by misogynist ideology on "gender stereotypes", this is one that, along with prostitution more generally, is frequently sanitised as women making "choices" and altruistically providing much-needed sexual and reproductive "services".

3) Porn Culture

The abovementioned attitudes to women as dehumanised body parts and providers of sexual "services" are exacerbated by the growth of porn culture, which is on the rise rather than abating, despite repeated expressions of concern by governments about increases in sexualised violence against women.

Pornography is by definition sexually explicit visual material designed to produce a reaction of sexual arousal in the viewer: *generating that reaction (and usually making money from doing so) is its sole purpose*. Feminist research over several decades has demonstrated that pornography has at its core *the objectification of women and girls*. Moreover, it is becoming more and more violent, with increasingly extreme violence (including torture and killing) against women and girls (and some boys) being eroticised. The use of digital and internet technologies facilitate both the creation of more extreme forms of pornography, using techniques that include deep fakes and AI-generated imagery, and freer access to it. As has been identified with other addictive behaviours such as gambling and tobacco smoking, pornographic material elicits addictive behaviour and fuels a desire for increasingly "hard core" content to satisfy its user.

One of the most visited pornography sites, PornHub, has a well-documented and appalling track record for the volume of content it contains in which men participate in and enjoy violent and degrading acts against women. Yet it operates unchecked in Australia and elsewhere, disseminating free and increasingly harmful content.

There have been increasing numbers of complaints against the site by women who report having been raped, with footage of their rape being uploaded to the site and requests to remove it being repeatedly ignored. There are also examples of child sexual abuse footage being readily available on the site and again, requests to remove it being ignored. The story of Laila Mickelwait's four-year battle to have videos of abuse of girls removed is a particularly grim one.

There are strong links between the pornography industry and trafficking of women. Fight the New Drug, a US-based ant-porn group, has conducted extensive research into the prevalence of sex trafficking and slavery in the US porn industry.

The most comprehensive study to date on the exposure and access of young Australians to pornography was published in the *Australian and New Zealand Journal of Public Health* in 2024. This report found that the median age of first exposure was 13 for boys and 16 for girls, although significant numbers of children were exposed at even younger ages. It referred to other research which found that 100% of Australian males aged 15-29 had viewed pornography, and 40% access pornography daily.

The authors summarise the findings and the concerns in the final paragraph of the article, which we cite in full here, as they align with other evidence, which is overwhelming, and with AF4WR's own concerns:

> Given the extent of pornography exposure documented here, it is likely that pornography is a significant influence on Australian young people's, and particularly boys' and young men's, sexual attitudes and behaviours. Therefore, this study supports the need for public health strategies to address the potential harms associated with pornography use. Most children and young people who have encountered pornography first did so years before they had sexual interactions with another person, suggesting that critical education on pornography should be incorporated into school curricula for adolescents. Of the young people whose first encounters with pornography were accidental, most stumbled across it online via searches or pop-ups, suggesting that regulatory and technological measures should be considered to limit minors' online exposure. Finally, given that young men aged 15-19 years are the demographic most likely to perpetrate sexual violence, young women of that age group are the most likely to be victims of sexual violence, and pornography use is associated with both perpetration and victimisation, violence prevention efforts should include increased attention to reducing pornography's potential harms. Whatever measures are adopted, we must reckon with the fact that pornography is a widespread presence in young people's lives in Australia (Crabbe, Flood & Adams 2024, p. 6).

Of particular note are the facts that:

- *exposure to pornography shapes attitudes to sexual behaviour long before young people become sexually active, and*

- *boys and young men are the most likely to consume pornography, which sexually objectifies women, and boys and men are also the overwhelming majority of perpetrators of sexual violence.*

It is clearly a matter of urgency for the future of women's rights and freedom from violence that the issue of pornography be addressed as an extreme form of the ideology of "gender stereotypes".

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