STATES OF JERSEY

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DRAFT SEXUAL OFFENCES (JERSEY) LAW 200- (P.63/2006): COMMENTS

Presented to the States on 20th June 2006
by the Minister for Health and Social Services

STATES GREFFE

COMMENTS

The change in the law concerning lowering the homosexual age of consent from 18 to 16 to match heterosexuals is supported by Health and Social Services. This is a human rights issue. There are no medical grounds to oppose such a change in legislation and indeed one could argue that the continued criminalisation of young gay people could lead them to not seek medical advice because of fear of the law.

Brook and ACET have expressed concerns to the Scrutiny Panel about their ability to provide the support and testing that young men might require as a result of the change in law and have suggested that the Health and Social Services Department are not able to cope in the event of there being any increase in numbers of patients requiring tests.

Such concerns are unfounded. Quite apart from there being no evidence base for such an assumption, it is worth bearing in mind the numbers in this age group. There are approx 9000 people aged 16-25 in Jersey i.e. approx 1800 in the 2 year 16-18 bracket. On average 80% 16-25 year olds are sexually active. The proportion is lower with age, but let us for argument sake say 1440.

Half are men – 720. Assuming the "all ages general statistic" that potentially some 10% are homosexual and 10 % bisexual then 72-144 will fall in this group (less in reality because young) of whom only a proportion would have sexually transmitted infections (STI's). Certainly screening 100-200 more worried well per year is currently achievable within existing resources.

Perhaps a more serious flaw in the arguments put forward against this legislation is the underlying inference that a reduction in the age of consent will naturally lead to an increase in the spread of STI among young people.

Evidence from France, Germany and the Netherlands reveal that positive sexual health outcomes in adolescents arise by respecting young peoples' rights to act responsibly, and their privacy, giving them the tools to avoid unintended pregnancy and STI's. In these nations, societal openness and comfort in dealing with sexuality, including teen sexuality, *and* pragmatic governmental policies create greater, easier access to sexual health information and services for *all* people, including teens.

The age of consent in France is 15 years of age for male-female, male-male and female-female sexual relations. In Germany and the Netherlands it is 16 years of age across the board. Compare this then with the United States of America where the age of consent varies for male-female sexual relations from State to State from 16 to 18 years and laws regarding homosexual acts are in disarray following a Supreme Court decision to strike down sodomy laws. This decision will prevent these laws from being enforced only when they apply to private consensual sex between legal adults. Many states however, still have sodomy laws on their books.

The evidence suggests that societal openness and enlightened legislation resulting in easy access to sexual health information and services leads to better sexual health outcomes for French, German, and Dutch teens when compared to U.S. teens.

Pregnancy

- In the United States, the teen pregnancy rate is more than 9 times higher than that in the Netherlands, nearly 4 times higher than the rate in France, and nearly 5 times higher than that in Germany.

Birth

- In the United States, the teen birth rate is nearly 11 times higher than that of the Netherlands, nearly 5 times higher than the rate in France, and nearly 4 times higher than that in Germany.

Abortion

- In the United States, the teen abortion rate is nearly 8 times higher than the rate in Germany, nearly 7 times higher than that in the Netherlands, and nearly 3 times higher than the rate in France.

HIV in Young Women and Men

- In the United States, the estimated HIV prevalence rate in young men ages 15 to 24 is over 5 times higher than the rate in Germany, nearly 3 times higher than the rate in the Netherlands, and about 1½ times higher than that in France.
- In the United States, the estimated HIV prevalence rate in young women ages 15 to 24 is 6 times higher than the rate in Germany, nearly 3 times higher than the rate in the Netherlands, and is the same as that in France.

Syphilis

- In the United States, the teen syphilis rate is over 6 times higher than that of the Netherlands, over 5 times higher than the rate in former West Germany, and nearly 3 times higher than that in former East Germany. Data are not available for France.

Gonorrhoea

- In the United States, the teen gonorrhoea rate is over 74 times higher than that in the Netherlands and France, over 66 times higher than the rate in former West Germany, and over 38 times higher than that in former East Germany.

Chlamydia

- In the United States, the teen Chlamydia rate is over 20 times higher than that in France. Data are not available for Germany or the Netherlands.

There is therefore no basis to suggest that the introduction of the draft Sexual Offences (Jersey) Law 200- (P.63/2006) will result in negative health outcomes for teenagers in Jersey. If we wish to protect the health of young people, we must promote an open and equal access to sexual education based on facts and not fiction and we must protect their rights to be treated equally in the eyes of the law and not criminalise or discriminate against youths based upon their sexual orientation. For these reasons, I support the change in the law.

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