27 July 2016

Hon Hekia Parata
Minister of Education
Parliament Buildings
WELLINGTON

Kia Ora Minister Parata

We have been made aware that the Cross Party Rainbow Parliamentary Network is urging you to consider "LGBTI student safety and wellbeing" as a National Evaluation Topic that schools are assessed on. They have argued that they "*..believe that standard ERO assessments should require specific reporting on how well the school is ensuring a safe environment for queer students and staff, and what practices are in place to ensure queer and genderqueer students feel safe in their environment of study…*" and that the Ministry should "*…expect schools to specifically provide for LGBTI students and provide that they have the systems in place to ensure the safety and wellbeing of LGBTI students.*"

It is significant that they are only concerned for the safety and wellbeing of LGBTI students, but not all students who also deserve to experience safety and wellbeing while at school.

For this reason, we would ask that you reject their call.

We believe bullying in schools is an important issue and must be tackled, but there are significant concerns with the narrow focus being pushed by the Parliamentary Network.

BULLYING-IN-SCHOOL PROGRAMMES SHOULD TARGET ALL FORMS OF BULLYING

The aproach that the Parliamentary Network wants is not inclusive, it is *exclusive*. They only focus on a very small group of students. This is not the best way to deal with bullying and mental health issues experienced by all school students. Schools are keen to deal with the bullying issue but they are taking a full school community approach.

The Parliamentary Network also ignores the far greater proportion of students who are bullied for the more common reasons of body image, racial background, disabilities, and academic success or failure, and of course the major prevalence of cyber-bullying.

Unfortunately, overweight students, students with acne or a speech impediment or a physical disability, or who are struggling academically, or students from a different culture don't have a 'lobby group'. Yet depression and suicide are also associated with these types of bullying.

The narrow focus of the Parliamentary Network is also flawed.

A large Australian study has called for a focus on the bully rather than the person being bullied. This is a more appropriate and effective approach. Bullies themselves often needed help, dealing with the causes of their depressive, aggressive and anti-social behaviours. Bullying by children is considered a stepping stone for criminal behaviours, increasing the

risk of police contact when they become adults by more than half. Children who bully also increase their risk of later depression by 30% and require greater support for behaviour change through targeted approaches.

Parental involvement is key. While some politicians are obsessed with so-called 'homophobia' and 'transphobia', schools and students and parents want the focus to be on all students who are bullied, for whatever reason, and who deserve support and protection.

Anti-bullying programs that do work place the focus on zero tolerance for any reason, and target the bully.

But what is most ironic in all of this is that any student (and any school) that doesn't buy in to the group-think that is expected and dictated, will immediately be bullied themselves with terms such as 'homophobic', 'transphobic', and 'bigoted.' This does not create a 'safe' school. Many schools will not work with Rainbow Youth because of their messaging – and rightly so. (We have previously sent you our report "*R18: SEXUALITY EDUCATION IN NEW ZEALAND – A Critical Review*" https://www.familyfirst.org.nz/research/r18-sex-ed/)

It is also ironic that the Parliamentary Network quotes the research undertaken by Dr Terryann Clark from the *New Zealand Adolescent Health Survey (Youth '12).*

This research from the large nationally representative survey of New Zealand's secondary school students found that while transgender youth are generally less likely to have the same rates of health and well-being as their general population peers, the overwhelming majority of transgender secondary students (1% of the students surveyed) reported:
• They had a caregiver at home who cared a great deal for them
• Their family got on in a healthy manner
• They were doing generally well at school
• They felt safe in their neighbourhood
• They were not suicidal
• They did not have significant depressive symptoms
(see further reference below)

RESEARCH LONG ON BIAS, SHORT ON HARD DATA

The Ministry of Education recently funded a study "Educating for diversity: an evaluation of a sexuality diversity workshop to address secondary school bullying." by researchers connected with Rainbow Youth. The research is long on bias and short on hard data, including the following pitfalls:

- non-random sample – targeted at just two schools that obviously support the agenda. One school who refused to be involved rightly said that parents would be concerned about the content.
- there is no control group
- the study looks at the impact on students immediately after a one hour session. No study of the long term effects
- conflict of interest – researchers contracted by and advisers to Rainbow Youth
- no peer review
- Non-representative sample. 68% of the students were of Pacific ethnicity yet, according to the most recent Census, represent 7.4% of the population.
- The students all self-reported with no exterior objective checks. And they know they are participating in a major pro-diversity study, immediately after a session of indoctrination!

This study is light years away from any kind of representative sample. This is what real researchers call "snowball and convenience samples." That is like what a poor grad student would use.

So we have a non-longitudinal design, inadequate sample size, biased sample selection, and lack of proper controls, funded by the government, and being touted as evidence that 'it works and it's needed!'.

YOUTH AND SUICIDE

Finally, we would refer you to our report released last year which, amongst other topics, covered the issue of ***LGBTI Youth And Suicide***

Please find the extract below. (We have previously sent you the full report "***Boys, Girls, Other: Making Sense of the Confusing New World of Gender Identity")***

LGBTI Youth And Suicide

A very serious consideration concerning youth who self-identify as transgender are their health-risk behaviours. What do we know about LGBT-identified youth and suicide risk, particularly among trans-identified youth? What do we *not* know? These are critical questions for developing successful plans for helping such youths and young adults. And they must be answered by examining the best mainstream university-based studies on the subject.

WHAT DO WE KNOW?

A. Greater Suicide-Attempt Risk But Not Epidemic:
Youth and young adults who identify as transgendered as well as gay, lesbian and bisexual are at significantly elevated risks of suicide *attempts* compared to their heterosexual peers. The data on this is ample and generally consistent.

Fortunately, however, as one major multi-year review reports, "*most youths who reported same-sex sexual orientation [or gender dysphoria] reported no suicidality at all*."107

Along with this, it must be noted that some leading scholars reject the LGBT-identified-youth-suicide-epidemic conclusion. Ritch Savin-Williams, a noted advocate for LGBT youth health and well-being and an expert in this field of suicidal ideation, is one such scholar. As a guest on the U.S. National Public Radio's show "*All Things Considered",* Savin-Williams addressed the question of whether there is a gay youth suicide epidemic. He explained,

> *First off, scientifically it's not true. …[F]rom a scientific perspective, there is certainly no gay suicide epidemic.108*

B. Attempts and Death:
Importantly, there is no reliable way to know how many trans-identifying and LGB youth and adults actually *die* from suicide, in contrast to those who *attempt* suicide. A report of the U.S. Surgeon General and the *National Action Alliance for Suicide Prevention* explains

> *"[I]t is not known whether LGBT people die by suicide at higher rates than comparable heterosexual people*."109

This is simply because death certificates do not identify a decedent's sexual orientation or gender identity because coroners cannot determine such things in their work. Thus, only suicide attempts and suicidal ideation can be reliably measured and recorded among sex-minority youth.

This could explain why studies, drawing from the little bit of data that does exist on such deaths via family/friend reports, indicate that "*LGBT youth have not been found to be over-represented in deaths by suicide.*" It is hypothesised that this lack of representation could be the result of "*a tendency to over-report [suicidal ideation and behaviour] among LGBT youth*" and they "*may, in fact, be more likely to engage in non-lethal suicide attempt behaviours*." 110

Findings like these demonstrate this topic is more complicated than is demonstrated or appreciated in the general public debate.

C. Suicide Ideation and General Health Risk Behaviour:

New research from the large nationally representative survey of New Zealand's secondary school students found that while transgender youth are generally less likely to have the same rates of health and well-being as their general population peers, the overwhelming majority of transgender secondary students (1% of the students surveyed) reported:

- They had a caregiver at home who cared a great deal for them
- Their family got on in a healthy manner
- They were doing generally well at school
- They felt safe in their neighbourhood
- They were not suicidal
- They did not have significant depressive symptoms111

However, numerous studies show that it's not just rates of suicide ideation and attempts that are disturbingly higher among transgender and other sex-minority youths. Nearly every other important health risk behaviour is as well. And many of them are not directly related to the psychological challenges of identifying as transgender:

- Smoking often and under the age of 13
- Heavier substance abuse under age 13
- Elevated steroid use
- Drinking and driving
- Rode with friend who drove while intoxicated
- Sexually active before age 13
- Four or more lifetime sexual partners
- Lowered daily physical activity
- Rare or no selt belt use
- Fasted 24 hours or more for weight control
- Purged/Laxative use for weight control

An important question for addressing improved well-being among transgender and other sex-minority youth is to determine why nearly all other health-risk measures are so elevated among this population and even higher for bi- and trans- identified teens. There is clearly something very concerning going on here among these youth and no present research is
able to determine exactly why these health risk behaviours are so elevated, whether issues of acceptance and support or something related to the nature of their condition. With so much at stake, all considerations must be examined.

D. Identity Not Strongly Related to Suicide Attempts:
Of transgender and other sex-minority youths who attempted suicide, regardless of whether they had 'come out' to their parents or not, the overwhelming majority reported the issue of their identity was either "*not related*" or only "*somewhat related*" to their attempt.

Number of Attempts	"Not/Somewhat Related" to Orientation	"Highly Related" to Orientation
1	79%	21%
2	75%	25%
3	71%	29%
4	67%	33%
5	66%	33%
6	75%	25%

Of the multiple attempters, only 25 percent said their *first attempt* was "*highly related*", 30% said "*somewhat related*" and 45 percent were "*unrelated*" to their gender or sexual identity.

Of those youths who said their attempt was "*somewhat*" or "*highly related*" to their identity, 54% of these happened "*before either parent knew of the youth's [identity].*" Only 20% occurred at some point in the 12 months following their disclosure to their parents.112

Far fewer took place immediately following their disclosure, and there is simply no existing data to indicate how those disclosures affected the parent/child relationship or the child's suicidal decision-making.

WHAT IS CURRENTLY *NOT* KNOWN?

A. Deaths by Transgender and Other LGB-Identified Youth:
As explained above in point B, there is no data on the rates of suicidal deaths by LGBT identified people of any age because death certificates do not capture such information. Coroners cannot determine a decedent's sexual orientation or gender identity. There are no observable or biological indicators for such things except when one has undergone a significant amount of sex reassignment surgery.

But some research that does exist - relying on reports from family members and friends - seems to indicate that completed suicide does not appear to be higher compared to the general population.122

B. Nearly No Research on Transgender Youth:
While there is very little strong research on LGB youth and suicide ideation, one scholar reports "*a paucity of research on transgender adolescents*" and suicide risk123 while another
describes the available research as "*miniscule*".124 Of course, this lack of good research severely limits our understanding needed to know the most pressing risk factors among all sex-minority youth in general that lead to suicide risk.

Therefore, it must be noted that when it is definitively stated by transgender advocacy groups and journalists *why* and to *what degree* trans youth commit suicide, there is precious little reliable data for such confident and often sweeping statements.

C. Family Support:
Clearly suicidal ideation and behaviour can be significantly related to major psychological and emotional crises. Anyone suffering such things can be helped tremendously by compassionate and attentive social support from family, friends and community resources. And obviously a supportive family system is a much greater asset to such youth than an
unsupportive one. But to what degree?

Unfortunately, the good research on the question of how much family support actually mediates suicidal thoughts and behaviour in transgender and other LGB-identified youth is meagre. As of late 2010, "*only a small number of studies have focused on the role of parent-adolescent relationships for [LGBT-identified] youth and young adults*."125 And a current review of the literature yields no substantial new research on this question.

Conclusion
Given this summary of the critical things we know and don't know about the suicide risks of (LGBTI) youth, we should recognise the following and make them a part of our collective effort to help these particularly vulnerable children:

1) The high rates of suicide attempts among transgender and other LGB-identified youth are paralleled by tremendously high rates of numerous health risk behaviours, even those that seem to have no connection with gender or sexual identity at all. This fact is very concerning and indicates the more complex dynamic of difficulties and challenges facing such youth.

2) There is simply no reliable research showing that family acceptance or rejection drives LGBT-identified youth suicide attempts.

3) The overwhelming majority of these teens who attempted suicide said their gender or sexual identity had either nothing or little to do with their attempt.

The issue of the well-being and care of transgender youth is far too serious and tragically consequential to allow political rhetoric and unfounded claims to drive our search for solutions and remedies.

107. Madelyn S. Gould, *et al*., "Youth Suicide Risk and Preventive Interactions: A Review of the Past 10 Years," *Journal of the American Academy of Child and Adolescence Psychiatry*, 42 (2003): 386-405, p. 390.
108. Robert Siegel, "A Look at the Lives of Gay Teens," *All Things Considered*, National Public Radio, October 21, 2010.
109. "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action," 2012, p. 121.
110. Brian Mustanski and Richard T. Liu, "A Longitudinal Study of Predictors of Suicide Attempts Among Lesbian, Gay, Bisexual and Transgendered Youth," *Archive of Sexual Behavior*, (42) 2013: 437-448, p. 438.
111. Terryann C. Clark, *et al*., "The Health and Well-Being of Transgender High School Students: Results From the New Zealand Adolescent Health Survey (Youth'12)" *Journal of Adolescent Health*, 55 (2014) 93-99.
112. D'Augelli, et al., 2001 258-259.
122. Mustanski and Liu, 2013, p. 438.
123. Joanna Almeida, *et al*., "Emotional Distress Among LGBT Youth: The Influence of Perceived Discrimination Based on Sexual Orientation," *Journal of Youth and Adolescence*, (38) 2009: 1001-1014.
124. Caitlyn Ryan, et al., "Family Acceptance in Adolescence and the Health of LGBT Young Adults," *Journal of Child and Adolescent Psychiatric Nursing*, (23) 2010: 205-213.
125. Ryan, *et al*., 2010: 205-213.

Thank you for your time and consideration of these issues and the opportunity for us to present an alternative view.

As previously stated, we would ask you to reject the recommendations of the Cross Party Rainbow Parliamentary Network. Bullying-in-school programmes should target all forms of bullying, and all bullies.

Yours sincerely

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