

Submission

Submission on the Protection of LGBTI Young People from Intentional Self-Harm and Suicidal Behaviour

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1. Executive Summary

Intentional self-harm and suicidal behaviour in Australian young people is a serious issue. The most recent data from 2012 demonstrates that suicide was the leading cause of death among Australian children and young people aged 15 to 24.¹ Among these, lesbian, gay, bisexual, transgender, intersex and other sexually and gender diverse (LGBTI) youth are disproportionately affected, with attempted suicide rates 6X higher than their cisgender heterosexual peers² and a correspondingly higher prevalence of risk factors for self-harming and suicidal behaviour.³ This likely understates the pervasiveness of self-harming and suicidal behaviour among LGBTI young people, as this is believed to occur most often while LGBTI people are still coming to terms with their sexuality and/or gender identity and have not yet openly identified as such.⁴ There is additionally no registry for recording sexual orientation or gender identity at death.

NCYLC observes the need for reformed practices to prevent self-harming and suicidal behaviour among LGBTI young people in Australia and welcomes the opportunity to make a submission to the National Children's Commissioner regarding this important issue. NCYLC recognizes that sexual orientation and gender identity do not lead to elevated risks of self-harm and suicidal behaviour. Rather, experiences of homophobia, biphobia, transphobia, and heterosexism contribute to risk factors.⁵ These must be addressed by strengthening protective factors for at-risk LGBTI young people in Australian homes, schools, mental health and social services, and healthcare services.

2. National Children's and Youth Law Centre

The National Children's and Youth Law Centre (NCYLC) is the only Australian national community legal centre for children and young people. NCYLC promotes the rights and interests of Australian children and young people through advocacy, information and education. Since its inception in 1993, NCYLC has made over 180 public submissions on law and policy affecting children and young people and handled thousands of inquiries. NCYLC seeks to increase access by children and young people to legal assistance and to improve the legal status of children and young people in Australia.

NCYLC provides information and advice to children and young people through the following services:

- a) **Lawstuff** (www.lawstuff.org.au) – a website that provides general legal information and referral options on a wide range of issues relevant to children and young people.
- b) **Lawmail** (www.lawstuff.org/lawstuff/lawmail) – a confidential legal advice and information service that allows children under the age of 18 years from all over Australia to seek legal advice, referrals and information via email. And
- c) **What's Up CROC?** (www.ncylc.org.au/croc/home.html) and **Child Rights** (www.childrights.org.au) – websites that provide information about Australia's implementation of the UN Convention on the Rights of the Child (CROC).

¹ Australian Bureau of Statistics, Causes of Death, Australia, 2012, Catalogue Number 3303.0 (2014), table 1.3, line 40. At <http://www.abs.gov.au/ausstats/abs@.nsf/detailspage/3303.02012?opendocument> (viewed 11 June 2014).

² Dyson, S et al. (2003) Don't ask, don't tell. Report of the same-sex attracted youth suicide data collection project. Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne.

³ Hillier, L et al (2010). Writing themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne.

⁴ See e.g. Dyson, above n2.

⁵ Hillier, L, & Walsh, J (1999). Abused, silenced and ignored: creating more supportive environments for same sex attracted young people. Youth Suicide Prevention Bulletin, No. 3, 23-27.

3. The UN Convention on the Rights of the Child

NCYLC believes that universally accepted human rights standards provide a clear normative framework to assess laws and policies with respect to children and young people.⁶ The Convention provides a universally accepted rights-based framework for addressing the treatment of children. The Convention has been adopted and ratified by Australia⁷ and is now the most widely ratified international instrument. Rights contained in the Convention are interdependent and indivisible.⁸

The rights contained in the Convention should be used as the foundation and benchmark for addressing the issues raised by the prevalence of self-harming and suicidal behaviour among Australian LGBTI young people. The relevant rights and provisions include:

- a) Article 2(1): Children shall enjoy rights under the CROC free from discrimination of any kind, irrespective of their or their parent's or legal guardian's status;
- b) Article 2(2): In all actions concerning children, the best interests of the child shall be a primary consideration;
- c) Article 3(3): States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision;
- d) Article 6(1): States Parties recognize that every child has the inherent right to life;
- e) Article 6(2): States Parties shall ensure to the maximum extent possible the survival and development of the child; and
- f) Article 12(1): States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

4. Why LGBTI young people engage in intentional self-harm and suicidal behaviour

NCYLC recognizes that the prevalence of self-harm and suicidal behaviour among LGBTI young people is the result of experiences of homophobia, biphobia, transphobia and heterosexist attitudes throughout Australian society. Addressing these issues will require widespread social, political, and economic changes aimed at fostering preventive factors among LGBTI young people.

An effective strategy must reduce social isolation and enhance support networks for LGBTI young people. It must encourage help-seeking behaviours and improve the availability and quality of mental healthcare. The family home, schools, health and social services are ideal venues in which to pursue these objectives.

⁶ J Tobin, "Beyond the Supermarket Shelf: Using a Rights Based Approach to Address Children's Health Needs"(2006) 14 *International Journal of Children's Rights* 275, 279.

⁷ 17 December 1990.

⁸ G Monahan & L Young, J Tobin (eds), *Children and the Law in Australia* (2008), ch 2, "The Development of Children's Rights,"39.

5. Collaboration with LGBTI organizations

LGBTI people and services are especially suited to provide special knowledge in planning LGBTI mental health and suicide prevention initiatives, yet they are seldom consulted in the development of suicide prevention programs by mental health services.⁹ The utilization of their expertise in LGBTI issues, coupled with the expertise of mainstream health service providers in issues of self-harm and suicide, will help to maximize the effectiveness of generic and targeted programs in preventing self-harm and suicidal behaviour among LGBTI young people.

6. Absence of family inclusivity

LGBTI young people experience elevated risk factors for self-harming and suicidal behaviour due to the absence of support from their families when compared with cisgender heterosexual peers. Homelessness, running away from home, illegal drug use, and living in foster care are particularly determinative risk factors that are substantially more widespread among LGBTI young people, who have often experienced family and peer rejection.¹⁰

When asked to identify where they experienced homophobic abuse, 24% of LGB young people reported that they were abused at home.¹¹ Abuse was both physical and mental, and was higher in 2011 than in two earlier studies in the preceding 12 years.¹² Homophobic abuse was associated with feeling unsafe and self-harm.¹³ Almost double the number of young people who reported verbal abuse (40%) and triple the number of those who had been physically abused (62%) had thought of self-harm, in comparison with those who thought of self-harm but experienced no abuse (22%).¹⁴ These figures were similar for suicide attempts and suicidal thoughts.¹⁵ Other studies have demonstrated that LGBT children who are highly rejected by their families are up to 8X as likely to have attempted suicide and nearly 6X as likely to experience high levels of depression.¹⁶

The best practice for addressing self-harm and suicidal behaviour among LGBT young people is family acceptance and support.¹⁷ Talking to children about their LGBT identity, connecting children with LGBT role models, welcoming LGBT partners into the home, advocating for children when they are mistreated due to their LGBT identity, and expressing affection for LGBT children have all been shown to dramatically reduce the incidence of self-harming and suicidal behaviours.¹⁸ This has been shown to similarly reduce associated risk factors such as isolation, feelings of rejection, illegal drug use and high-risk sexual behaviour, while drastically increasing belief in the ability to be a happy LGBT adult.¹⁹

7. Insufficient protection in schools

It is difficult to overstate the importance of protecting LGBTI students in Australian schools as part of any self-harming and suicidal behaviour prevention plan. In the *Melbourne Declaration on Educational Goals for Young*

⁹ Rosenstreich, G (2011) *LGBTI People Mental Health and Suicide*. National LGBTI Health Alliance, Sydney.

¹⁰ See e.g. Hillier, above n5.

¹¹ See e.g. Hillier, above n3.

¹² Id.

¹³ Id.

¹⁴ Id.

¹⁵ Id.

¹⁶ Ryan, C (2009), *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. Family Acceptance Project, San Francisco State University, San Francisco.

¹⁷ Id.

¹⁸ Id; see also Rosenstreich, above n9.

¹⁹ Id.

*Australians*²⁰ (2008), then Deputy Prime Minister Julia Gillard and all Australian Education Ministers committed to ensuring an education service free of discrimination based on sexual orientation and gender. National surveys indicate that at least 10% of all Australian secondary school students are same-sex attracted, and that bisexuality might account for over a third of the sexual experiences of young Australians. More than 60% of Australian LGBTI students have experienced verbal homophobic abuse and of these 80% experienced the abuse at school. LGBTI students tend to leave school earlier than their peers and feel equally as unsafe in schools as they do on the street.²¹ These are powerful contributors to self-harming and suicidal behaviour in LGBTI young people.

This is a problem which has only grown worse over time, as young people are increasingly open about their sexual orientation and gender identity in school. In 2010, 61% of young LGBTI Australians reported experiencing verbal abuse in school, a dramatic increase from 2004 (44%).²² This problem must be addressed through protective legislation. Explicit protection for LGBTI students presently exists in the state education policies of only Victoria and New South Wales,²³ while every Australian state or territory has legal exclusions allowing discrimination by religious and independent schools.²⁴

8. Inclusion of LGBTI studies in the school curriculum

Safe school research has indicated that students feel safer in schools in which LGBTI issues are included in the curriculum.²⁵ This is particularly the case for LGBTI students, who feel markedly safer (+15%) and are harassed less (-13%) in schools in which LGBTI issues were part of the curriculum.²⁶

The most commonly cited obstacles to LGBTI-inclusive tolerance curriculum and education have been resources, expertise and time, while controversy of issues was only reported by 15% of districts.²⁷ A recent pilot study of Australian parents indicated that only 3.4% of parents did not think homosexuality should be included in the sexual education health curriculum.²⁸ Heterosexist harassment and bullying are key contributors to poor self-esteem, feeling unsafe, and other factors in self-harming and suicidal behaviour. Increased funding and resources for an LGBTI-inclusive school curriculum will address these issues in Australian schools.

The model policy for addressing these is the *Supporting Sexual Diversity in Schools* framework developed by the Victoria Department of Education and Early Childhood Development. Under the policy, schools must ensure that students and staff do not experience homophobia or discrimination.²⁹ Inaction against such behaviour may amount to authorisation and staff members who "turn a blind eye" to discrimination, homophobic abuse or sexual harassment by students or staff may be held liable on the basis of assisting or authorising discrimination.³⁰ Under this plan, Health and Physical Education, English, Humanities, and Civics and Citizenship provide opportunities to learn about sexually diverse content, while the importance of challenging homophobia is ensured through

²⁰ *Melbourne Declaration on Educational Goals for Young Australians* (2008) Ministerial Council on Education, Employment, Training and Youth Affairs, Melbourne.

²¹ Dyson (2003)

²² See Hillier, above n3.

²³ Jones & Hillier, *Sexual Education*

²⁴ *Id.*

²⁵ Russell, S, Kostroski, O, McGuire, J, Laub, C, & Manke, E (2006) *LGBT issues in the curriculum promotes school safety*. California Safe Schools Coalition, San Francisco.

²⁶ *Id.*

²⁷ *Id.*

²⁸ Macbeth, A, Weerakoon, P, Sitharthan, G (2009) *Pilot study of Australian school-based sexual health education: parents' views*. Faculty of Health Science, University of Sydney, Sydney.

²⁹ *Supporting Sexual Diversity in Schools* (2008) Victoria Department of Education and Early Childhood Development, Melbourne.

³⁰ *Id.*

professional learning opportunities for staff, parents, and students.³¹ NCYLC recommends adding protection for gender-questioning students to a similar, broader policy.

9. Fears of care provider discrimination

Many LGBTI young people who are at risk for self-harming and suicidal behaviour do not come forward to seek help due to misplaced fears of discrimination and lack of confidentiality, as well as assumptions of a lack of understanding of LGBTI issues among care providers.³² This is especially true of faith-based services, which many LGBTI young people assume to be intolerant of their sexual orientation and gender identity.³³ Some schools have recognized these concerns, and have designated explicit "safe spaces" and faculty for LGBTI students to reach out to, with guarantees of confidentiality and respect of student privacy.³⁴ Broader implementation of such policies and targeted campaigns will help to inform LGBTI young people that mainstream providers are available to confidentially support them.

10. Heteronormativity among care providers

There are few mental healthcare organizations that cater specifically to LGBTI people, and fewer still that are designated to serve LGBTI young people. The vast majority of at-risk LGBTI young people who do seek help will do so via mainstream providers.³⁵ LGBTI young people have been shown to access mental health hotlines at nearly twice the rate (24% vs. 14%) and mental health professionals at a considerably higher rate (44% vs. 34%) than their peers when experiencing psychological distress,³⁶ and exhibit a far greater prevalence of significant psychological distress.³⁷ Many care providers, however, operate on an assumption that their patients are cisgender and heterosexual. Because of this heteronormativity, warning signs of issues specific to LGBTI young people are often missed when LGBTI patients not come forward and openly state their sexual orientation or gender identity.

11. Differences within the LGBTI community

Each group within the LGBTI community carries with it different risks for self-harming and suicidal behaviour. Physical abuse among young people, for example, has been reported in surveys by 23% of gay or bisexual males and 31% of gender-questioning youth, contrasted with 14% of lesbian or bisexual girls.³⁸ Similarly, the obstacles of transitioning and hormonal therapy faced by transgendered and intersex youth carry with them mental pressures that will be different to gay and bisexual youth. Recognition of these differences and corresponding specialization is critical to addressing self-harming and suicidal behaviour among LGBTI young people.

³¹ Id.

³² See Rosenstreich, above n9.

³³ Id.

³⁴ See above, n29.

³⁵ See Rosenstreich, above n9.

³⁶ Metcalf, A, & Blake, V (2013) *"Whenever I need it" Special report on the help provided to LGBTIQI young people who access ReachOut.com*. ReachOut.com by Inspire Foundation, Sydney.

³⁷ Id.

³⁸ See Hillier, above n3.

12. Recommendations

- 1) A multidimensional approach to addressing self-harm and suicidal behaviour among Australian LGBTI children and young people in homes, schools, mental health and social services, and healthcare services.
- 2) Greater partnership with LGBTI organizations in the development of programs, research, and policies aimed at preventing self-harming and suicidal behaviour among Australian LGBTI youth.
- 3) Enhance inclusivity of LGBTI children in the family unit through targeted social services and resources for family members of LGBTI children and young people.
- 4) Equality for LGBTI students in schools; prioritize nationwide protection from physical and mental abuse and eliminate legal exclusions allowing discrimination by religious and independent schools against LGBTI students.
- 5) Inclusion of LGBTI studies in the school curriculum and specialized training for sensitivity among faculty to LGBTI status, along the lines of the Victoria Department of Education and Early Childhood Development's *Supporting Sexual Diversity in Schools* (2008).
- 6) Clearly communicate inclusivity for LGBTI young people and reassurances of confidentiality by wellbeing and mental healthcare providers.
- 7) Specialized training for mainstream mental health and suicide prevention services for providing services to and recognizing LGBTI youth.
- 8) Recognition of the differing needs of different groups within the LGBTI community and corresponding specialization of suicide prevention services to address the specific needs of lesbian, gay, bisexual, transgendered, and intersex youth.