

NGO report on violence and discrimination against LGBTQ children in Singapore

Additional submission to the Committee on the Rights of the Child for the 81st session (13-31 May 2019)

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JUSTIFICATION FOR SUBMISSION

This additional submission is written in response to the State's Fourth and Fifth Periodic Report to the United Nations Committee on the Rights of the Child¹ to provide further insight on specific issues that affect lesbian, gay, bisexual, transgender, and queer (LGBTQ) children in Singapore. Recommendations are made in hopes that they will be utilised by the Committee on the Rights of the Child and the State to implement comprehensive strategies in combating violence and discrimination faced by LGBTQ children.

METHODOLOGY

This report covers information on the situation of child rights in Singapore, from the period of 2009 to 2016, which is the period covered in the current review.

The present submission is based on a qualitative research study by Sayoni, conducted in 2014, and one focus group discussion held in 2019. The focus group discussion, which was conducted face-to-face on 6 March 2019, consisted of nine LGBTQ youths (aged 19 to 24) who were under the age of 18 between 2009 to 2016. Participants were recruited through the snowballing method, and consent was obtained from all participants for their input to be used in this submission.

¹ United Nations Committee on the Rights of the Child, "Combined fourth and fifth reports submitted by Singapore under article 44 of the Convention, due in 2017", CRC/C/SGP/4-5, 4 December 2018. Available from <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsnvm7ZfkD9iDX76QpCj3NRJb2rLdUB%2fSzcCy0wXnMsEIUFLIV7lPi9PHDoBsuklgy%2byYpPaYcmKNlqB2egP5PL8zC%2b9H0MOKIS1OGh68%2ba7Y> (accessed 14 March 2019)

POLITICAL, SOCIAL AND CULTURAL CONTEXT IN SINGAPORE

Growing up in Singapore, children who are perceived to be different in terms of sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), encounter violence and discrimination and face immense pressure to conform to patriarchal and stereotypical gender roles and expressions. LGBTQ children regularly experience systemic violence and discrimination in public and private spheres, from State and non-State actors. Deliberate policy, the lack of anti-discrimination legislation, and other institutional gaps contribute to the inequalities faced by LGBTQ children, which are pervasively unaddressed.

The State's Fourth and Fifth Periodic Report to the United Nations Committee on the Rights of the Child states that Article 12 of the Constitution guarantees all Singapore citizens, including children, the right to equality, non-discrimination and equal protection under the law; and these "equal rights cover gender"². However, contrary to the State's claim to the CRC Committee, Article 12 does not guarantee equal rights to all citizens in practice. In 2014, the Court of Appeal ruled to uphold the constitutionality of Section 377A of the Penal Code, the sodomy law which criminalises sex between mutually consenting adult men. The court ruled that Section 377A does not violate the Constitution as it fell outside the scope of Article 12: observing that Article 12 recognises discrimination only in terms of race, religion, or place of birth, but excludes gender, sex, and sexual orientation.³ The existence of Section 377A effectively means that gay and bisexual men, and by extension, all persons of minority SOGIESC, including LGBTQ children, remain unequal members of the population; and creates the conditions for discrimination in education and healthcare, threats of physical and psychological violence, and the violation of child's rights. Compounded with the lack of anti-discrimination legislation based on gender and sexual orientation, this results in the reinforcement of societal stigma against all LGBTQ citizens, sustains discriminatory and prejudicial attitudes, and creates a hostile environment for LGBTQ children to grow up in.

Section 377A institutionalises a legislative and administrative framework of discrimination based on gender and sexual orientation, which extends to censorship. In mainstream media, the State continues to censor neutral and positive portrayals of LGBTQ persons. The Content Code for Nationwide Managed Transmission Linear Television Services⁴ by the Info-communications Media Development Authority of Singapore (IMDA), a government agency, states that "films that depict a homosexual lifestyle should be sensitive to community values. They should not, promote or justify a homosexual lifestyle". Additionally, television

² Committee on the Rights of the Child, 2018. Combined Fourth and Fifth Periodic Report Submitted by Singapore, CRC/C/SGP/4-5, Par. 35

³ Selina Lum, "Court of Appeal rules that Section 377A that criminalises sex between men is constitutional", *Straits Times*, 29 October 2014. Available from <https://www.straitstimes.com/singapore/courts-crime/court-of-appeal-rules-that-section-377a-that-criminalises-sex-between-men-is> (accessed 14 March 2019).

⁴ Info-communications Media Development Authority, "The Content Code for Nationwide Managed Transmission Linear Television Services", pp. 16, 22. Available from <https://www.imda.gov.sg/-/media/imda/files/regulation-licensing-and-consultations/codes-of-practice-and-guidelines/acts-codes/managed-linear-tv-services-content-code-1mar2018.pdf?la=en> (accessed 14 March 2019).

programmes can be banned or classified as NAR (not allowed for all ratings) for “promotion or glamorisation of homosexual lifestyle”.

These media regulations have been actively used to censor and prohibit neutral or positive content in the following instances:

- In May 2015, Taiwanese singer Jolin Tsai’s song *We’re All Different, Yet The Same* and the music video featuring same-sex relationships were banned on both cable and free-to-air TV channels as well as radio. It features the true story of a woman who was unable to give consent for emergency surgery for her female partner.⁵
- In February 2016, former United States President Barack Obama’s pro-LGBT speech was edited out of the Singapore TV broadcast of *The Ellen DeGeneres Show*, in which he had praised openly lesbian DeGeneres for being a good role model and “changing hearts and minds”.⁶

Representations of persons of minority SOGIESC are only endorsed by media codes when they are portrayed as deviants, depressive, suicidal, or promiscuous. This perpetuation of stereotypes of LGBTQ persons as dysfunctional is damaging to the social wellbeing and mental health of LGBTQ adolescents, which may result in lower self-esteem, social stigma, and isolation. As studies have shown, LGBTQ children are more likely to experience depression, suicidal ideation, and suicide attempts.⁷ Media censorship reinforces stigma against LGBTQ individuals, and hinders LGBTQ children’s access to life-affirming and essential information key to survival and to the development of their identity. This contravenes Article 17 of the CRC, in which States should recognise the importance of mass media and ensure that all children have the right to access information and material, especially those aimed at the promotion of their health and wellbeing.

Furthermore, in 2014, three children’s books, *And Tango Makes Three*, *The White Swan Express: A Story About Adoption*, and *Who’s In My Family: All About Our Families*, were withdrawn from public libraries because they depicted “alternative, non-traditional families”.⁸ Following public protests and sit-ins at the library, the State eventually instructed the National Library Board, a government agency, to move two of these children’s books to the adults’

⁵ Gwendolyn Ng, “Jolin Tsai’s same-sex marriage music video and song banned on TV and radio, MDA clarifies”, *Straits Times*, 26 May 2015. Available from <http://www.straitstimes.com/lifestyle/entertainment/jolin-tsais-same-sex-marriage-music-video-and-song-banned-on-tv-and-radio> (accessed 14 March 2019).

⁶ Yip Wai Yee, “Singapore cuts Obama’s LGBT comments on Ellen”, *Straits Times*, 25 February 2016. Available from <http://www.straitstimes.com/lifestyle/entertainment/singapore-cuts-obamas-lgbt-comments-on-ellen-0> (accessed 14 March 2019).

⁷ Joseph P. Robinson and Dorothy L. Espelage, “Bullying Explains Only Part of LGBTQ–Heterosexual Risk Disparities”, *Educational Researcher* 41, no. 8 (2012): 309–319, https://www.researchgate.net/publication/235990985_Bullying_Explains_Only_Part_of_LGBTQ-Heterosexual_Risk_Disparities_Implications_for_Policy_and_Practice

⁸ Alfred Chua, “NLB’s decision ‘guided by community norms’”, *Today*, 12 July 2014. Available from <https://www.todayonline.com/singapore/nlbs-decision-guided-community-norms> (accessed 14 March 2019)

section of the library.⁹ The move infringes on children's right to access unbiased information, preventing them from seeking and receiving children's books that depict non-stereotypical family units and promote family diversity. This demonstrates how the lives of LGBTQ persons and families are demonised and made invisible as they are deemed unsuitable for social discourse by the State.

The heteronormative family ideal, as perpetuated by the State, is defined as one man and one woman who live together and have children within the legal confines of marriage. Divorced spouses, homosexual couples, unwed mothers, singles, and other family structures are not considered a legitimate family nucleus,¹⁰ as evident in state policies and laws through which men and women in heterosexual marriages are likely to receive more state benefits. The State's privileging of heterosexual family units informs policy-making as well as societal stigma which contributes to the violence and discrimination faced by LGBTQ children in the home at the hands of family members who, according to the State's national ethos of family-centric shared values, should be the very individuals protecting and caring for them.

For many young LGBTQ individuals, the threat of violence arises from family members and relatives who believe that homosexuality is wrong and that they should be punished or 'cured' of their tendencies. As Sayoni's research study has found, there is a fear of homosexuality as an abnormality; and LGBTQ children who do not comply with stereotypical gender roles and relations, as well as present as non-conforming, in terms of appearance and behavior, are more vulnerable to violence and discrimination in the family.¹¹ In its General Comment No. 13 (2011), the CRC Committee stated that the following elements need to be mainstreamed across national coordinating frameworks (legislative, administrative, social and educational) and stages of intervention: "(g) Children in potentially vulnerable situations: Groups of children which are likely to be exposed to violence include, but are not limited to, children: (...) who are lesbian, gay, transgender or transsexual".¹² However, as the following report will detail, there are significant gaps in State initiatives with regards to protecting LGBTQ children, and their lives continue to be fraught with the threat of physical, emotional, psychological, and financial violence at home.

To date, despite the efforts of civil society to engage with the State, no substantive measures have been taken to address the plight of LGBTQ children in Singapore. The silence towards their situation in the State's Fourth and Fifth Periodic Report further amplifies the inaction and highlights the inequality present in society.

⁹ Tan Dawn Wei, "NLB saga: Two removed children's books will go into adult section at library", *Straits Times*, 18 July 2014. Available from <https://www.straitstimes.com/singapore/nlb-saga-two-removed-childrens-books-will-go-into-adult-section-at-library> (accessed 14 March 2019)

¹⁰ Natalie Oswin, "Sexual Tensions in Modernizing Singapore: The Postcolonial and the Intimate", *Environment and Planning D: Society and Space* 28, no. 1 (2010): 128-41; see also Oswin, "The Modern Model Family at Home in Singapore"

¹¹ Sayoni, 2018. "Violence and Discrimination Against LGBTQ Women in Singapore", pp. 17-27.

¹² UN Committee of the Rights of the Child, General Comment No. 13 (2011), CRC/C/GC/13, Par. 72. Available from https://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf (accessed 18 March 2019)

In sum, the State's criminalisation of homosexuality, censorship of gender and sexual diversity, and heteronormative family ideals, work in tandem to create a hostile and non-inclusive environment for LGBTQ children to grow up and live in. This report will describe in further detail how violence and discrimination against them is currently prevalent, systemic and institutionalised, violating their rights as articulated in the CRC.

Recommendation: Adopt anti-discrimination legislation that protects LGBTQ children; and modify or eliminate discriminatory stereotypes against LGBTQ persons

- We recommend that the State establish a roadmap and timeframe towards implementing anti-discrimination legislation to prohibit discrimination on all grounds, including gender and sexual orientation
- We recommend that the State propose a specific timeframe to rectify IMDA's media codes, policies and practices to equalise treatment of heterosexual and homosexual content
- We recommend that the State implement a comprehensive strategy within a reasonable timeframe to modify or eliminate stereotypes that discriminate against LGBTQ persons

UN CRC ARTICLE 3: BEST INTERESTS OF THE CHILD; UN CRC ARTICLE 9: SEPARATE FROM PARENTS; UN CRC ARTICLE 10: FAMILY REUNIFICATION

Children of same-sex partners

Neither the law nor the State recognise same-sex relationships in Singapore, or marriages contracted in other jurisdictions between same-sex partners.¹³ This has been a major cause of discrimination against and lack of protection for children of same-sex couples and those in transnational same-sex marriages.

In particular, legally married transnational same-sex couples are not able to stay in the same country as their legal spouse in Singapore, and children born to the non-legal parent are not entitled to citizenship and face difficulties getting long-term visas. This increases hardships, separation of families, and discriminatory treatments of children of LGBTQ parents by State and non-State actors, which deprives them of legal protection, fails to uphold the best interests of the child, and contravenes their right to be united with their family.

In addition, children born in same-sex families in Singapore do not enjoy the same rights, benefits or tax breaks as those born within heterosexual marriages, since they are legally seen as children of a single parent. These children cannot be legally cared for or maintained by the non-legal parent, and are not guaranteed continuity in the event of the separation of the same-sex couple or the death of the legal parent. The non-legal parent also does not have the right to acquire kinship.

Recommendations: Protect the rights of children of same-sex partners

- We recommend that the State enact legislation to recognise and protect the rights of children from same-sex households within a specified timeline

¹³ Singapore, Women's Charter, chap. 353, sect. 12(1). Available from <https://sso.agc.gov.sg/Act/WC1961> (accessed 29 March 2019)

UN CRC ARTICLE 19: PROTECTION FROM ALL FORMS OF VIOLENCE

While the State's Periodic Report has listed various initiatives such as screening and reporting guides, community-based specialist services, crisis hotlines, and public education campaigns to combat violence against children,¹⁴ it does not mention specific measures taken to protect LGBTQ children. All children, including LGBTQ children, have the right to be protected from being hurt and mistreated, physically or mentally. However, there still are significant gaps in addressing the specific needs of LGBTQ children and in efforts to protect them from abuse and neglect.

Violence from family members

Homophobic and transphobic violence constitute a form of gender-based violence as these attacks are driven by a desire to punish those seen as defying stereotypical gender norms.¹⁵ In Sayoni's research, the majority of interviewees indicated that they had experienced violence as young children and teenagers aged 11 or older.¹⁶ These acts of psychological and physical violence are frequently perpetrated by immediate family members. LGBTQ children are particularly vulnerable at home as they are financially dependent on their parents and unable to move out, which results in them living with violence and abuse.

Documented acts of physical violence include being slapped, punched, kicked, thrown against the wall, and hit with an object or dangerous weapon (e.g. hanger, belt, cane, chair, knife/chopper). Physical violence and deprivation particularly affect LGBTQ children if they come out, are involuntarily outed, or express gender non-conforming behavior or characteristics at a young age. (See **Annex A** for Elaine's story). Based on the narratives gathered, LGBTQ children live in constant fear due to intimidation and threats from family members to throw them out of the home or physically hurt them.

Findings from focus group discussions and Sayoni's research demonstrate that psychological violence towards LGBTQ children is especially prevalent. Homophobic, biphobic or transphobic family members believe that LGBTQ children are ill or morally reprehensible. In such instances, family members attempt to "correct" their non-normative sexual orientation or gender identity. This includes shaming LGBTQ children, bullying them with harassment, verbal abuse, and making them seek "conversion therapy" (clinical, religious, or otherwise). For example, a bisexual teenager was verbally and emotionally abused, isolated, and subjected to deprivation and psychological distress (See **Annex A** for Sofia's story). LGBTQ children may thus experience a strong sense of entrapment when the psychological violence escalates and they are unable to escape or move out of the family home.

¹⁴ CRC/C/SGP/4-5, Pars. 61-65.

¹⁵ United Nations Human Rights Council, "Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity", A/HRC/19/41: pp. 8, para. 20, 17 November 2011. Available from https://www.ohchr.org/documents/issues/discrimination/a.hrc.19.41_english.pdf (accessed 18 March 2019)

¹⁶ Sayoni, 2018. "Violence and Discrimination Against LGBTQ Women in Singapore", pp. 17-27.

Family life for LGBTQ children who experience physical and/or psychological violence tends to be emotionally fraught, and they are made to feel abnormal or a disappointment to the family because of their sexual orientation or gender identity. (See **Annex A** for Emma’s story). This, along with the constant fear that they may be punished, often negatively impacts LGBTQ children’s psychological and emotional wellbeing, and can lead to depression, anxiety or other mental health issues.

Barriers to reporting and gaps in service provision

Based on existing policies, the State declares that no child should be abused and it has been enhancing protection measures to better support child victims.¹⁷ However, LGBTQ children face extraordinary obstacles to reporting and seeking help. The stigma of being LGBTQ, associated with the Penal Code Section 377A and media censorship, as well as the lack of awareness of what constitutes abuse from survivors and the authorities, are critical factors in the failure to report or seek help.

Sayoni’s research found that the low rates of reporting and seeking assistance are caused by the following factors: the high levels of stigma associated with reporting; the fear of being outed; the culture of shame, victim-blaming and self-blame for violence survivors; a lack of awareness of resources; the fear of retraumatisation through the reporting process; or a belief that the reporting process would not be helpful because of discriminatory laws and policies.¹⁸ One respondent, Elaine, who experienced violence at home, downplayed the bullying and sexual harassment she encountered at school because she had already been subjected to worse from her mother. Violence and discrimination may be normalized among LGBTQ children, which results in them tolerating abuse and violence over long periods of time during their formative years. Moreover, it can also lead them to not framing these violations as crimes, despite the long-term, damaging physical and psychological effects that impact children for years afterwards.

The absence of LGBTQ-specific structures of protection makes LGBTQ children vulnerable to acts of violence and discrimination enacted by family members, members of the public, and state officials, and significantly impedes their access to justice. Despite the State’s claim¹⁹ that the Protection from Harassment Act (POHA) safeguards all persons (including children) from violence and harassment, it is not clear that it explicitly protects individuals from violence and harassment perpetrated on the basis of non-conforming SOGIESC. While screening and reporting guides enhance the capabilities of frontline professionals, such as teachers, social workers and law enforcement staff, to identify early warning signs and report abuse, there is a lack of sensitivity training and LGBTQ-specific guidelines which draw attention to the violence and discrimination affecting LGBTQ children and their specific needs. Furthermore, there are no State services and few non-State services for LGBTQ-affirmative intervention and counselling.

¹⁷ CRC/C/SGP/4-5, Par. 61

¹⁸ Sayoni, 2018. “Violence and Discrimination Against LGBTQ Women in Singapore”, pp. 85

¹⁹ CRC/C/SGP/4-5: Par. 19

Recommendation: Raise awareness and strengthen capacity among State and non-State actors

- Conduct LGBTQ-affirmative sensitivity training for teachers, law enforcement officers, family violence service providers, including all agencies in the National Family Violence Networking System, to adequately assist, counsel, and support LGBTQ children victim-survivors of violence
- Institute mandatory protocols in State agencies to ensure that violations against LGBTQ children, when reported, are processed and attended to without discrimination or prejudice
- Encourage LGBTQ children to report incidents of violence with LGBTQ-inclusive public education campaigns and comprehensive sexuality education in schools
- Strengthen and provide capacity building for shelters and non-governmental organisations that provide LGBTQ-affirmative assistance to victims of violence or abuse

UN CRC ARTICLE 24: HEALTH AND HEALTH SERVICES

LGBTQ children often struggle with the multiple stresses resulting from discrimination against their sexual orientation, gender identity or expression. However, there is a lack of concrete effort by the State to understand and address their overall psychosocial, mental, and physical healthcare needs, and there are limited services available. This inaction demonstrates how LGBTQ children do not have equal right to the highest attainable standard of health.

Serious health risks for transgender children and youth

The limitations of the Singapore healthcare system generate obstacles for LGBTQ children, particularly transgender children, resulting in serious mental and physical health issues. In order to change the legal gender marker on their official documents, transgender individuals are required to go through hormone replacement therapy (HRT) and sex reassignment surgery (SRS). To undergo treatment, transgender persons require a letter from a psychiatrist certifying the presence of gender dysphoria before they can see an endocrinologist for HRT. This is an expensive process that is not subsidised by the public healthcare system. Furthermore, the requirement of SRS inhibits transgender individuals, who do not want or cannot afford surgery, from changing their legal gender marker, which poses an obstacle for the right to express their lived gender on their identification.

Transgender children's healthcare needs are significantly underserved: there is only one public hospital that has a few doctors who can provide sensitive care and referrals to commence hormone therapy.²⁰ Furthermore, puberty blockers, medications which provide transgender youth with time to further explore their identity while inhibiting the development of predisposed sex characteristics caused by the onset of puberty, are currently unavailable in Singapore.

Transgender respondents stated that it is extremely difficult to access locally based professional aid for transitioning, and often found their own resources through informal or online networks. This was due to a combination of factors: the perception that healthcare providers would not be able to provide suitable and sensitive care; and the lack of subsidies from the State for the transition process as these medical processes are not covered by Medishield Life (national health insurance scheme) and Medisave (social security savings scheme that pays for medical care for individuals and immediate family members).

²⁰ TransgenderSG, "Trans healthcare in Singapore", <https://transgendersg.com/healthcare.php> (accessed 28 March 2019)

Transgender teenagers navigate the healthcare system in a legal “grey area”; while it is unclear if there are legal guidelines requiring a minimum age for HRT, doctors require parental consent if they are under the age of 21. As parents of transgender children may be unaccepting and unsupportive, transgender teenagers may resort to self-medication by buying hormonal medication online.²¹ Without the benefit of regular monitoring by healthcare professionals, undergoing HRT independently carries great health risks. This lack of access to necessary medical information and treatment highlights the healthcare inequalities and challenges faced by transgender children, which results in serious impacts on their mental and physical health and development.

Recommendations: Improve access to transgender-affirmative psychological and medical services through financial assistance and revision of policies

- Recognise HRT as a medically-necessary procedure for transgender persons and extend current subsidy schemes, such as Medishield Life and Medisave, to provide financial assistance for HRT and other transition-related healthcare
- Improve access to healthcare and medical treatment for transgender adolescents by permitting the sale of puberty blockers and lowering the minimum age requirement of independent decision-making for HRT to 18 years old
- Provide targeted psychological support services, such as transgender-affirmative counselling, to transgender children who are in conflict with their parents or families regarding transition
- Revise guidelines and policies that require SRS or other medical verification before transgender persons can change their legal gender marker

Inequalities in access to LGBTQ-affirmative mental healthcare

The State’s report asserts that it has been taking measures to address the mental health needs of children in Singapore, through talks and workshops in schools, suicide prevention programs, and other support services and programs to provide training in better identifying and managing children at higher risk.²² However, it does not mention measures taken to address the specific mental health needs of LGBTQ children, who are more likely to experience depression, suicidal ideation and self-harm. Our research suggests that the current healthcare system in Singapore does not provide adequate support to LGBTQ adolescents, as there are insufficient social services and professionals who can understand and support their specific needs and challenges.

²¹ Kok Xing Hui, “Under-21s go online to buy hormone pills”, *Straits Times*, 16 January 2017. Available from <https://www.straitstimes.com/singapore/health/under-21s-go-online-to-buy-hormone-pills> (accessed 28 March 2019).

²² CRC/C/SGP/4-5, Pars. 131-133

This lack of LGBTQ-affirmative mental health services is linked to the inherent social stigma associated with LGBTQ persons, which are institutionalized by discriminatory laws and policies, such as Section 377A, the restrictions on teaching of non-heterosexual sexualities in sex education programs, and media censorship.

Majority of our respondents stated that they struggle with mental health issues. Some examples of self-reported conditions include the following: depression, anxiety, trauma and low self-esteem, as a result of prejudice and discrimination associated with their sexual orientation, gender identity or expression. Despite experiencing such mental health conditions, the respondents shared expressed the strong fear of seeking help through school counsellors and staff, as many reported that they were not LGBTQ-affirmative and may reveal their sexual orientation or gender identity to their parents without their consent. Such involuntary disclosure would often result in the home becoming an unsafe environment and further jeopardise LGBTQ children's health and safety. For those who have sought help for their mental health through a school counsellor, their psychological distress was exacerbated due to the lack of LGBTQ-affirmation and denial of their identity (See **Annex B** for James' story).

Mental healthcare services have to contact children's parents for consent before assessment and treatment. For many LGBTQ children under the age of 21, who are not out to their parents and struggling to come to terms with their sexual orientation and/or gender identity, this poses as another barrier to healthcare. Findings from Sayoni's focus group discussions indicate that lack of family support and stigma against LGBTQ issues as well as mental illnesses, can often result in LGBTQ children having their mental health challenges overlooked or undiagnosed by medical professionals, or merely ignored or dismissed simply as a passing phase by their parents, who may refuse to allow children to seek treatment.

There are currently no State services and few non-State services which provide LGBTQ-affirmative counselling and mental health treatment. LGBTQ children thus experience disproportionate barriers to receiving life-saving mental healthcare; and are exposed to greater risk of mental health challenges going unresolved, which could lead to detrimental consequences for both short-term and long-term overall wellbeing.

Recommendations: Increase support for LGBTQ mental healthcare

- Provide LGBTQ-sensitivity training for frontline professionals, such as social and healthcare service providers, social workers, school counsellors and teachers, in order to provide adequate and affirming support to LGBTQ children experiencing mental health issues

- Allocate resources and implement comprehensive LGBTQ-affirmative services in social service and mental healthcare sectors
- Provide targeted counselling and social services for LGBTQ children and their families
- Institute anti-discrimination and inclusivity/diversity policies for healthcare and social service providers
- Develop and launch sustained campaigns and programs for public education efforts to increase awareness of LGBTQ children’s mental health needs and concerns

Lack of official position on “conversion therapy”

International organisations such as the World Psychiatric Association²³ and the Pan-American Health Organisation²⁴ have recognised the deeply damaging effects of so-called “treatment of homosexuality” or “conversion therapy” (clinical, religious, or otherwise), and their potential to cause psychological harm. However, in Singapore, there are service providers with counseling and/or spiritual programs, which actively encourage or practice “gay conversion” and adopt discriminatory positions toward LGBTQ persons. LGBTQ children are already vulnerable, given the homophobic and/or transphobic environment they live in, and administering such practices could cause or exacerbate detrimental effects on their mental health, such as depression, self-loathing, and suicidal ideation (See **Annex B** for Sofia’s story).

“Conversion therapy” constitutes a form of torture, or cruel, inhuman or degrading treatment, which also contravenes Article 37 of the CRC.²⁵ The CRC General Comment No. 20 (2016) condemns the imposition of “treatments” aimed at changing a person’s sexual orientation or gender identity, and urges states to eliminate such practices.²⁶ Despite recommendations by the international organisations, State agencies such as the National Council of Social Services (NCSS) and the Ministry of Social and Family Development (MSF) have not released an official position or implemented policies on such unethical practices. This lack of clear ban or guidelines against “conversion therapy” creates an unsafe environment for LGBTQ children and their

²³ World Psychiatric Association, “WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours”, 4 March 2016. Available from https://www.wpanet.org/detail.php?section_id=7&content_id=1807 (accessed 28 March 2019)

²⁴ Pan-American Health Organization, ““Therapies” to Change Sexual Orientation Lack Medical Justification and Threaten Health”, 17 May 2012. Available from https://www.paho.org/hq/index.php?option=com_content&view=article&id=6803:2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en (accessed 28 March 2019)

²⁵ Ignatius Yordan Nugraha, “The compatibility of sexual orientation change efforts with international human rights law”, Netherlands Quarterly of Human Rights, 3 August 2017

²⁶ CRC General Comment No. 20 (2016), Implementation of the Rights of the Child during Adolescence, CRC/C/GC/20, Par. 34.

families who are seeking help for their mental and emotional health, such as counselling and other social services.

Recommendation: Eliminate all forms of practices that constitutes “therapy” or “treatment” to correct a person’s sexual orientation or gender identity

- Implement a legal ban and provide guidelines against all practices that involve “conversion therapy” or practices that are discriminatory towards LGBTQ children

UN CRC ARTICLE 29: EDUCATION

The State's Periodic Report asserts that in order to promote a bully-free culture, schools implement programs and campaigns to raise awareness of bullying and cyber-bullying; and school rules articulate that any form of hurtful behaviours are not acceptable.²⁷ However, our research indicates there are significant gaps in addressing the bullying and harassment LGBTQ students experience in schools. LGBTQ children are more likely to experience bullying and harassment in schools, based on their actual or perceived gender identity and/or sexual orientation; and such violence may be supported by institutional structures, such as gendered social norms, inaction by school staff and administration in response to peer bullying, and the absence of school policies that specifically prohibit violence and discrimination based on gender and sexual orientation. As stated in General Comment No. 1 (2001), "a school which allows bullying or other violent and exclusionary practices to occur is not one which meets the requirements of article 29 (1)."²⁸

Peer bullying and harassment in schools

Peer bullying and harassment of LGBTQ children is prevalent and has a serious impact on the education and health of LGBTQ children.²⁹ From Sayoni's focus group discussions, Sayoni's research report³⁰ and Inter-University LGBT Network's (IULN) research paper³¹, many LGBTQ participants indicated being a victim or witness of cases of peer bullying and harassment while in school institutions as a young child or teenager, from as young as in primary school (age 7 and up). Verbal, psychological and physical harassment and bullying of students are often perpetuated by other students in their respective educational institutions.

Documented cases of bullying and harassment took the form of physical or verbal abuse and sexual harassment. This includes being constantly taunted by fellow students in a derogatory manner, physical and/or sexual harassment (See **Annex C** for Gina's story). Gender non-conformity is also a significant factor that increases the risk of experiencing bullying in schools (See **Annex C** for Fadilah's story). While there are anti-bullying policies in schools, they do not reflect SOGIESC-based based bullying, thereby hindering LGBTQ students from reporting violations and seeking protection. Many LGBTQ students fear reporting incidents of bullying and harassment as their peers would be threatened to out them in school or report their sexual orientation to teachers (See **Annex C** for Elaine's story). LGBTQ children thus do not have equal access to a safe and nurturing educational environment, and may often experience constant fear, uncertainty, and anxiety in schools.

²⁷ CRC/C/SGP/4-5: Par. 158

²⁸ UN Committee of the Rights of the Child, General Comment No. 1 (2001), CRC/GC/2001/1: pp. 6, para. 19, 17 April 2001. Available from <https://www.refworld.org/docid/4538834d2.html> (accessed 18 March 2019)

²⁹ Sayoni and ASEAN SOGIE Caucus, 2017. "Report on Discrimination against LGBTQ Women in Singapore", pp. 6

³⁰ Sayoni, 2018. "Violence and Discrimination Against LGBTQ Women in Singapore", pp. 52-60

³¹ Inter-University LGBT Network, 2017. "Confronting prejudice and discrimination in Singapore's universities"

Gender policing and lack of protection from educational institutions

Our research found that teachers and the school administration may support the victimisation of LGBTQ students through their inaction in response to peer bullying. In many cases, schools had failed to take a hard stance against the discrimination and violence that LGBTQ students suffered, demonstrating an obvious failure of school policies to protect all students, especially in the case of discrimination based on one's sexual orientation, gender identity and/or expression. This often takes the form of victim-blaming (see **Annex C** for Gina's story), where schools fail to punish perpetrators accordingly. Instead, they often blame victims for their situation, and invade their right to privacy by questioning their gender non-conforming behavior, sexual history and identity.

In addition to bullying and harassment from peers, other members of the school community (including educators, principals, teachers, and counsellors) also play a prevalent role in the policing of gender identity/expression and sexual orientation. These forms of gender policing include forcibly separating same-sex couples, and policing appearances and behaviours. Many interviewees from the focus groups and Sayoni's research recounted incidents in which teachers told them to behave in a way that fit the stereotype of their assigned gender or face threats of punishment for not doing so. For example, teachers threatened Sofia, a bisexual student, to remove her from a student leadership position because of her non-conforming sexual orientation. LGBTQ students reported that teachers would frequently police their behaviours, such as the way they talk and walk, as well as their appearances. Documented incidents include punishment or reprimands for short hair on females and invasive checks on female students' bras (see **Annex C** for Sofia's story). In some cases, school staff failed to protect LGBTQ students' safety and privacy by disclosing their sexual orientation or gender identity, without the child's consent, to parents and/or peers (see **Annex C** for Jo's story). These actions by school staff fail to respect children's rights, such as their right to privacy and right to expression.

Since there are currently no administrative policies that directly address the treatment of LGBTQ children in schools, much of the reaction educators and teachers have is left to their own discretion, prejudices and personal biases. The constant policing and lack of protection of LGBTQ children makes school environments unsafe, which is extremely harmful to the physical, mental and emotional health of LGBTQ children.

Recommendation: Implement policies and training programs in schools that specifically address the treatment of LGBTQ students

- Put in place clear guidelines and diversity codes that includes SOGIESC, and implement LGBTQ-inclusive sensitivity training programs for staff in educational institutions
- Revise current non-discrimination and anti-bullying policies in schools to explicitly prohibit violence and discrimination based on sexual orientation, gender identity and/or expression
- Educate teachers, school counsellors and allied educators to fill in training gaps and capacitate them in treating LGBTQ students equally, deal with bullying based on

SOGIESC, teach about LGBTQ issues, and handle LGBTQ relationships and troubled teenagers

- Set up or permit the establishment of LGBTQ-inclusive support groups in schools, such as gay-straight alliances, to promote awareness and understanding in order to lower rates of suicide and bullying

Discrimination in sexuality education curriculum

As stated in General Comment No. 20 (2016), the Committee has urged States “to adopt comprehensive gender and sexuality-sensitive sexual and reproductive health policies for adolescents, emphasizing that unequal access by adolescents to such information, commodities and services amounts to discrimination”.³² However, the current compulsory sexuality education adopted by public schools and overseen by the Ministry of Education (MOE) adopts an abstinence-based approach that provides limited information about STI prevention and contraception, and stigmatises sexual activity outside heterosexual marriage.³³ Discrimination takes on the form of the failure to include life-saving information on gender equality, sexual violence, consent, and diverse sexual orientations or gender identities in the sexuality education curriculum.

State-supported sexuality education programs provide little or negative information about same-sex relationships. The syllabus states that it “teaches students what homosexuality is, and the current legal provisions concerning homosexual acts in Singapore”³⁴, which in this case refers to the criminalisation of male homosexuality (Section 377A). Such guidelines and school policies signal disapproval towards non-heterosexual relationships, and prohibit sexuality education programmes that describe LGBTQ persons even in neutral terms. Majority of interviewees stated that in programmes where homosexuality was mentioned, it would contain negative connotations, often as something unnatural, immoral, illegal or predatory, or suggest that homosexuality is only temporary phase that could be “changed”.

In 2014, a relationship workshop in a State school, Hwa Chong Institution, was revealed to propagate sexist gender stereotypes and erase sexual diversity.³⁵ The workshop was conducted by Focus on the Family, a well-known Christian conservative group and the Singapore chapter of a United States anti-LGBT group, together with the Social Development Network, a governmental

³² UN Committee of the Rights of the Child, General Comment No. 20 (2016), CRC/C/GC/20: Par. 59, 6 December 2016. Available from <https://www.refworld.org/docid/589dad3d4.html> (accessed 18 March 2019)

³³ Ministry of Education, Singapore, “MOE Framework for Sexuality Education”, Sexuality Education, <https://www.moe.gov.sg/education/programmes/social-and-emotional-learning/sexuality-education/moe-framework-for-sexuality-education> (accessed 19 March 2019)

³⁴ Ministry of Education, Singapore, “Scope and Teaching Approach of Sexuality Education in Schools”, Sexuality Education, <https://www.moe.gov.sg/education/programmes/social-and-emotional-learning/sexuality-education/scope-and-teaching-approach-of-sexuality-education-in-schools> (accessed 19 March 2019)

³⁵ Elizabeth Soh, “Facilitators of controversial relationship workshop were “ineffective”: HCI principal”, Yahoo! News, 7 October 2014. Available from <https://sg.news.yahoo.com/hwa-chong-student-calls-sex-ed-booklet-by-christian-group--bigoted%E2%80%9D-094040863.html> (accessed 20 March 2019)

body. Focus on the Family had been approved by MOE to run sexuality education programs in schools, despite its non-secular, anti-LGBT stance. In response to petitions calling for the workshops to be cancelled, MOE ceased the workshops and issued a letter to the press stating, “sexuality education is informed by mainstream values. These include the heterosexual married family being the basic unit of society, and respect for the values of different ethnic and religious communities on sexual matters”.³⁶ The letter further stated that it conducts regular audits to ensure that programs are secular in nature. However, the secularity of programs must still be called into question, as demonstrated by findings from our focus groups. Some interviewees stated that their secondary schools had incorporated Bible quotes and other religious teachings in sexuality education programs, which taught them that homosexuality is unacceptable and wrong.

Our research shows that current sexuality education programs does not only perpetuate harmful misconceptions, stereotypes and misinformation about LGBTQ individuals which supports social stigma and discrimination of LGBTQ children, but also harms the mental, physical, and emotional health of LGBTQ children, causing them to feel abnormal, depressed, confused, and marginalised. In addition, in Sayoni’s research, LGBTQ children have been unable to identify and protect themselves against sexual abuse when it happens to them due to the lack of information and affirming sex education taught in schools.³⁷ Further, LGBTQ children have also been unwilling to report sexual assaults due to the negative portrayal of LGBTQ persons in sex education in schools. This infringes on LGBTQ children’s right to be protected, to be provided with accurate and unbiased information regarding sexual and reproductive health, which negatively impacts their health and development.

Recommendation: Equalise access to information on LGBTQ sexual and reproductive health

We recommend that comprehensive, secular and unbiased information about LGBTQ sexual and reproductive health issues be made equally accessible in the local sexuality education curriculum by:

- Including positive information on same-sex relationships and persons of minority SOGIESC in sexuality education curriculum
- Moving from abstinence-based sexuality education in schools to a positive and informative education that foregrounds the safety and psychological health of children and focuses on the elimination of gender stereotypes

³⁶ Ministry of Education, Singapore, “MOE is mindful of secularity in education”. Available from <https://www.moe.gov.sg/news/forum-letter-replies/moe-is-mindful-of-secularity-in-education>. (accessed 20 March 2019)

³⁷ Sayoni, 2018. “Violence and Discrimination Against LGBTQ Women in Singapore”, pp. 32

QUESTIONS FOR THE SINGAPOREAN STATE

We request the UN Committee on the Rights of the Child to raise the following questions to the Government of Singapore:

On non-discrimination:

- Please clarify if diverse sexual orientations and gender identities are included in the non-discrimination provisions of the Constitution of Singapore?
- What specific laws has the State enacted that specifically mentions sexual orientation and gender identity to protect LGBTQ children from violence and discrimination?
- Is the State considering the revision of media codes and policies to allow for neutral or positive representations of LGBTQ persons, in order to modify or eliminate stereotypes that discriminate against LGBTQ persons?

Rights of children of same-sex partners:

- Is the State considering to enact or revise legislation to recognise and protect the rights of children from same-sex households?

Protection from all forms of violence:

- Does the State gather statistics on LGBTQ children who experience family violence based on their sexual orientation, gender identity or expression?
- What specific protections and LGBTQ-affirmative services are available to LGBTQ children who experience family violence?
- Are there policies and mandatory protocols that ensure cases of violence against LGBTQ children, when reported, are attended to without discrimination or prejudice?
- Is the State intending to create and implement LGBTQ-inclusive sensitivity training, public education programs or social services which cater to the protection, assistance and support of LGBTQ victim-survivors of family violence?

Health and health services:

- Is the State creating and implementing programs and services which attend to the healthcare needs of transgender children and youth, in particular, hormonal treatment, psychological support and follow-up?
- Does the State recognize the specific healthcare needs of transgender persons as medically-necessary in order to fall under current financial aid and subsidy schemes?
- Does the State gather statistics on adolescent suicide rates among LGBTQ children?
- What specific LGBTQ-affirmative services and resources are available to LGBTQ children experiencing mental health issues?
- Is the State intending to create and implement LGBTQ-sensitivity training for frontline professionals such as teachers, school counsellors and social workers?

- Is the State intending to implement LGBTQ-inclusive campaigns, services or programs, in order to provide adequate and affirming support and address LGBTQ children’s mental health needs?
- What is the State’s official position or policy concerning practices that involve “conversion therapy” for LGBTQ children?

Education:

- What specific policies and protection measures exist to counter bullying and discrimination based on sexual orientation, gender identity or expression in educational institutions?
- What specific remedies are offered to LGBTQ students who experience peer-bullying and abuse?
- Is the State intending to provide LGBTQ-inclusive sensitivity training programs for counsellors and staff in educational institutions in order to adequately support LGBTQ students?
- Is the State considering the revision of current sexuality education curriculum which are discriminatory towards same-sex relationships and persons of minority SOGIESC?
- Is the State intending to provide comprehensive sexuality education programs which address LGBTQ sexual and reproductive health, and aims to eliminate gender stereotypes?

Excerpts are taken from the findings of the focus group discussions conducted with LGBTQ children and youths, and from Sayoni's research report on violence and discrimination against LGBTQ women.

Annex A (Narratives to Illustrate Forms of Violence Experienced by LGBTQ Children)

Physical and psychological violence from family³⁸

A1. When Elaine was 14 years old, her mother hired a private investigator for about four months to find out if she was a lesbian. Elaine's mother declared that "lesbians are Satanic", and was physically violent and verbally abusive towards her. She threw a skateboard at Elaine, hit her, strangled her, and chased her with a chopper. In another incident, Elaine's mother stripped her naked and pushed her out of the house.

Deprivation and psychological violence from family³⁹

A2. Sofia, a 17 year old bisexual, was in secondary school when her parents found out about her relationship with a transman. They threatened that they could destroy his life, and told Sofia that she was a criminal. Her freedom and movements were severely restricted: she was only allowed to school and back, and did not have any means of contacting anyone outside her immediate family. Furthermore, they would subject her to psychological distress by threatening her that they had people everywhere watching and surveilling her movements, making her feel constantly paranoid.

Psychological violence and maltreatment from family⁴⁰

A3. When Emma was in primary school, her mother threatened that if she was attracted to girls, she would send Emma to a psychiatrist, in order to take medication to "cure" her. Her mother would frequently deny Emma's bisexual identity, shame her as a disgrace to the family, and emotionally abuse her by claiming that she would kill herself because of Emma and the trouble her sexual orientation has caused. In another incident during her teens, her mother locked Emma in her room and prevented her from using the toilet. The trauma and shame negatively impacted Emma's mental health, and she would often self-harm to punish herself as a result of internalising her mother's claims of same-sex attraction as wrong or dirty.

³⁸ The following information is based on a narrative shared during Sayoni's research study conducted in 2014

³⁹ The following information is based on a narrative shared during the focus group discussion held on 1 Mar 2019

⁴⁰ The following information is based on a narrative shared during the focus group discussion held on 6 Mar 2019

Annex B (Narratives to Illustrate Discriminatory Policies and Practices in Healthcare Services)

Inequalities in access to LGBTQ-affirmative mental healthcare⁴¹

B1. James, a bisexual teenager, experienced bullying and harassment in secondary school because of his sexual orientation. As a result, he was feeling stressed and depressed, and he began engaging in self-harm. He saw the school counsellor to seek help for his mental health. When he disclosed his sexual orientation to her, the counsellor told him that it is wrong and he was only “going through a phase”, which exacerbated his psychological distress.

“Conversion therapy” and psychological harm⁴²

B2. Sofia’s parents sent her to “conversion therapy” when she was in secondary school. The religious counsellor and hypnotist attempted to turn her straight, scolded her for adopting masculine behavior, and shamed her for being bisexual and causing problems for her family. The experience, which was severely traumatic and resulted in her developing a mental illness, made her feel guilty, self-hatred, and depressed.

Annex C (Narratives to Illustrate Violence and Discrimination in Education)

Sexual harassment and cyber-bullying in school⁴³

C1. Gina, a pansexual/bisexual woman, was filmed by her junior college schoolmates when she was having sex with her girlfriend in a school bathroom at 17 years of age. Five students had secretly filmed them and uploaded the video online, which had gone viral. Instead of sending a strong message opposing the students’ invasion of privacy and sexual harassment, the school asked the couple to withdraw from school in order to close the case quickly; and only one student was punished with one day’s suspension. Gina and her girlfriend were questioned by the school and were blamed for their schoolmates’ blatant invasion of privacy. The school had asked them how many times they had had sex and telling them how many times their “touchy-feely” behaviour had been reported before the incident. Gina was then asked to write a statement about how she had voluntarily withdrawn from school.

Peer bullying and harassment in school⁴⁴

C2. Fadilah, a butch-identifying lesbian, had cut her hair short in junior college and was continually harassed by her peers, receiving repeated calls of “lesbian” from Malay boys everywhere she went. They often taunted her for her appearances. She was so affected by this

⁴¹ The following information is based on a narrative shared during the focus group discussion held on 1 Mar 2019

⁴² The following information is based on a narrative shared during the focus group discussion held on 1 Mar 2019

⁴³ The following information is based on a narrative shared during Sayoni’s research study conducted in 2014

⁴⁴ The following information is based on a narrative shared during Sayoni’s research study conducted in 2014

that after her first year she lost interest in her studies and dropped out of school, although her grades were fine.

Sexual harassment and peer bullying in school⁴⁵

C3. Elaine, a lesbian woman, was harassed by boys when she was in school. A male classmate sexually violated her girlfriend, touching her breasts and dry-humping her, suggesting a threesome with him. He then threatened to out Elaine to teachers and get her into trouble.

Threats and gender policing by teachers⁴⁶

C4. Sofia, attended an all-girls Catholic secondary school, where a few of her seniors were made to take their tops off for bra checks because their chests were flat from wearing binders. Furthermore, she, along with other LGBTQ student-leaders, had their leadership roles threatened by teachers in school because of their sexual orientation. Teachers had warned openly LGBTQ students to stay in the closet, and were very unaccepting of diverse gender and sexual identities.

Disclosure of sexual orientation without child's consent by teachers⁴⁷

C5. Jo had tried to tell her teacher that she liked girls and had a crush on a girl in class in primary school. The teacher had told Jo they would talk about it later, but later proceeded to bring it up in front of her classmates. The teacher had asked Jo if she liked girls and when Jo said yes, the teacher had mentioned that it is wrong, and asked Jo if any male in her family had done anything to her or sexually abused her. As a result of this false association between male sexual assault experiences and liking girls, Jo thought she was morally corrupt for having same-sex attraction.

⁴⁵ The following information is based on a narrative shared during Sayoni's research study conducted in 2014

⁴⁶ The following information is based on a narrative shared during the focus group discussion held on 1 Mar 2019

⁴⁷ The following information is based on a narrative shared during Sayoni's research study conducted in 2014