**YOUTH**

**SUBMISSION**

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**CHOICE FOR YOUTH AND SEXUALITY**

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**1 Introduction**

CHOICE for Youth and Sexuality is a youth-led and youth-serving organization based in the Netherlands, implementing programs on the sexual and reproductive health and rights of all young people across 9 countries in Africa and Asia, and the Caribbean sub-region.

As the OHCHR does not have a consensus definition on youth, we wish to highlight that the information reflected in our submission below is in line with the CHOICE definition of youth, namely persons from 16-29 years old.

As youth are minimally discussed in the Council, with only 34% of Special Procedures addressing youth in more than 1 sentence in their 2018 reports to the Human Rights Council, the objective of this report is to submit information pertaining to your call specifically from a youth perspective. In 2018, the HRC and UNGA report from your office did not include references to youth.

This submission aims to shed light on the different types of exclusion and barriers that Lesbian, Gay, Bisexual, and Transgender (LGBT) youth face within society due to discrimination and violence, and the impact this has on their lives. The submission is built upon CHOICE’s 21 years of experience conducting youth-led programming on the sexual and reproductive health and rights of all young people, including specific programming on LGBT youth.

**2 Key areas where LGBT youth suffer exclusion and face barriers.**

**Health: physical health, mental health, and access to health care services**

LGBT youth experience frequent disadvantages from adolescence to adulthood, and reaching adolescence seems to be one of the hardest milestones due to issues of homophobia and heterosexism at school and in their communities. Due to these disadvantages, LGBT youth have a poorer well-being in comparison to their heterosexual counterparts and tend to resort to unhealthy habits, such as drug abuse or high-risk sexual behaviour at an early age[[1]](#footnote-1). They are furthermore at an increased risk for depression, and transgender youth have an increased rate for self-harm and eating disorders[[2]](#footnote-2)[[3]](#footnote-3). The burden of HIV infection among young people falls disproportionately on young men who have sex with men and transgender youth[[4]](#footnote-4), especially those who belong to racial and ethnic minority groups[[5]](#footnote-5). The adoption of a sexual health framework that bridges relationship education, sex education, and dating violence prevention may be an effective approach to improve sexual health among LGBT youth. It can mitigate the specific challenges LGBT youth face in their relationships, such as sexual minority stress, absence of LGBT relationship norms, the specific health challenges of LGBT youth, and their confusion about adequate protection[[6]](#footnote-6).

LGBT youth are also having a higher risk for suicidal ideation and attempts[[7]](#footnote-7)[[8]](#footnote-8).In for examples the United States, reported suicide attempts are 2-7 times higher among Lesbian, Gay and Bisexual (LGB) high school students compared to their peers[[9]](#footnote-9). There is a growing consensus within academia that these elevated rates of suicide attempts and mental disorders are partly due to the social stigma, prejudice and discrimination that LGBT youth face. Suicidal behaviour is furthermore linked to school-based harassment, bullying and violence based on a youth’s Sexual Orientation, Gender Identity and Expression (SOGIE).[[10]](#footnote-10) Protective factors against suicide and mental issues are family connectedness, other caring adults, and school safety[[11]](#footnote-11).

Some studies also show that for transgender youth appropriate medical treatment and a supportive social transition within childhood can lead to improved psychological functioning[[12]](#footnote-12). However, LGBT youth worldwide still experience family rejection based on their SOGIE and some experience childhood physical and sexual abuse due to this[[13]](#footnote-13). Gender nonconforming children are also at an increased risk of childhood abuse and PTSD in early adulthood. Gender nonconforming boys furthermore have a higher risk for sexual abuse compared to gender nonconforming girls or gender conforming children[[14]](#footnote-14).

In accessing health care for these problems, many LGBT youth feel discriminated by professionals and within health systems.[[15]](#footnote-15) Many health care services make heteronormative assumptions and do not adequately understand the specific needs of LGBT youth, such as sexual minority stress, depression, the connection between substance abuse and SOGIE, the connection between suicide and SOGIE, and the sexual health challenges faced by same-sex couples[[16]](#footnote-16)[[17]](#footnote-17)[[18]](#footnote-18). Furthermore, LGBT youth find it difficult to reveal their sexual identities to their health care professionals, which leads to poor therapeutic alliance, lack of appropriate illness-related education, and inadequate scheduled screening for STIs and communicable diseases[[19]](#footnote-19). LGBT youth also identify the need for greater sensitivity on the part of healthcare professionals[[20]](#footnote-20). For example, when health care professionals encounter LGBT youth, they focus on providing information about sexual risks, while LGBT youth also need information about promoting their health in situations of family conflict and would prefer a more comprehensive approach from their healthcare professional that also focuses on the reduction of homophobia[[21]](#footnote-21)[[22]](#footnote-22).

***The situation in the Netherlands***

In the Netherlands, LGB students have twice as many emotional problems, behaviour problems, and problems with hyperactivity as their heterosexual peers[[23]](#footnote-23). 73% of transgender youth indicated they have psychological problems. They are furthermore more likely to experience emotional neglect or mistreatment at home, have lower self-esteem and a lower overall welfare in comparison with other youth. Nonetheless, transgender youth who know they will undergo a gender changing procedure do well mentally. When LGBT youth have experienced negative reactions on their SOGIE this is correlated with reduce psychological health, school problems and substance abuse. LGBT youth in the Netherlands are moreover 4.5 times more likely to commit suicide than their heterosexual peers. The most important predictor for this seems to be the negative reactions they receive at school about their SOGIE[[24]](#footnote-24).

LGBT youth in the Netherlands are also faced with difficulties when trying to access health services, as 41% of youth healthcare professionals is unable to signal whether a youth is experiencing issues concerning their sexual orientation[[25]](#footnote-25). 64% of youth health care professionals, moreover, do not know how to signal that a person is struggling with their gender identity. LGB youth also face barriers in accessing LGB specific services, as more than 80% of professionals that were in contact with LGB youth and had knowledge of LGB specific services, did not refer these youth to them[[26]](#footnote-26).

**Homelessness**

Another barrier LGBT youth face is their vulnerability for homelessness due to family rejections[[27]](#footnote-27). Hence, LGBT youth are overrepresented in foster care services[[28]](#footnote-28), and in for instance Canada, the incidence of LGBT youth homelessness is on the rise[[29]](#footnote-29). LGBT youth who are in foster care are more likely to experience homelessness, to be moved around to more placements – which is detrimental for forming adequate relationships with their caregivers - and are more likely to experience higher levels of emotional distress compared to their non-LGBT peers[[30]](#footnote-30). Transgender youth, who are homeless, experience multiple barriers when accessing services, such as stigma and discrimination, sex segregated programs and institutional practices that deny them their own understanding and articulation of their gender[[31]](#footnote-31). They furthermore are often unable to meet program requirements or are concerned about their safety, which causes continued housing instability for this vulnerable group[[32]](#footnote-32). Homelessness is thereby related to engaging within sex work among transgender youth, where they experience multiple health risks, such as HIV and sexual transmitted infections and the risk for multiple forms of violence and abuse[[33]](#footnote-33).

Without proper services in place, LGBT youth who are homeless are on the streets for a longer time and have a harder time getting off the streets than their heterosexual counterparts[[34]](#footnote-34). There is a need for shelter staff training and education on issues related to LGBT youth culture, terminology, needs, homophobia and transphobia[[35]](#footnote-35). Furthermore, the different needs of transgender and gender nonconforming youth should be recognised, as they also deal with societies which are intolerant of gender diversity and which harshly punish those who transgress gender norms[[36]](#footnote-36).

***The situation in the Netherlands***

When asked, 75% of the Moroccan and Turkish families, 33% of the Antillean and Surinamese families, and 1 out of 6 Dutch families stated that they would regard it problematic if their child was LGBT[[37]](#footnote-37). LGBT youth who become homeless are usually from complex family situations characterised by neglect, violence, psychological problems, addiction, and where their SOGIE is not accepted[[38]](#footnote-38). These homeless youth are extra vulnerable due to discrimination, low acceptance of their SOGIE, and low self-esteem[[39]](#footnote-39).

Health professionals who are working with homeless youth do not inquire into youth’s SOGIE when they encounter them on the street[[40]](#footnote-40)[[41]](#footnote-41). They also have little attention for the fact that the substance abuse and depression that the youth might experience could stem from the discrimination and stigma that they face based on their SOGIE[[42]](#footnote-42). There is furthermore a mismatch between homeless youths and LHBT organisation, as many homeless youths are unknown to these organisations[[43]](#footnote-43). Hence, homeless LGBT youth are often overlooked and there is little attention for their specific needs.

**School: academic results, peers, and bullying**

Bullying and isolation of LGBT youth is highly prevalent in middle and high school[[44]](#footnote-44). LGBT adolescents are at a higher risk for cyberbullying, are bullied at a higher rate and have a high chance of suffering more drastically from these experiences than their peers[[45]](#footnote-45)[[46]](#footnote-46). Bullying strongly relates to a variety of negative psychosocial and health outcomes for LGBT youth, such as depression and suicidal ideation[[47]](#footnote-47). Furthermore, within education programmes, such as sex education lessons, many LGBT youths’ sexuality and behaviours are excluded, even though some education and sex education curricula are more inclusive than others[[48]](#footnote-48)

There are multiple interventions to mitigate the effects of bullying and negative reactions to LGBT students. A Gender and Sexuality Alliance (GSA) at school, supportive school staff, inclusive curricula and comprehensive anti-bullying or anti-harassment policies make significant positive contributions to the lives of LGBT students[[49]](#footnote-49). The number of supportive educators is a strong predictor for a less hostile school climate and greater self-esteem for LGBT students. Having a supportive teacher or staff is associated with positive educational outcomes and reduces missed school days. Having a GSA at school was connected to lower incidences of bullying, which can result in greater school safety for LGBT students[[50]](#footnote-50).

***The situation in the Netherlands***

According to LGBT students in the Netherlands, the climate at their school concerning their SOGIE is usually negative[[51]](#footnote-51). In 2017, 27% of boys and 13% of girls stated they would disapprove of two boys kissing, while 18% would not want a gay as a friend[[52]](#footnote-52). Especially those youths who are lower educated, know few other LGBTs, are religious, have been raised Christian or Islamic, have little ethnic diversity within their friend groups, are more negative about migrants, and hold conservative ideas about gender roles are less accepting of LGBT. 15 to 25% of youth would furthermore disapprove of a transgender person who has transitioned and 11% of the youth are negative towards transgender persons[[53]](#footnote-53). Due to this and other factors, LGBT students in the Netherlands report a lower sense of school belonging in comparison to the general population[[54]](#footnote-54).

LGBT youth have a higher risk of experiencing violence at school in comparison to heterosexual students[[55]](#footnote-55). 1 in 3 LGBT youth feels unsafe at school, which can negatively affect their ability to succeed academically[[56]](#footnote-56). 1 in 4 LGBT students moreover reports that they have missed school days because they felt unsafe or uncomfortable[[57]](#footnote-57). The percentage of students who are bullied based on their sexual orientation weekly or even daily is twice as high as heterosexual students[[58]](#footnote-58). Gender nonconforming and transgender youth are also more often bullied than other youth and feel less safe at school[[59]](#footnote-59)[[60]](#footnote-60)[[61]](#footnote-61). Transgender youth also feel less often connected to their cisgendered peers[[62]](#footnote-62). The majority of LGBT students moreover report that they have often or regularly heard homophobic remarks made by their peers, while half of them have heard these remarks by their teachers or other school staff[[63]](#footnote-63). This contributes to a hostile learning environment, especially as half of LGBT students reported that staff, if present, did not intervene when others made such remarks[[64]](#footnote-64). Hearing these negative reactions is correlated with reduced mental health, school problems and more substance abuse[[65]](#footnote-65). Having staff who are supportive, was directly related to LGBT students reporting more positive feelings about their school and education[[66]](#footnote-66). However, very few schools have a school policy that mentions SOGIE[[67]](#footnote-67).

Participating in a GSA was positively related to mental health, and students felt more social support and were more confident[[68]](#footnote-68). The LGB students also felt that their school’s climate was more accepting of their sexual orientation[[69]](#footnote-69). A GSA can also fill in the void that is left when LGBT youth lose friendships due to coming out or joining a GSA, as it provides new opportunities for friendships[[70]](#footnote-70). LGBT youth who joined the GSA also felt more empowered, as the GSA provided a safe space and enabled them to learn skills that could mitigate homophobic remarks. Heterosexual students that attend a school with a GSA are furthermore more tolerant towards homosexuality than those who attend a school without a GSA[[71]](#footnote-71).

**The workplace, economic inclusion and exclusion**

LGBT youth have a higher rate of school absenteeism, due to stigmatisation and discrimination, which influences their future career development opportunities[[72]](#footnote-72). The different mental health issues LGBT adolescents struggle with can be psychologically overwhelming, which could reduce their concentration on career development. This might result in a bottleneck, as adolescence is the period in which people choose their further education or career path.[[73]](#footnote-73).

Once LGBT youth enter the workplace, many lack LGBT specific role models who can show them how successfully their SOGIE can interact with their career, as LGBT people do often not dare to be open about their SOGIE[[74]](#footnote-74). This may cause many youths to use up valuable psychological resources developing identity strategies for the workplace, which might again hinder their career development[[75]](#footnote-75). Furthermore, research suggests that LGBT youth face an earning penalty. For instance, in the United States, after controlling for age, race, urbanicity, education and occupation, young gay males earn wages 11.7% lower than their heterosexual counterparts. Young bisexual males earn wages that are 12.4% lower, while young bisexual females earn wages that are 3 to 5% lower. Young lesbian females do not earn significantly different wages from their peers[[76]](#footnote-76).

***Situation in the Netherlands***

In the Netherlands, LGBT people, and hence youth, face specific barriers in the workplace, such as prejudice, unequal chances or bullying at work[[77]](#footnote-77). They furthermore experience more unwished sexual attention, intimidation, are less happy at work, and report more burn-out problems than their heterosexual colleagues[[78]](#footnote-78). Transgender people experience more difficulties in getting a job and experience more negative behaviour at work, such as jokes and negative remarks by colleagues in comparison to the average population[[79]](#footnote-79). Hence, it is understandable that many LGBT people are often not open about their SOGIE. So, many LGBT youth that enter the workplace lack role models within their company or career field. This is unfortunate, as LGBT students can experience empowerment and a heightened self-esteem when they have such LGBT role models[[80]](#footnote-80).

**Violence, discrimination, and policing**

LGBT youth are at an increased risk of experiencing violence, disproportionate policing and discrimination[[81]](#footnote-81)[[82]](#footnote-82). There is a high prevalence of physical and sexual violence against LGBT youth, particularly against transgender people[[83]](#footnote-83). Furthermore, being a sexual minority increases one’s risk for experiencing physical, sexual, and psychological partner violence[[84]](#footnote-84). 43.5% of LGBT college students and 24% of adolescents have reported experiencing sexual or gender-based violence[[85]](#footnote-85)[[86]](#footnote-86).

LGBT youth also experience stigma, marginalisation and discrimination. Many have for instance reported experiencing microaggressions, which has an especially severe impact for LGBT youth living in a state with heterosexist laws, such as a lack of legal same-sex marriage[[87]](#footnote-87).

Furthermore, for decades, the LGBT community, and particularly LGBT people of colour, youth and transgender and gender nonconforming members of the community, has been subjected to profiling, entrapment, discrimination, harassment, and violence by law enforcement[[88]](#footnote-88). LGB youth and young adults are for instance more likely to be stopped by the police, to be arrested before the age of 19 or to have had a conviction[[89]](#footnote-89). Non-heterosexual youth, especially girls, suffer thereby disproportionate criminal justice punishments that cannot be explained by the group’s inclination to engage in risk taking behaviour[[90]](#footnote-90). LGBT youth furthermore reported experiencing negative police contact more often that their straight counterparts, especially negative verbal and sexual experiences with the police[[91]](#footnote-91). Transgender people reported for instance that they are often profiled as sex workers by the police[[92]](#footnote-92). LGBT youth in the juvenile justice system, are thereby targeted disproportionally and experience a lot of police mistreatment within confinement[[93]](#footnote-93).

***The situation in the Netherlands***

50% of LGB youth has gotten negative reactions from neighbours, colleagues or unknown individuals on the street.[[94]](#footnote-94) Furthermore, 43% of transgender youth has become the victim of verbal violence and 1 in 5 has experienced physical assault[[95]](#footnote-95). Gay young men and bisexual young women more often suffer inappropriate sexual behaviour, such as touching or forcefully kissing[[96]](#footnote-96). Half of LGBT students have experienced such sexual harassment at school[[97]](#footnote-97). Thereby, another form of violence, domestic abuse, is more often experienced by young transgenders in comparison to their peers[[98]](#footnote-98). They also reported experiencing more abuse and neglect at home than cisgender youth[[99]](#footnote-99).

92% of the Dutch population feel that gay men and lesbian women should be able to live the life that they want, even though 29% would disapprove of a gay couple publicly kissing each other[[100]](#footnote-100). In comparison, only 57% of the Dutch population is positive towards transgender people, while 13% of the population is against operations and hormone treatment for transgender people and 14% would rather not interact with people that are not clearly male or female[[101]](#footnote-101).

In 2017, 954 incidents of discrimination, ranging from insults to physical abuse, based on sexual orientation were registered by the police.[[102]](#footnote-102) Many of these reports are however not processed or are done so inadequately[[103]](#footnote-103). Hence, there is a low willingness to report among those who have experienced these kinds of incidents. Nonetheless they experience the existence of Pink in Blue - police officers who are LGBT and who can help with incidents reports - is important to the LGBT community[[104]](#footnote-104). In his Security Agenda 2015-2018 the minister of Justice and Security has named the countering of homophobic violence as one of his priorities. However, unlike other priorities, there was no specific action plan[[105]](#footnote-105). In April 2019, the Dutch minister of Justice and Security proposed such an action plan. This plan however seems to promise little change to the current situation as described above[[106]](#footnote-106).

**3 Laws, restrictions, public policies, and institutional practices**

Important progress has been made. For instance, in 2018, the number of governments adopting legal gender recognition laws based on the principle of self-determination increased[[107]](#footnote-107). However, especially in European and other Western countries, the negative impact of the so-called “anti-gender” groups is felt, as they hinder public discussions and political advances on trans equality legislation, on equal recognition of diverse forms of families, on inclusive education, and access to information about LGBT issues[[108]](#footnote-108).

***Situation in the Netherlands***

Within the Netherlands, important steps have been made, such as the legalisation of LGBT marriages and LGBT specific emancipatory policies. However, important strives still need to be made. For instance, bisexuality is often rendered invisible within policy documents, as those do not offer a detailed description or discussion about the specific needs of bisexuals, do not include action points for the inclusion of bisexuality in LGBT emancipation policies, and do not address the specific topics for bisexuals, such as sexual fluidity.[[109]](#footnote-109)

Thereby, even though external evaluation of the Dutch gender law suggested the abolishment of the expert opinion requirement for legal gender recognition and lowering the age limit, the government has not yet given a response[[110]](#footnote-110). Due to this expert opinion requirement doctors have kept a big influence on the access to legal gender recognition. It has furthermore created additional costs for transgender people, due to the administrative costs of the expert opinion, making legal gender recognition expensive and not available to all[[111]](#footnote-111). After this process, an additional note is added to a person’s birth certificate explaining the change in gender. This has caused confusion and uncertainty within marriage registration forms or mortgage payments, as institutions do not always regard this addition as a change within the birth certificate, causing them to keep using the old certificate. Other barriers people face in this process include the difficulty to engage in legal gender recognition if the birth certificate is not located within the Netherlands or when people live outside the Netherlands, and the inadequate information exchange between different institutions about the changes made to the birth certificate[[112]](#footnote-112).

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