

AMSA Submission to the Senate
Legal and Constitutional Affairs
Committee: Marriage Equality
Amendment Bill 2010



AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION

AMSA

The Australian Medical Students' Association (AMSA) is pleased to make this submission in support of the Marriage Equality Amendment Bill 2010.

AMSA is the peak representative body for the 17,000 medical students in Australia. AMSA connects, informs and represents students studying at each of Australia's 20 medical schools.

Introduction

AMSA believes that all communities have the right to the best attainable health and, accordingly, advocates on issues that may impact health outcomes. AMSA endorses a human rights and social determinants approach to achieving equity and advancing health for individuals and populations.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) populations experience significant health disadvantage. Discrimination, including legislation that precludes marriage equality, is an important cause of the health inequities experienced by LGBTI populations.

The issue of marriage equality affects the whole of society. Instituting marriage equality is an important measure to remove discrimination against LGBTI populations and improve the health of these groups.

AMSA is committed to advocating for positive medical student wellbeing and the disestablishment of associated stigma. Medical students experience high levels of mental health problems. (Givens, Tjia 2002) Youth are particularly sensitive to experience negative impacts on wellbeing due the stigma espoused by marriage exclusion. (Suicide Prevention Resource Center, 2008) Thus LGBTI medical students face multiple risk factors for poor mental health.

Accordingly AMSA calls upon the Australian Parliament to pass the Marriage Equality Amendment Bill 2010 to allow all people, regardless of sex, sexuality and gender identity, the opportunity to marry.

LGBTI populations experience significant health inequity

There is now a substantial body of evidence describing the significant health disadvantage experienced by LGBTI persons. This is particularly the case for mental health problems. (Chakraborty et al., 2011)

Lesbian, gay and bisexual people are on average 2.47 times more likely than heterosexual people to attempt suicide, 1.5 times more likely to suffer depression and anxiety disorders, and 1.5 times more likely to experience alcohol and other substance dependence. (King et al., 2008)

The youth sub-group is particularly vulnerable. Evidence indicates that "...LGB youth have significantly higher rates of suicide attempts and suicidal ideation than their heterosexual peers." (Suicide Prevention Resource Center, 2008)

Discrimination, including legislation that precludes marriage equality, is a cause of the health disadvantage experienced by LGBTI populations

Stigma and discrimination against LGBTI groups has been extensively documented. (Ritter, Matthew-Simmons and Carragher 2012) Excluding LGBTI individuals from the right to marry is an important contributor to the inequity experienced by this group. Defining marriage as exclusively occurring between a man and a woman infers that same-sex relationships are of lesser value than opposite-sex relationships. "The underlying fear is often that marriage equality will actually cause societal harm. Being cast in such a light strongly contributes to the phenomenon known as 'minority stress', which members of this community experience in their struggle for validation and acceptance..." (Buffie 2011)

Discrimination against LGBTI persons, including through exclusion from the right to marry, contributes to the higher rate of psychological morbidity and health inequities experienced by this group. (King et al. 2008) Stigma and discrimination on the grounds of sexual orientation has been found to be associated with mental health problems (Chakraborty et al. 2011) and increased risk of substance use disorders. (Ritter, Matthew-Simmons and Carragher 2012) Stigma and discrimination are directly tied to risk factors for suicide, including mental illness, isolation, family rejection, and lack of access to culturally competent care. (Suicide Prevention Resource Center 2008)

"It would be difficult to overstate the impact of stigma and discrimination against LGBT individuals..." (Suicide Prevention Resource Center 2008)

A 2010 online national survey of same-sex attracted Australians, found that participants with a regular same-sex partner reported that they felt their own same-sex relationship was viewed by heterosexual friends, family and wider community as being of lesser value, when

compared with how these same people valued heterosexual marriages. Importantly, the more same-sex attracted people sensed this disparity, the lower their levels of psychological well-being and the more likely they were to want to marry.

In a 2010 study of more than 34,000 lesbian, gay, and bisexual participants, investigators in the USA administered the same survey in 2001 and 2002 and then again 2004 and 2005, after 14 states passed changes to limit marriage to opposite-sex unions. (Hatzenbuehler, 2010) This study found that “In the second set of responses participants reported significantly higher rates of psychiatric disorders, with increases of 36% for any mood disorder, 248% for generalized anxiety disorder, 42% for alcohol use disorder, and 36% for psychiatric comorbidity. In the comparable control group from states without such amendments during the same time period, there were no significant increases in these psychiatric disorders.”

Instituting marriage equality is an important measure to remove discrimination against LGBTI populations and improve the health of this group.

Legalising same-sex marriage will reduce the societal stigma and discrimination experienced by the LGBTI population and improve the health outcomes for this group.

“Legislation to make marriage equality a reality will change, and save, lives.” Buffie (2011)

Furthermore legislating for marriage equality satisfies criteria for the best public policy interventions.

The best public-policy interventions are those which target a significant problem, have a clear rationale, are supported by research evidence, are least costly to implement and have strong community support.” (Ritter, Matthew-Simmons and Carragher 2012)

Passing the Marriage Equality Amendment Bill 2010 to remove discrimination and allow all people, regardless of sex, sexuality and gender identity, the opportunity to marry will not only confer symbolic support for the LGBTI community but is likely to further result in enhanced health and wellbeing LGBTI persons. (Herdt and Kertzner 2006, Buffie 2011)

Conclusion

LGBTI persons comprise a minority population that suffers from worse health (in particular, mental health including substance dependence) than the heterosexual population. To deny marriage equality is to discriminate institutionally against this minority on the basis of their sexual orientation. This discrimination contributes to significant health inequity. AMSA believes that marriage equality would reduce the discrimination experienced by LGBTI persons and lead to improved health.

References

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POLICY DOCUMENT
MARRIAGE EQUALITY AND
HEALTH
2012



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Background

The Australian Medical Students' Association ("AMSA") is the peak representative body of Australia's medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that may impact health outcomes.

Lesbian, gay, bisexual, transgender and intersex ("LGBTI") persons comprise a minority population that suffers poorer health than the heterosexual population. Lesbian, gay and bisexual people are 2.47 times more likely to attempt suicide (4.28 times for gay and bisexual men) and are 1.5 times more likely to suffer depression, anxiety disorders and alcohol and other substance dependence (King et al., 2008).

Much of this health disadvantage may be attributed to the phenomenon known as 'minority stress', which LGBTI persons experience in their struggle for validation and societal acceptance (Buffie, 2011). Stigma and discrimination against sexual minorities has been extensively documented (Ritter, Matthew-Simmons and Carragher, 2012) and assessed as likely to be at least part of the reason for the higher rates of psychological morbidity observed (King et al., 2008 and Chakraborty, 2011).

The youth sub-group is particularly vulnerable, experiencing more frequent and more serious suicide attempts than their heterosexual counterparts. Heterosexism may also lead to isolation, family rejection, and lack of access to culturally competent care. (Suicide Prevention Resource Center, 2008)

Discriminatory policies relative specifically to marriage equality (where marriage equality is defined as achievement of policy point 1a below) have been shown to have negative health effects, with significant increases in psychiatric disorders amongst lesbian, gay and bisexual persons living in states that banned gay marriage (Hatzenbuehler, 2010). In Australia, the Marriage Act 1961 (Cth) currently defines marriage as a legal union solely between a man and a woman, which discriminates institutionally on the basis of sexual orientation. Marriage denial reinforces stigma associated with sexual identity and undermines well-being for all LGBTI persons, with adolescents and young adults again particularly sensitive. Conversely, marriage equality would confer broadened developmental options for lesbian and gay adolescents and young adults, who could then envision marriage as a key element of their adulthood. (Herdt and Kertzner, 2006)

In 2002, the Australian Medical Association Limited ("AMA") adopted a comprehensive position statement, 'Sexual Diversity and Gender Identity'. AMSA draws attention to clause 6.6:

The AMA is supportive of legislation that proscribes discrimination and provides legislative recognition of same-sex unions and families as this will lead to legal, societal, financial and healthcare equity within the community.

Many other health associations also support marriage equality on health grounds, or have recognised the major health care disparities that exist as a result of denying marriage equality, including the American Medical Association, Indiana State Medical Association, Gay and Lesbian Medical Association, Australian Lesbian Medical Association, American Psychiatric Association, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Psychological Association and Australian Psychological Society and researchers from the National Drug and Alcohol Research Centre (University of New South Wales).

Position statement

AMSA believes that:

1. Embracing diversity and countering unjustifiable discrimination against LGBTI persons is a necessary and important step towards health equality for all members of society;
2. There are no health arguments in favour of defining marriage as a legal union solely between a man and a woman; and
3. Marriage equality would reduce the discrimination and thus minority stress that LGBTI persons suffer, leading to improved health.

Policy

AMSA calls upon:

1. The Australian Government to:
 - a. Remove all discriminatory references from the Marriage Act 1961 to allow all people, regardless of sex, sexuality and gender identity, the opportunity to marry;
 - b. Develop and implement goals, policies and strategies to minimise the health inequities experienced by LGBTI persons; and
 - c. Support research into the negative health effects of stigma and discrimination on LGBTI persons
2. The AMSA Executive to:
 - a. Publicly support marriage equality individually and/or in collaboration with other organisations and initiatives;
 - b. Where appropriate, lobby State and non-State actors in pursuit of the recommendations at policy points 1a-c above; and
 - c. Encourage and support educational and service activities pertaining to LGBTI health issues by medical schools, AMSA ThinkTanks, medical students' societies and individual medical students.

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