**Submission: Violence and its Impact on the Right to Health**

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**CHOICE FOR YOUTH AND SEXUALITY**



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# 1. Contributing Organisation

CHOICE for Youth and Sexuality is a professional youth-led and youth-serving organization based in the Netherlands. For 25 years, CHOICE has been working with and for young people to fulfil their Sexual and Reproductive Health and Rights (SRHR) and rights[[1]](#footnote-1) to meaningfully participate in decision-making about issues that concern their lives. Through various programs, CHOICE works with young people across several countries in Africa and Asia. Engaging with both New York and Geneva-based processes, CHOICE is an advocacy expert on meaningful youth participation, particularly in the context of SRHR for young people in practice and in policy.

# 2. Introduction

This report sets out to contribute specific youth contributions as youth are often minimally discussed in traditional UN spaces. In 2020, only 63% of Special Procedures reports mentioned youth, and only 49% of reports addressed youth in more than one sentence[[2]](#footnote-2). While this is a positive increase in comparison to 2018, where only 46% of Special Procedures reports mentioned youth once, and 33% of reports did so in more than one sentence, there is still more to be done to recognize age as an intersecting form of discrimination throughout the UN Special Procedures mechanism. This specifically needs to be addressed in regards to youth populations, as the unique challenges that youth face are often overlooked or not adequately addressed in UN processes. Therefore, the objective of this report is to submit information pertaining to your call specifically from a youth perspective, to ensure that no one is left behind.

This report will present and analyse the situation of violence with regards to the impact on the right to health from the Netherlands perspective as well as in a global context, since CHOICE’s advocacy work focuses on the international level also.

# 3. Questionnaire on Violence and its Impact on the Right to Health

1. ***Please describe, share data and information on the characteristics, number of cases, and the profile of victims and perpetrators in your country/ies or region(s) regarding:***
	1. **gender based violence against women**

For women, if they experience sexual or physical violence, the perpetrator is most likely someone they know. According to the World Health Organisation, globally, about 1 in 3 women have experienced either physical and/or sexual intimate partner violence or non-partner violence within their lifetime[[3]](#footnote-3). Moreover, almost one third of women between the ages of 15-49 years old, who have been in a relationship have experienced physical and/or sexual violence by their intimate partner at least once since the age of 15. And young women are the most at risk of any age group; 1 in 4 young women (aged between 15 and 24 years old) who have been in a relationship will have already experience violence by an intimate partner by the time they reach their mid-twenties. In the last 12 months alone, the highest rate of intimate partner violence amongst those who have been in a relationship lies with young women between ages 15 and 24[[4]](#footnote-4).

Gender-based violence against women is a global issue. The frequency of intimate partner violence over the duration of a lifetime ranges from 20% in the Western Pacific, 22% in high-income countries and Europe, 25% in the Americas, 33% in the African region, 31% in the Eastern Mediterranean region, and 33% in the South-East Asia region[[5]](#footnote-5). Moreover, worldwide, as many as 38% of all murders of women are committed by intimate partners. In addition to intimate partner violence, globally 6% of women report having been sexually assaulted by someone other than a partner, although data for non-partner sexual violence are more limited. This can be because women do not feel they can report the incident, or education surrounding what constitutes sexual harassment or assault is limited and does not inform sufficiently. Intimate partner and sexual violence are mostly perpetrated by men against women.

**Netherlands Context**

Within Europe, since the start of 2014, the European Agency for Fundamental Rights has been researching the results of sexual violence from a study conducted with 42,000 women in 28 European countries[[6]](#footnote-6). They have found that in the Netherlands, the rate of sexual violence against women is higher compared to the other European countries[[7]](#footnote-7). One of their explanations is that Dutch women recognize and define sexual violence as abuse sooner, and do not accept such behaviour earlier on; therefore, the rate seems to increase. The agency theorizes that sexual violence is recognized earlier because the Netherlands has a more open culture about sexuality and also pays close attention to the risk of sexual abuse in schools, which consequentially makes it recognizable earlier that this behaviour is unacceptable and must be reported.

However, the Netherlands has a high rate of femicide by an intimate partner relatively compared with other European countries of a higher population. In 2018, the European statistical office Eurostat ranked the Netherlands in sixth place for femicide committed by an (ex) partner in Europe. Behind Germany (127 murders), France (83), the United Kingdom (80), Italy (73) and Spain (47). But if you look at the number of murders compared to the number of inhabitants of a country, the Netherlands is above countries such as Italy, Spain and France, countries where women took to the streets en masse to demonstrate against femicide[[8]](#footnote-8). Femicide and intimate partner violence is painted as something that comes from ‘macho culture’ and is not synonymous with the Netherlands and as something that happens ‘elsewhere’, however in 2018 43 women were murdered, and 76% of the perpetrators we ex-partners, and this number is similar in the years since[[9]](#footnote-9).

In the Netherlands, one third of women and one in twenty people have experienced sexual assault[[10]](#footnote-10). Moreover, there are groups who are at an incredibly high risk of abuse; 78% of sex workers in the Netherlands experience sexual violence[[11]](#footnote-11). Additionally, 7% of rapes end in pregnancies. Young people are especially at risk of rape or sexual gender-based violence in the Netherlands, as the chance of rape is four times higher among 12 - 24 year olds than other age groups[[12]](#footnote-12).

When addressing issues of gender-based violence, it is critical to use an intersectional approach to evaluate the data and societal situation, as states are not just one homogenous group of people. For example, the following extract comes from the report of the Special Rapporteur on Violence Against Women on her mission to the Netherlands, “the Netherlands is a multi-ethnic society with a considerable portion of immigrants of non-Western origin. Although many of these persons have integrated into the middle class, the overall socio-economic position of the immigrants is substantially worse than that of the average native Dutch population as revealed by unemployment, poverty and welfare dependency levels. These trends are highly gendered, with women of immigrant backgrounds suffering greater marginalization.”[[13]](#footnote-13) This extract shows that when we include within our analysis the intersections of different demographics of Dutch society, the situation of gender-based violence can indeed worsen.

* 1. **gender based violence and other forms of violence against children:**

**Children and adolescents are among the most at risk groups for experiencing gender-based violence. Violence against girls includes sexual violence, child marriage, sexual harassment, female genital mutilation, intimate partner violence, trafficking, sexual exploitation and abuse. The impacts are significant in both the short- and long-term, and can include serious physical injuries, sexually transmitted infections such as HIV/AIDs, forced and unwanted pregnancies, and greater risk of maternal mortality. Boys are also victims of trafficking and gender-based sexual violence and exploitation, but due to stigmatization, the numbers continue to be vastly underreported**[[14]](#footnote-14)**.**

**It was reported in 2020 that 200 million women and girls have suffered through female genital mutilation and cutting, 15 million girls are married before the age of 18, and up to 10 million children are survivors of child sexual exploitation. Children and adolescents affected by gender-based violence most often will experience lasting affects well into adulthood; including how over 700 million women alive today were married as children. 30% of women worldwide report that their first sexual experience was forced, and this is only the first sexual experience. Moreover, research shows that around 150 million girls around the world are raped or experience sexual violence each year, predominantly by someone in their familial community**[[15]](#footnote-15)**.**

In the Netherlands, 62,000 children per year are made a victim of sexual violence[[16]](#footnote-16). Of Dutch children under the age of 18, 41% of girls and 23% of boys have experienced sexual violence in their lifetime (in accordance with the National Rapporteur’s definition of sexual violence)[[17]](#footnote-17). Sexual violence happens in physical forms (sexual assault and rape), but also by inappropriate conduct through webcams and phones or the possession of child pornography.

According to the report, one out of ten girls are raped by being unwillingly fingered, and one out of twenty girls are raped through oral or genital sex. Adolescents around the ages of sixteen to seventeen years old are more at risk than younger children. Other at risk groups include; children with disabilities, children who come from families with addiction or criminality, combined families (divorced/step-family), or one-parent families.

In the Netherlands, performing sexual acts with someone under the age of 16 but over the age 12 outside of a marital bond, including sexually entering the body, is punishable with up to 12 years of prison or a fine of the fifth category (Article 245). Up until February 2020, this law was interpreted to mean that a child or adolescent coming from a country where child marriage is legal, will have their marital bond recognised in the Netherlands. The Dutch government has banned this, and child marriages from other countries are no longer recognised in the Netherlands[[18]](#footnote-18). This law was extremely worrying, because it meant that sexual acts with someone under the legal age of consent was not punishable under Dutch law under certain circumstances.

* 1. **gender based violence against LGBTI or other persons based on real or imputed sexual orientation, sex characteristics, and gender identity:**

Most data available on violence against LGBTI youth focuses on bullying and school violence. Students who are perceived not to conform to prevailing sexual and gender norms, including those who are lesbian, gay, bisexual or transgender are more vulnerable to experience GBV and agression.[[19]](#footnote-19) Vietnam Center for Creative Initiatives in Health and Population[[20]](#footnote-20) found that 77% of LGBT youth experienced verbal abuse and 44% experienced physical assault in school.

The most common types of violence LGBT youth experience are street harassment and lack of public safety (remarkably in the case of trans and gender nonconforming racialized youth), sexual violence, assault, bullying, verbal, physical and social violence, lack of safety in family contexts, and negative experiences with health and social services, in particular due to service providers being unable to deliver LGBTI inclusive care.[[21]](#footnote-21)

In The Netherlands, the LGBT Monitor by the Institute for Social Research (SCP) revealed that trans youth reported more abuse and neglect at home than cisgender youth, and twice as often bullying at school. [[22]](#footnote-22) Moreover, 51% of lesbian, gay and bisexual youth in the Netherlands have experienced discrimination because of their identity. Suicide rates among LGBT youth in The Netherlands are almost five times higher than average. [[23]](#footnote-23)

* 1. **gender based violence against men**

Statistics on GBV against men are mostly related to violence in conflict – it is incredibly difficult to find data on gbv against men in non-conflict situations, however we know that boys and young men also experience sexual violence, but the lack of focus on this is testimony to how society is failing to address this issue.

Within the Netherlands, there has been some research conducted that includes men within the scope of crimes related to sexual violence. The prevalence of rape in the Netherlands reaches as high as one in eight women and one in twenty-five men. While the number of estimated cases of rape per year reach 15,000, this figure may even be a low estimation. There are on average 1,800 reports of rape and 400 prosecutions of rape per year[[24]](#footnote-24). Of these figures, 80% of the crimes were caused by ex-partners, family or friends, of which 6% were women. Only 1 out of 6 women press charges on sexual crime or rape and only 1 out of 16 men.

* 1. **Please share analysis and available evidence on the impact of COVID on the above**

With the current coronavirus causing a global pandemic, many nations have made the decisions to enforce lockdowns in their countries. These lockdowns particularly (but not exclusively) put women and young people at risk of gender-based violence in the home, as many are being forced to quarantine with their abusers, or those who would turn to abuse during this time. Moreover, quarantine measures have also cut off victims and at risk young people (including and especially LGBTI+ youth) from essential protection services and networks[[25]](#footnote-25). It is not only the situation of being forced to stay at home that becomes an issue, but also the economic stress that is imposed upon communities and families due to rising unemployment rates because of COVID-19. Financial challenges can put youth and adolescents at risk of sexual violence as they may be forced into sexual exploitation in order to provide money or goods for their family[[26]](#footnote-26).

LGBTI+ people are disproportionately represented amongst those at the margins of socio-economic status, homeless people, and those without healthcare, leaving them increasingly at risk as a result of the pandemic. In many countries, revealing their sexual orientation may leave them at risk of sexual or gender-based violence, and even leaving the home may be risking the lives of transgender people. By staying at home, LGBTI+ youth are forced to either cover up their sexual identity or face (sometimes dangerous) consequences of unaccepting family members, which increases the rates of domestic and gender-based violence, including physical, emotional and mental abuse. COVID-19, and the measures that Governments are taking to tackle it, amplify inequalities, discrimination and violence[[27]](#footnote-27). In countries with laws criminalizing homosexuality, LGBTI+ people are at a heightened risk of police abuse, arbitrary arrest and detention with regards to COVID-19 restrictions and curfews[[28]](#footnote-28).

1. ***Please share examples of the types of structural and institutional violence with origins within the State, (perpetrated or condoned by the State) or perpetrated by those not representing or affiliated to the state in your country/ies of region, and who is affected. In particular, describe structural/institutional violence in medical settings against women and girls, LGBTI persons and persons with disabilities or any other individuals or groups relevant in your country/ies or regions.***

Particularly women and girls are at risk of experiencing institutionalised violence in a medical setting with regards to their sexual and reproductive health and rights. F0r example, women and girls around the world may be subjected to forced sterilisation. In some countries of Asia and Africa, people belonging to certain population groups, including people living with HIV, persons with disabilities, indigenous peoples and ethnic minorities, transgender and intersex persons, continue to be sterilized without their full, free and informed consent[[29]](#footnote-29).

Moreover, various vulnerable groups of people may face psychological abuse and discrimination on issues of sexual and reproductive health. In many countries, young people are prevented from getting access to necessary sexual and reproductive healthcare and services due to stigma against youth for being sexually active. Without access to youth friendly services, young people are heavily at risk of not receiving critical preventative medicine, aftercare, or safe spaces[[30]](#footnote-30). Furthermore, medical settings are one of the many places where women living with HIV experience violence, abuse and lack of respect for their rights. A UK study carried out by Positively Women found that while 96% of women living with HIV surveyed were registered with a general medical practitioner (GP), 60% would not tell their GP about their HIV status because of the fear of judgmental treatment or breaches of confidentiality, while 33% felt their HIV status prevented them from accessing good GP care. Sex workers living with HIV, drug users living with HIV, and young women living with HIV, may face particular forms of violent treatment in the health care setting[[31]](#footnote-31).

Moreover, the COVID-19 pandemic has severely impacted young people’s right to health. When countries go on lockdown, the bodily autonomy of youth and adolescent girls is hindered. This can come from a lack of comprehensive sexual education, as they cannot attend school, and consequently they are at risk of lacking the knowledge they need to recognize sexual abuse or exploitation, and how to get the aftercare needed in such situations.

With the lockdown, health services and care may also be scaled back, and young women (who in some places already struggled to receive adequate SRHR services) are increasingly at risk of not getting the healthcare necessary to protect themselves (such as using a contraceptive method) in the case of sexual gender-based violence, which may result in an unwanted pregnancy. This in itself is an issue, as abortion care is even more difficult to attain in lockdowns[[32]](#footnote-32).

The 2020 ‘Out of the Shadows’ index noted that in almost half of 60 countries studied, child rape legislation failed to include legal protection for boys. And in many countries, civil and criminal legal codes either lacked protection for LGBTQI+ individuals and/or put them at greater risk of harassment and violence through discriminatory laws, including those criminalizing same-sex relationships.[[33]](#footnote-33)

In the medical field, lack of protective legislation puts LGBTI youth at higher risk of violence and abuse. This includes the existence of “rehabilitation clinics” where lesbian and transgender youth are detained with the permission of family members and are often subjected to torture and sexual abuse. [[34]](#footnote-34)

Furthermore, while HIV rates among the general population are falling in many countries, the inadequate access to comprehensive sexual education, makes young men who have sex with men (YMSM) particularly vulnerable to HIV and have significantly higher prevalence rates than the general population.[[35]](#footnote-35)

In The Netherlands, around 50% of people seeking gender affirmative health care have to wait over 6 months to receive care. Specific research shows that the long waiting lists contribute to social problems such as drugs and alcohol abuse and self-medication with hormones. [[36]](#footnote-36)

Intersex children in the Netherlands are subjected to medically unnecessary and irreversible surgery, treatment with hormones, and other “normalizing” treatments without the free and fully informed consent of the child. [[37]](#footnote-37) This is a violation of the right of self-determination of the child and of the right to the highest attainable standard of physical and mental health.

1. ***Please also share information on the impact of criminalization of sex work, same sex relations, transgender persons, abortion, drug abuse, harmful practices in obstetric care, female genital mutilation on the violence experienced by the affected individuals and their enjoyment of the right to health.***

Restrictive social norms contribute to violence and discrimination against LGBTQI children, adolescents and youth. In many countries, the situation is exacerbated by legal frameworks that fail to protect LGBTQI youth from violence by criminalizing same-sex relationships.[[38]](#footnote-38)

In many countries around the world the existence of discriminatory laws punishes LGBT people and creates a climate of fear and hostility, which violates the rights of LGBT young people, and hamper the efforts of advocates for the rights of queer youth. These laws not only prohibit same-sex marriage or relationships, but also contain provisions that prohibit LGBT advocacy, support groups and restricts freedom of expression and assembly; further limiting the civic space and endangering the safety of LGBTI young people. [[39]](#footnote-39)

In countries with universal access to paediatric health care, 2 in 1000 new-borns are at risk of being submitted to IGM[[40]](#footnote-40) practises like non-consensual, medically unnecessary, irreversible and cosmetic genital surgeries, justified by societal and cultural prejudice, stereotypes, norms and beliefs, and often directly financed by the states.[[41]](#footnote-41) On the other hand, in countries without universal access to paediatric health care, there are reports of abandonment and infanticide of intersex children.[[42]](#footnote-42)

1. ***Please share information on the health and other type of responses provided by the State and/or other actors in your country/ies or regions in focus to survivors of each/some of the aforementioned forms of violence. Please assess what works well and not so well, and whether COVID-19 impacted the response and how.***

Globally, there are increasing reports of LGBTI young people experiencing COVID-19 related homelessness, food insecurity, health and mental health issues, and violence. Specific factors concerning youth LGBT communities have not been taken into account, hindering the covid-19 responses. For example young people who do not have identification cards, who avoid halth services due to fear of violence and discrimination, or whose lived experiences and needs are not understood or addressed by relief providers.[[43]](#footnote-43)

Trevor Project, the world’s largest suicide prevention and crisis intervention organization for young LGBTQ people, reports an increase in the volume of young people reaching out to their emergency lines since the start of the covid-19 pandemic. [[44]](#footnote-44) LGBTQ youth who contacted the Tevor Project’s services, report [higher rates of sexual and physical abuse](https://pubmed.ncbi.nlm.nih.gov/21680921/) compared to their straight, cisgender peers, and physical distancing has limited the opportunities to detect and report the abuse[[45]](#footnote-45). As a response to this, the Trevor Project has made their services accessible 24/7, including LGBTQ peer support communities, trained crisis service counsellors, and support resources for LGBTQ youth [[46]](#footnote-46).

In The Netherlands a [LGBTI+ Support](https://www.lhbtisteun.nl/en/lgbti-support/) [[47]](#footnote-47) hotline for community members was created. The site also offers various forms of entertainment and workshops/live shows to connect artists and viewers. The initiative is supported by well-known LGBT organisations in The Netherlands: [COC](https://www.coc.nl/) Netherlands[[48]](#footnote-48), [NNID](https://nnid.nl/) [[49]](#footnote-49)and Transgender Network Netherlands ([TNN](https://www.transgendernetwerk.nl/))[[50]](#footnote-50).

Additionally, in the Netherlands in 2021 a bill was changed on sex crimes to no longer depend on force but on the absence of consent. In the Bill, rape and sexual assault do not depend on whether the perpetrator uses force, rather, the threshold for sexual assault and rape is the absence of consent: when the other person shows explicit verbal or physical restraint in behaviour, markedly passive behaviour, or when, obvious (non)verbal signs, indicate reluctance on her or his part. The Bill distinguishes between sexual assault and rape that is intentional (Arts. 241 and 243) – with a higher maximum penalty in case of force, violence or threat – and sexual assault and rape where intent cannot be established, but where the perpetrator had serious reason to suspect that the other person did not consent (Arts. 240 and 242)[[51]](#footnote-51).

1. ***Please share examples of good practices and examples of comprehensive health responses to survivors of violence and indicate efficient multi-sectorial efforts at the community, national, regional and international levels by State or non-State actors.***

The COVID-19 pandemic has created an urgent call to decolonise global health and target asymmetries of power and privilege in all aspects of global health. [[52]](#footnote-52) Worldwide health responses should take into account the specific needs of sexual and gender minorities, integrating diversity and inclusion in their services and programmes, localising their funding decisions by having people on the ground in the driving seat and progressively self-decentralise; creating more opportunities for global health education and training which are designed, conducted, and imparted locally and are responsive to local contexts[[53]](#footnote-53).

Plan International’s covid-19 Adaptation and Response plan for LGBTQI youth, includes strategies to take into account the group’s specific needs. Some of the proposed actions involve consulting young LGBTIQ people to identify best practises and strategies, document and share lessons with communities, engage young LGBTIQ people throughout the programmes cycles, recognising young LGBTIQ people as equal partners and active drivers of change. Many young LGBTIQ people are already active in local CSOs or informal networks and therefore the responses that are devised together with these young people have had higher success rates[[54]](#footnote-54)

An example of this type or responses are the initiatives held by *Helem*, the first LGBTQIA+ rights organisation in the Arab world [[55]](#footnote-55) Helem has been providing life-saving services to young LGBTIQ young people affected by COVID-19 in Lebanon, by getting information to hard to reach communities along with youth-led data collection and research. Their approach includes overcoming obstacles and simultaneously understanding those obstacles and how to solve them at the root.

Furthermore, the Zimbabwe National Network of People Living with HIV (ZNNP+) and Zimbabwe Young Positives (ZYP+) have developed a platform for communities to identify existing gaps in service delivery, advocate for changes and ensure that available services are more accessible and meet their needs. One of the main changes fostered by this initiative was implementing more flexible operating hours to ensure that adolescents have access to STI tests outside of school hours. [[56]](#footnote-56)

COC Netherlands[[57]](#footnote-57), one of the biggest Dutch LGBTQ+ rights groups, together with the *Bridging the Gaps* partnership, have taken an approach that considers the shifting country contexts and communities’ changing priorities of their partner organisations worldwide. Part of their actions have been supporting experienced youth leaders who have taken responsibility for training their peers and organising events, which resulted in information and services becoming more interesting and relevant for young people.[[58]](#footnote-58)

1. ***Please describe State and other actors initiatives and measures to prevent these forms of violence, specific budget allocated to prevention, and good practices in this regard.***

The *Wisdom 2 Action Initiative* report on LGBTQI youth[[59]](#footnote-59) presented a series of recommendations for addressing and preventing GBV on these populations. The suggested measures include supporting the creation and funding of organisations providing SRH services, psycho-social services, and civic society groups advocating for human rights.

In the educational sphere, the proposals include education initiatives targeting the general public, service providers, educators, young people and parents. This includes comprehensive sexuality education for LGBTQ youth, including awareness on intersex children and adolescents and with an emphasis on sexual health, consent, healthy relationships and communication. At the same time, establishing national standards on non-discrimination in education; develop anti-bullying programs and establish helplines and other services to support LGBT youth and gender-non-conforming youth.

On the legal framework side, United Nation entities [[60]](#footnote-60) call states to identify, prosecute and provide remedy for acts of violence, torture and ill-treatment against LGBTI adolescents and children, and those who defend their human rights. This includes strengthening efforts to prevent, monitor and report such violence; incorporating homophobia and transphobia as aggravating factors in laws against hate crime.

Legal frameworks should provide all children and youth equal protection from sexual violence and exploitation, and do not discriminate on the basis of sex, sexual orientation gender expression or sex characteristics. In this line, legal codes and policies that put LGBTI youth at risk of violence and harassment, including those that criminalize consensual same-sex relationships should be revised and reformed[[61]](#footnote-61) This includes laws that provide restrictions on freedom of expression, association and assembly.

Regarding medical services and healthcare, recommendations urge to ban “conversion” therapy, involuntary treatment, forced sterilization and forced genital and anal examinations, as well as prohibiting medically unnecessary procedures on intersex children. [[62]](#footnote-62) [[63]](#footnote-63)

Inclusive health and social services, targeted at LGBTI youth should be set, including peer driven programmes, and ensuring access for young people living in rural areas and for racialized young people. Health services must include the full range of youth-friendly sexual and reproductive health services guaranteeing that such services are confidential, affordable, and respectful of young people’s rights to privacy and informed consent. [[64]](#footnote-64)

1. Convention of the Rights of the Child Art 14 and General Comment 12 on the right to be heard, The ICCPR Art 25 and General Comment 25 on equal participation in political affairs [↑](#footnote-ref-1)
2. Data collected from internal research [↑](#footnote-ref-2)
3. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women> [↑](#footnote-ref-3)
4. <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence> [↑](#footnote-ref-4)
5. See footnote 1 [↑](#footnote-ref-5)
6. European Agency for Fundamental Rights, 2014, ‘Violence Against Women: an EU-Wide Survey’, Luxembourg: Publications Office of the European Union. [↑](#footnote-ref-6)
7. <https://www.rutgers.nl/sites/rutgersnl/files/Whitepaper_Seksuele_grensoverschrijding_en_seksueel_geweld_Rutgers_Movisie.pdf> [↑](#footnote-ref-7)
8. <https://www.oneworld.nl/lezen/seks-gender/feminisme/nederland-heeft-een-femicide-probleem/> [↑](#footnote-ref-8)
9. <https://www.uu.nl/en/news/domestic-violence-and-covid-19-in-the-netherlands-a-case-of-impossible-framing> [↑](#footnote-ref-9)
10. Tijdschrift voor Seksuologie, ‘Seksuele Gezondheid in Nederland’, 2011. <https://www.rutgers.nl/sites/rutgersnl/files/PDF-Onderzoek/Seksuele_gezondheid_in_Nederland_2011.pdf> [↑](#footnote-ref-10)
11. Centrum voor Seksueel Geweld, ‘Factsheet Seksueel Geweld; 2016. [↑](#footnote-ref-11)
12. Centrum voor Seksueel Geweld, Utrecht, Nationaal Kompas, Rutgers, 2011. [↑](#footnote-ref-12)
13. Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the Netherlands, July 2006 [↑](#footnote-ref-13)
14. <https://www.savethechildren.org/us/charity-stories/gender-based-violence> [↑](#footnote-ref-14)
15. <https://reliefweb.int/report/world/16-shocking-facts-about-violence-against-women-and-girls> [↑](#footnote-ref-15)
16. NRC, ‘Eén op de drie Nederlandse kinderen maakt seksueel geweld mee’, 2014.

<https://www.nrc.nl/nieuws/2014/05/27/een-op-drie-nederlandse-kinderen-maakt-seksueel-geweld-mee-a1424730> [↑](#footnote-ref-16)
17. Corinne Dettmeijer, Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen kinderen, Annual Report 2017. <https://www.nationaalrapporteur.nl/binaries/BNRM_jaarverslag%202017_interactief_tcm23-321932.pdf> [↑](#footnote-ref-17)
18. RTL Nieuws, ‘Kindhuwelijk wordt niet langer in Nederland erkend’, 2020. <https://www.rtlnieuws.nl/nieuws/politiek/artikel/5026666/kindhuwelijk-wordt-niet-langer-erkend-een-kind-moet-kind-kunnen> [↑](#footnote-ref-18)
19. *Out in the Open – education sector response to violence based on sexual orientation and gender identity/expression, Summary Report, UNESCO, 2016* [↑](#footnote-ref-19)
20. Ibidem [↑](#footnote-ref-20)
21. *Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth in the Global South*, Advocates for Youth, 2016. https://www.advocatesforyouth.org/resources/fact-sheets/lesbian-gay-bisexual-and-transgender-lgbt-youth-in-the-global-south/ [↑](#footnote-ref-21)
22. *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans, and Intersex*

*People in Netherlands*, ILGA Europe, 2018.

[https://www.ilga-europe.org/sites/default/files/netherlands.pd](https://www.ilga-europe.org/sites/default/files/netherlands.pdf)f [↑](#footnote-ref-22)
23. *Shadow report for the 61st session of the Committee of Economic, Social and Cultural Rights Review of the Kingdom of the Netherland*s, COC/TNN/NNID, 2017. https://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/NLD/INT\_CESCR\_CSS\_NLD\_27482\_E.pdf [↑](#footnote-ref-23)
24. Bakker et al, ‘Seksuele gezondheid in Nederland 2009’, Rutgers Nisso groep, 2009. [↑](#footnote-ref-24)
25. Plan International, ‘How will COVID-19 affect girls and young women?’, 2020.

<https://plan-international.org/emergencies/covid-19-faqs-girls-women> [↑](#footnote-ref-25)
26. Plan International, ‘Violence against girls and women risks being COVID-19’s invisible catastrophe’’, 2020. <https://plan-international.org/blog/2020/04/girls-and-women-risk-being-covid-19s-invisible-catastrophe> [↑](#footnote-ref-26)
27. United Nations Human Rights, ‘COVID-19: The suffering and resilience of LGBT persons must be visible and inform the actions of States’, 2020.

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25884&LangID=E> [↑](#footnote-ref-27)
28. Ibid [↑](#footnote-ref-28)
29. http://www.chpa.co/Documents/FinalDraftPolicyBriefStructuralviolenceagainstwomen.pdf [↑](#footnote-ref-29)
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