

Stakeholder Engagement Meeting Notes

Sexual orientation, gender identity, and sex characteristics (SOGISC) consultation



Date & location:	Tuesday, 20 March 2018 Te Pūtahitanga, 10 Show Place, Addington, Christchurch
International convention engagement relates to:	Universal Periodic Review (UPR)
Documents referenced:	<ul style="list-style-type: none">• Human Rights Commission international reporting website• New Zealand's National Plan of Action website• Past UPR reports for New Zealand are available here• Submission from SOGII UPR Coalition 2013
Attendance:	34 individuals attended including representatives from Silver Rainbow, Kāhui Tū Kaha, Q-Topia, Pegasus Health, Canterbury DHB, University of Canterbury, NZ Mental Health and Addictions Inquiry panel, NZ Parents of Transgender Children, Ara Institute of Canterbury

1. Background to meeting:

1. In January and February 2019, New Zealand will be reviewed during the third cycle of the Universal Periodic Review (UPR).
2. Individuals and groups can make submissions to the Universal Periodic Review before the revised deadline of 12 July 2018.
3. On 20 March 2018, the Human Rights Commission (Commission) and ILGA Oceania jointly held a consultation meeting with stakeholders from the SOGISC community to inform their reports to the UN Human Rights Council for the Universal Periodic Review.
4. The Commission also provided information to attendees regarding how to make their own submission to the United Nations and provided attendees the tools to do so.
5. 34 people attended the consultation, which was held during Christchurch's annual Pride Festival.
6. The minutes from the meeting are provided below.

2. Main issues raised:

- 1) The Commission identified six key issues prior to the consultation for discussion:
 - i) Healthcare
 - ii) Education
 - iii) Employment
 - iv) Housing
 - v) Data
 - vi) Violence and abuse
- 2) Participants prioritised the three top human rights issues as:
 - i) Education
 - ii) Healthcare
 - iii) Data

3. Meeting notes:

1. Education

- a) A big culture change is happening around the acceptance of diverse sexualities and genders, but it needs to be more and faster
- b) While sexuality education is part of the curriculum, schools are free to decide what they teach and how they teach it. Health education is the only part of the school's curriculum for which the law specifically requires the board of trustees to consult with the school's community, including parents. Parents or caregivers can also have their child excluded from sexuality education.
 - i. Most schools have their own 'values' which may impact on the information taught and way in which it is delivered to students
- c) Visibility in the curriculum validates SOGISC identities and promotes understanding and acceptance of diversity
- d) Health modules are not done in the first term because the topic needs an established relationship with the teacher, so that the students can comfortably ask questions
- e) Sexuality education in NZ high schools is so dependent on the individual teacher
 - i. It is not taken as a serious class
 - ii. Many teachers are not comfortable educating these lessons
- f) Education on SOGISC issues must be woven through the school curriculum, at an age-appropriate level, from kindergarten upwards. While most of the sexuality and gender education should be in health class, it must be part of all classes, for example history, science, and English
- g) The model of education used to teach school kids about recycling in the 1990s was very successful. The young people went home and taught their parents how it was done. How could we apply this model to education about diversity in sexuality and gender identity?
- h) The best leaders on consent education for young people internationally include Holland and the Scandinavian countries
- i) Teachers and classmates make assumptions about the genders of students in the classroom
- j) Kids need an opportunity to learn, grow, question, and change their mind
- k) There are organisations like Q-Topia and the Rainbow Tick. Could another organisation be established to teach sex ed?
- l) The people in our communities do much of their work for free. If SOGISC people are the ones to provide this education work, they must be remunerated for it
- m) Is there enough education and training for mental health professionals who work with SOGISC young people? Doctors receive no compulsory training, which is a big issue in the medical field with flow on effects to our communities
- n) School counsellors must be brought up to speed on diversity issues so that they can holistically support the wellbeing of SOGISC students
- o) There has been a lack of academic research on SOGISC young people. This research is required in order to establish a scientific consensus behind the education
- p) There is a lack of transparency about what schools are doing to accommodate the needs of SOGISC children and young adults
- q) The Rainbow Tick does not currently meet the needs of the community

Recommendations

- r) Provide options for gender neutral uniforms in schools
- s) Provide gender neutral bathrooms in schools
- t) Establish peer support programs, such as queer-straight alliances (QSAs), in all schools, in addition to providing safe physical spaces for students to gather
- u) Ensure schools have medical and mental health professionals on staff
- v) Reinstate the funding for the Youth 2000 surveys, initially carried out by the University of Auckland
- w) Look into and consider establishing a model that uses external providers, rather than health teachers, to teach all sexuality education in schools. This will ensure it is consistent nationwide and taught by experts in their fields

- x) Ensure SOGISC education is a mandatory part of registering for professional body accreditation including, but not restricted to, all health professionals, social workers, and other groups providing resources and services for our communities
- y) Encourage teachers to use gender neutral pronouns when referring to young people
- z) Encourage the use of pronoun stickers for young people in schools, providing them with the opportunity to self-identify their names and pronouns
- aa) Provide comprehensive SOGISC training for teachers at teacher's college which includes strategies to combat homophobia and transphobia in the classroom
- bb) Re-establish comprehensive Plunket classes for parents of newborns, which includes information on sex, gender, and sex characteristics
- cc) Address the gaps in the current Rainbow Tick to make it more comprehensive and ensure that businesses with the Tick are continually monitored. In order to achieve culture change, the accreditation must be far more expansive
- dd) Mandate the provision of comprehensive sexuality education to all young people in schools at all levels of the health curriculum; representative of diversity in sexual orientation, gender identity, and sex characteristics

2. Healthcare

- a) All people have the right to the highest attainable standard of health regardless of their sexual orientation, gender identity, or sex characteristics
- b) Waitlists for gender reassignment surgeries through the Ministry of Health's High Cost Treatment Pool are over 50 years long for both trans men and trans women
- c) Limited access to affordable, available, and acceptable mental health providers means that there are extra barriers faced by SOGISC people in order to receive comprehensive healthcare
- d) Not all schools have medical and mental health professionals on staff
- e) SOGISC training of medical professionals and other professional bodies is not compulsory or consistent
- f) There are similarities with respect to the non-consensual nature of circumcision on infant boys and genital normalising surgeries performed on intersex infants

Recommendations

- g) Encourage health organisations to make official position statements about gender diversity (i.e. that gender diversity is not a pathology)
- h) Develop a national framework for transgender health pathways which can be used by every DHB consistently
- i) Re-prioritise funding towards SOGISC healthcare to ensure that gender and sexual minorities are not subjected to waitlists significantly longer than other groups
- j) Train and audit all healthcare professionals and service providers with respect to the SOGISC community's unique needs
- k) Include gender identity in the New Zealand College of Practitioners Foundational Standards

3. Data

- a) Population-level data on sexual orientation, gender identity, and sex characteristics are not collected in the national Census
- b) Social progress cannot be tracked and monitored when there are no numbers to use as a baseline measurement
- c) The lack of official data impacts on SOGISC groups who are also part of multiple minorities, such as ethnic minorities

Recommendations:

- d) Require Statistics New Zealand to collect comprehensive data which are inclusive of sexual orientations, gender identities, and sex characteristics in the Census 2023 and other key surveys, in order to inform funding and planning decision-making. These data must be able to be disaggregated on a dashboard by ethnicity, age, and disability so that the public can easily access them

- e) Develop a plan for other Government agencies to collect inclusive SOGISC data, in consultation with those communities and other experts
- f) Record victims of violence and abuse who identify as being from the SOGISC communities

4. **Aged care**

- a) Older SOGISC individuals feel isolated and disconnected from the community as they age. Outdated and prejudicial thinking makes it difficult for them to connect with the ageing population
- b) There is a lack of social inclusion in the SOGISC community across the age span
- c) The aged care sector is not inclusive enough of SOGISC people and their unique needs

Recommendations:

- d) Fund new avenues of research about the issues specific to the Silver Rainbow community
- e) Provide training for aged care workers on the unique needs of the Silver Rainbow community

5. **Systemic issues**

- a) Colonisation of Aotearoa has resulted in a lot of Maori whānau developing internalised homophobia. This manifests as incorrect understandings of sexuality and prejudicial attitudes
- b) Ethnic minorities who are also part of the SOGISC communities face a double bias due to their intersectional identities, particularly within those ethnic communities
- c) Current provision of public services does not work for everyone. New Zealand society is not inclusive or accessible enough to members of the SOGISC community
- d) Workplace and employment discrimination remains very high for transgender people
- e) Traditional Christian leadership has hurt and made mistakes with the SOGISC community. We want to learn from that and have a more inclusive religion
- f) Public awareness is low on the wide-ranging issues faced by SOGISC communities
- g) People with less well-known sexualities, such as pansexual, asexual, or queer, report a lack of understanding from society
- h) The justice system is not sensitive to the needs of SOGISC people
- i) Gender identity, gender expression, and sex characteristics are not explicitly covered as grounds of prohibited discrimination under the Human Rights Act 1993. While the Human Rights Commission has interpreted the Act as including gender identity since February 2005, trans people themselves have made it clear they do not feel protected by the legislation
- j) SOGISC communities face high levels of violence and abuse
- k) Same-sex de facto couples cannot jointly adopt children under the current Adoption Act 1955
- l) Queer youth need access to affirming support

Recommendations

- m) Amend the Human Rights Act 1993 to include gender identity, gender expression, and sex characteristics
- n) Act on previous recommendations from the 2013 SOGII Coalition's UPR submission to review the Adoption Act with the aim of reflecting the legitimate diversity of New Zealand family and parenting arrangements