



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

**ACARA Health and Physical Education
Curriculum**

July 2013

About ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV and LGBTI health. Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation which has adapted to changes in the HIV epidemic and responded early to emerging health issues among our communities.

Our mission is to enhance the health and wellbeing of our communities by:

- Ending HIV transmission among gay and other homosexually active men.
- Promoting the health, throughout life, of LGBTI people and people with HIV.

General Comments

We thank you for the opportunity to provide feedback on this draft Health and Physical Education curriculum (HPE curriculum). The HPE curriculum is an important tool in advancing the work that we do. We welcome a number of the inclusions in the draft, particularly reference to sexual health, but hold serious concerns about the exclusion of a number of issues that relate to HIV and LGBTI health.

We urge the inclusion of references to LGBTI issues throughout the HPE curriculum at a variety of age levels. We know from the *Writing Themselves in 3* (WTi3) report that 10% of students report having always known that they are same sex attracted, 26% knew by the time they were 10 years old, rising to 60% by 13 years old, and 85% by 15 years old¹. The authors of WTi3 make the point that this makes it particularly important for educators to address LGBTI issues in primary school as half of all LGBTI younger people will realise their sexuality before moving to high school.

We have had the opportunity to read submissions from AFAO, the National LGBTI Health Alliance and the NSW GLRL. We support the submissions that these organisations have made.

We have structured this submission on the five sections of the HPE curriculum that we believe need to be strengthened. They are the statement on student diversity and four areas of learning: alcohol and other drugs; mental health and wellbeing; relationships; and sexuality and safety.

Student diversity

We welcome the inclusion of the statement on 'same sex attracted and gender diverse students'. However we believe that the statement is too brief and could be improved. While the term 'same sex attracted' has particular currency with younger people, the curriculum needs to be clear that sexual orientation is made up of three parts, attraction, identity and behaviour. It also needs to articulate that issues of gender

¹ L Hillier, T Jones, M Monagle et. al., *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, La Trobe University, (2010)

identity are different to issues of sexual orientation and different again from intersex status.

Issues of sexual orientation, gender identity and intersex status need to be addressed by all school communities. The statement on diversity seems weak as it suggests that LGBTI issues should only be taught when LGBTI students are present in the school. It is not always obvious to teachers, staff or students that LGBTI people are in their schools. There are many reasons that people might not be open about their sexual orientation, gender identity or intersex status. Students may have experienced, or fear, harassment, abuse or retribution, including expulsion as sanctioned under the NSW Anti-Discrimination Act 1977. In WTi3, only 19% of students believed their school to be supportive of their sexuality². Yet all students have the right to relevant health knowledge and the space to explore their own personal identities, attractions and behaviours.

Safety

We are concerned that the one mention of homophobic bullying was taken out of this version of the HPE curriculum, as it was included in the last draft. This section of the HPE curriculum would be strengthened by the reference to homophobia being reinstated and extended to address transphobia, which was an unfortunate omission from prior drafts.

In WTi3 young people reported high rates of verbal abuse (61%), and physical abuse (18%) due to homophobia. WTi3 also tells us that school was the most likely place for this abuse to have happened. There were significant reports of cyber bullying and higher rates of abuse at social occasions, in part due to the consumption of alcohol³.

At the beginning of the HPE curriculum there is a discussion of taking a strengths based approach. We support this approach and urge that this approach is taken when it comes to safety – the message in the HPE curriculum cannot just focus on avoiding or dealing with abuse and bullying, it the must send a clear message that homophobia and transphobia is not acceptable.

Relationships and sexuality

Sexual and reproductive health

We understand that the prior draft just addressed reproductive health only and therefore we welcome the expansion to include sexual health. We are concerned that the inclusion of sexual health has not been fully embraced in the detail contained in the HPE curriculum.

² Ibid.

³ Ibid.

The definition of sexual health contained in the HPE curriculum should be expanded to include the full working definition that was developed by the World Health Organisation (WHO) Technical Consultation on Sexual Health, as follows:

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled⁴.

HIV, sexually transmissible infections and blood borne viruses

We are dismayed that the draft curriculum fails to mention HIV, sexually transmissible infections (STIs) and blood borne viruses (BBVs). The inclusion of references to HIV is particularly important in the context of increasing rates of HIV transmission across Australia, including in NSW for the first time after a decade of stability.

We see the omission of HIV, STIs and BBVs as being contradictory to the goal of the *Sixth National HIV Strategy 2010-2013* which is “to reduce the transmission of and morbidity and mortality caused by HIV and to minimise the personal and social impact of HIV”. We also see the omission as contrary to the Australian Government’s support for the 2011 *United Nations Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* which stated that supporters would: “reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents”

It is also disappointing that the alcohol and other drugs section of the HPE curriculum does not include references to HIV and BBVs. The HPE curriculum reference to harm minimisation could be strengthened by specifically addressing HIV and BBVs in this context, along with other aspect of harm minimisation. The HPE curriculum should ensure that students explore the interrelationship between sex and alcohol and other drug use.

Family and domestic violence

Domestic violence is understood to be experienced at the same rate in gay and lesbian relationships as heterosexual relationships. The *Private Lives* research found that 41% of lesbians and 28% of same sex attracted men had experienced some form of abuse in

⁴ *Defining sexual health: report of a technical consultation on sexual health, 28–31 January 2002, Geneva, World Health Organisation, 2006* [N.B. These working definitions were developed through a consultative process with international experts beginning with the Technical Consultation on Sexual Health in January, 2002. They reflect an evolving understanding of the concepts and build on international consensus documents such as the ICPD Programme of Action and the Beijing Platform for Action. These working definitions are offered as a contribution to advancing understanding in the field of sexual health. They do not represent an official position of WHO.]

their current or previous relationship⁵. The 2006 snapshot study of domestic violence and abuse in LGBT Sydney relationships, *Fair's Fair* found similar patterns and prevalence (roughly 1 in 3)⁶. In addition to intimate partner abuse, WTi3 found that 24% of young people who have experienced abuse were subject to this abuse at home.

For transgender and intersex people the rates of domestic and family violence are significantly higher. The *Private Lives* report found that 61.8% of transgender males and 42.9% of intersex females reported having been abused in a relationship⁷. While it is not clear from the data in *Private Lives* or *Fair's Fair* whether the abuse was from a same sex partner or not, it is likely, given the relationship profile of the samples that a significant amount occurred in same sex relationships.

One of the key early intervention and prevention strategies to address domestic and family violence is to address the information needs of young people. This can in part be addressed through the inclusion of issues relating to sexual orientation, gender identity and intersex status in the domestic and family violence sections of the HPE curriculum. Modelling healthy and respectful LGBTI relationships for young people means they are more likely to be equipped with tools to identify and address abuse in relationships.

LGBTI people tend to access support in relation to domestic and family violence primarily from friends and family members before approaching police or services for assistance. It is therefore important for information that addresses the experience of LGBTI people in the curriculum, regardless of whether LGBTI students are perceived to be in the class or the school community.

Mental Health

A growing body of evidence from overseas and Australia reveals significant disparities in the mental health status of LGBTI communities and individuals relative to either general community or heterosexually identifying samples. Among the most significant are

- Higher rates of anxiety and depression among gay men, lesbians, bisexuals and transgender people^{8 9 10 11 12}

⁵ W Leonard, M Pitts, A Mitchell, A Lyons, A Smith, S Patel, M Couch and A Barrett (2012) *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Monograph Series Number 86. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University

⁶ ACON and the Same Sex Domestic Violence Interagency Working Group, *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships* (2006).

⁷ Leonard et al 2012

⁸ Ritter et al 2012

⁹ Hillier, Lynn, Jane Edwards & Damien W. Riggs 2008 Guest Editorial: Mental Health And LGBT Communities *Gay & Lesbian Issues and Psychology Review*, Vol. 4, No. 2

¹⁰ Carman, Marina, Julienne Corboz, Gary W. Dowsett Falling through the cracks: the gap between evidence and policy in responding to depression in gay, lesbian and other homosexually active people in Australia *Australian And New Zealand Journal Of Public Health* 2012 vol. 36 no. 1

¹¹ Leonard et al 2012

¹² Couch M, Pitts M, Mulcare H, Croy S, Mitchell A, Patel S, 2007, *Tranznation, A report on the health and wellbeing of transgender people in Australia and New Zealand*. Australian Research Centre in Sex, Health and Society, LA Trobe University, Melbourne

- Higher rates of attempted suicide, suicidal ideation and self-harm, especially among younger people^{13 14}
- Higher rates of suicidal ideation among GLBT adults than in equivalent studies of heterosexual adults^{15 16}

There is growing agreement among researchers that the mental health disparities seen among LGBTI communities are in large part a consequence of homophobic or transphobic discourses and their cultural consequences.^{17 18 19 20} Many researchers attribute high levels of anxiety, depression and suicidality to 'minority stress', noting the still high rates of verbal and physical abuse directed at our communities.^{21 22 23 24 25} Fear of discrimination remains a powerful associate of anxiety across the age spectrum. Therefore it is absolutely critical for the short and long term health and wellbeing of LGBTI people that issues of homophobia, bullying and discrimination are addressed in the school environment.

Alcohol and other drug use

The 2007 National Drug Strategy Household Survey²⁶ (NDSHS) showed statistically significant higher rates of cannabis, ecstasy, methamphetamine and cocaine use in the GLBT community. A recent review of the international and Australian literature on mental health and alcohol and other drug use amongst the GLBT community conducted by the National Drug and Alcohol Research Centre found that the Australian and international literature both showed higher rates of alcohol and other drug use, it stated:

Within the literature examined for this report, a number of potential factors as to why GLBT individuals use alcohol and other drugs to a greater extent, or face higher rates of psychological disorders than the heterosexual population, have been identified. Many, but not all of these risk factors for psychological disorder (for instance, victimisation) can apply equally to GLBT and heterosexual groups. However in many cases these factors are experienced to a greater extent by the

¹³ Hillier et al 2008

¹⁴ Hillier et al 2010

¹⁵ Suicide Prevention Australia, *Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities*, (2009), p.2, <http://suicidepreventionaust.org/statement/suicide-and-self-harm-among-gay-lesbian-bisexual-and-transgender-communities/>

¹⁶ Ritter et al 2012

¹⁷ Hillier et al 2008

¹⁸ Carman et al 2011

¹⁹ Ritter et al 2012

²⁰ Singh, Anneliese A, McKleroy, Vel S. "Just Getting Out of Bed Is a Revolutionary Act" : The Resilience of Transgender People of Color Who Have Survived Traumatic Life Events *Traumatology* 2011 17: 34 originally published online 7 May 2010

²¹ Hillier et al 2010

²² Leonard et al 2012

²³ Ritter et al 2012

²⁴ Singh et al 2010

²⁵ Liu RT, Mustanski B. 2012 Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *Am J Prev Med.* 2012 Mar;42(3):221-8. doi: 10.1016/j.amepre.2011.10.023

²⁶ As cited in: Ritter, A., Matthew-Simmons, F., & Carragher, N. (2012). Monograph No. 23: Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature. *DPMP Monograph Series*. Sydney: National Drug and Alcohol Research Centre.

GLBT population. In addition, there are other risk factors which may apply exclusively to this population, such as homophobic abuse, or issues surrounding sexual orientation disclosure (“coming out”). Associations between sexual orientation and psychological disorder are likely to be mediated by these causal factors, and some research has shown that once these factors are accounted for, there is often little difference between GLBT and heterosexual groups.²⁷

The report went on to argue that:

Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD (Alcohol and Other Drugs) and MH (Mental Health) problems amongst GLBT. For example, there is a small but compelling literature that demonstrates the relationship between recognition of same-sex marriage and improved mental health status and reduced AOD problems. Measures which reduce the stigma and discrimination against GLBT people are likely to have powerful public health impacts.²⁸

This is the context that needs to be incorporated into the HPE curriculum, with appropriate information provided to students, including information that speaks to the experiences of LGBTI students.

²⁷ Ritter, et al 2012.

²⁸ Ibid.