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Submission to the Special Rapporteur on the Right to Health

Right to health of lesbian, gay, bisexual, trans and intersex adolescents

Adolescence is a particularly challenging time for many lesbian, gay, bisexual, trans and intersex (LGBTI) persons. It is often a period when they gain deeper awareness of and begin to express their sexual orientation or gender identity, discover their bodily diversity, and it is also when they may start to face strong discrimination, harassment or violence. During adolescence, LGBTI adolescents face specific challenges in exercising full enjoyment of their right to health. This submission briefly highlights some of the main right to health issues of LGBTI adolescents.

Lesbian, gay and bisexual adolescents

Stigma and discrimination experienced by children and young adults on the basis of their sexual orientation directly impedes the enjoyment of their right to health, in particular in terms of discrimination or a lack of knowledge by health care providers, the absence of comprehensive sexuality education, barriers to access to information, and mental health issues resulting from discrimination and harmful 'treatments'.

Discriminatory attitudes[1] or a general lack of knowledge about sexual orientation and gender identity issues by healthcare professionals[2] create barriers for LGB youth to access appropriate and safe health services. Discrimination and prejudice in healthcare settings can take various forms including refusal of care, the usage of discriminatory or abusive language, shaming LGBT patients for their health status, and physically rough or abusive behavior by healthcare professionals.[3]

Additionally, homophobic attitudes among education officials, teachers, and students exacerbates hostility towards LGBT students, rendering them more susceptible to isolation, bullying, harassment, and discrimination if their identity is disclosed to their teachers and fellow students.[4] Discriminatory attitudes shaped by a lack of understanding of gender and sexuality could be addressed through comprehensive and inclusive sexuality education

[1] For example, according to a recent report, negative attitudes and pervasive discrimination in health care institutions limits access to health services by LGBT people, UNDP, USAID (2014). *Being LGBT in Asia: Mongolia Country Report*. Bangkok.
[2] For example, according to a recent report, very few trained counselors can address LGBT-related depression, anger, suicidal tendencies, self-acceptance and family relationship issues, UNDP, USAID (2014). *Being LGBT in Asia: The Philippines Country Report*. Bangkok.
[3] Legal, L. (2010). When health care isn't caring: Lambda Legal's survey of discrimination against LGBT people and people with HIV. *New York: Lambda Legal*.
[4] Rabin Pathak et al., (2010) Gender Identity: Challenges to Accessing Social and Health Care Services for Lesbians in Nepal. Global Journal of Health Science, 2(2), pp. 207–214

programs. Unfortunately, sex education programs often do not adequately address the specific needs of LGB students, further exacerbating discriminatory attitudes and making it more difficult for these students to access accurate information about their sexual health.[5] Moreover, negative portrayals of LGBT people in school textbooks that label homosexuals as deviants, leads to an unsafe educational environment for LGB youth.[6]

In some countries, such as Russia, the dissemination of information about same sex relationships among minors is illegal. Such legislation deprives LGB teenagers from accessing information that is of vital importance for their physical and psychological integrity. Lack of adequate information on sexual orientation and gender identity can lead to an unhealthy and stressful adulthood for many LGBT people, especially among those who keep their identity a secret.[7]

LGB children and adolescents experience higher rates of harassment, bullying, and physical violence than their heterosexual peers. According to a 2012 UNESCO report, LGB youth are likely to experience homophobic bullying in schools with less bullying at home or in the community.[8] In Canada, for example, a national survey found that 64% of all LGBTI students reported feeling unsafe with schools, with 70% of participating students reporting having heard homophobic comments every day in schools; 74% of trans students, 55% of sexual minority students reported having been verbally harassed about their perceived sexual orientation or gender expression; and more than one in five LGBT students reported being physically harassed or assaulted due to their perceived sexual orientation or gender identity.[9] Homophobic bullying within schools has a negative impact on LGB teenagers in terms of academic performance and school attendance. It can also lead to increased risk for mental health problems, suicide, substance use, and high-risk sexual activity among LGB adolescents.[10]

Another major risk to the mental health of LGB youth is the use of 'reparative therapy' and sexual orientation 'conversion therapy'. LGB adolescents are sometimes subjected to these harmful 'therapies' intended to eliminate or suppress their same-sex sexual attraction. According to the OHCHR, "such therapies have been found to be unethical, unscientific and ineffective and, in some instances, tantamount to torture"[11]. Such 'treatments' are based upon the false assumption that same sex attraction is a mental illness or disorder, further fueling stigma, discrimination, and violence against lesbian, gay, and bisexual adolescents.

[5] According to a recent report, current challenges faced by LGBT youth in China include a general lack of education about sex and gender coupled with stigma towards LGBT people in sex education, UNDP, USAID (2014). *Being LGBT in Asia: China Country Report.* Bangkok.

[6] For example, according to a recent report, school textbooks in Thailand that label homosexuals as deviants has lead to an unsafe educational environment for young LGBT persons, UNDP, USAID (2014). *Being LGBT in Asia: Thailand Country Report*. Bangkok.

[7] Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, (2011)

[8] UNESCO (2012). Good Policy and practice in HIV and health education: Education sector responses to homophobic bullying. http://un- esdoc.unesco.org/images/0021/002164/216493e.pdf

[9] Egale Human Rights Trust, Every class in every school: Final Report on the First National Climate Survey on Homophobia, Biphobia, and Transphobia in Canadian Schools (2011), available at http://egale.ca/every-class/

[10] Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, *38,* 989-1000.

[11] A/HRC/29/23

Trans adolescents

Trans and gender diverse adolescents are often viewed and treated discriminatorily by schools, peers and the wider society and it is this lens which leads to barriers to health services and increased health issues. Furthermore, trans adolescents face both transphobic and homophobic discrimination, harassment and violence.

One survey in Australia reports a conflation of transphobia with homophobia in single sex schools by teachers and peers – trans students were not allowed to wear uniforms that reflected their gender identity, they faced homophobic violence from peers, and the teachers policed the students fearing they sought to engage sexually with other students.[12] Following on from that, trans students who expressed frustration and anger had to attend 'anger management' courses to have their behaviour and responses adjusted, rather than addressing the sources of the homophobia and transphobia itself.[13]

Some participants of the same study pointed out that they often felt uncomfortable approaching, or having to 'come out' to doctors and other health professionals, who were often ill-informed about trans issues and were sometimes unsupportive and homophobic/transphobic. The report also identified a need for increased training of doctors and other health professionals in the sexual health needs of these young people.[14]

Technology is a tool used widely by adolescents who are questioning or exploring their gender identities and expression – in this Australian survey 98% of the respondents had internet access where they lived, with 85% using it to explore their sexual orientation and/or gender identity. In addition, 24% used it to access social and support services which included health services.[15] Interestingly, most young people were aware of well-promoted, established, and generic youth health services (often with a specialty in mental health) first, before support services targeted at LGBT youth.[16]

It should be stated that it is not possible to predict the gender identity of a child with 'gender variant behaviour', however some studies have found that compared to younger children, gender dysphoria appears more likely to persist or present amongst adolescents, who then are much more likely to medically transition than younger gender-nonconforming children.[17] Some doctors are of the opinion that there are numerous psychological benefits to suppressing puberty for trans adolescents. Most importantly, the reversible intervention can prevent needless emotional and psychological suffering, which can be severe for some adolescents (e.g., self-harming behaviours and suicidality).[18]

Harm reduction strategies are also important for adolescents in countries where they can easily access over-the-counter hormones at low cost. This is the case in many countries in Asia and trans adolescents in those situations therefore never consult doctors about long

[12] Robinson, KH, Bansel, P, Denson, N, Ovenden, G & Davies, C 2014, *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*, Young and Well Cooperative Research Centre, Melbourne, p(ix)
[13] Ibid
[14] Ibid
[15] Ibid, p31
[16] Ibid, p(x)
[17] Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015, *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*, Washington, DC: Futures Group, Health Policy Project, p97
[18] Laura Edwards-Leeper and Norman P. Spack, "Psychological Evaluation and Medical Treatment of Transgender Youth in an Interdisciplinary "Gender Management Service" in a Major Pediatric Center", *Journal of Homosexuality*, (2012) 59:3, 321-336, p.329

term hormone use, especially if those health professionals insist that they have to also undergo psychotherapy associated with gender transition.[19]

Overall, interventions for adolescents should focus both on facilitating gender identity development (irrespective of the nature of gender identity, i.e., boy, girl, third gender, or gender-nonconforming) and the prevention of any problems in psychosocial adjustment that involve the young person and their environment (e.g., family, friends, or others at school).[20]

Intersex adolescents

Adolescence is often when intersex children discover their bodily diversity. As puberty progresses, intersex teenagers may encounter new health challenges as a result of surgeries performed during their early childhood and/or due to the natural development of their bodies. The obstacles faced by intersex teenagers in exercising their right to health will be examined in the context of the adolescents' personal situations, inadequacies of the health services available, the need for mental health support, and the cross-cutting issue of discrimination and prejudice.

The personal circumstances of intersex teenagers impacts heavily on their enjoyment of the right to health, in particular their socio-economic situation and whether they live in urban or rural settings. For example, in China, middle class families in urban areas are better placed to access adequate medical information and health services.[21] Intersex teenagers from these families may have improved chances to access modern medical services and treatment for any special health needs. Adolescents in rural areas, however, may not have the same access to adequate health care, or to medical professionals with sufficient knowledge of the health needs of intersex persons.

In addition, discrimination against intersex teenagers by their own families and communities can also prevent them from accessing health care. Families may choose to hide their children's bodily diversity and health needs in order to save face and avoid stigmatisation by the community.

A major obstacle to the enjoyment of the right to health of intersex adolescents is the lack of knowledge among medical health professionals, even in high quality medical facilities. This means that intersex adolescents and their families are not able to receive adequate guidance or information regarding their health and healthcare needs. It is reported that misdiagnoses and late diagnoses occur in smaller hospitals, in particular, and in some cases medical professionals have claimed that there is no treatment available for some intersex health issues that become apparent in adolescence.[22]

In addition to the lack of knowledge regarding intersex health issues, there are serious concerns regarding the failure to respect the privacy of intersex adolescents, which makes them and their families cautious of seeking medical assistance. As highlighted by a number of intersex rights groups,[23] this is problem is connected to the serious challenge of pathologisation faced by intersex persons of all ages in terms of their treatment becoming a medical case shared among health professionals without the full consent of the patient.

[19] *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*, p100
[20] Asia Pacific Trans Health *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*, p99
[21] According to information received from OII Chinese.
[22] Ibid.
[23] For example, OII Europe, Zwischengeschlecht.org and Advocates for Informed Choice.

Instead of decisions and surgeries being imposed on intersex children at a young age, during adolescence, intersex children will be in the best position to make decisions regarding their own bodies as they develop capacity and autonomy.[24] As their bodies develop during puberty, intersex children must be fully informed about their medical situation and needs, in order to be able to make decisions about whether, for example, they would like to undergo a gonadectomy or have genital surgery.

Mental health providers, in addition to playing a critical role in providing age-appropriate information to intersex adolescents in order to assist them in making the decisions regarding their bodies, are important actors in helping adolescents to combat the impact of discrimination that intersex teenagers may face.[25] Access to psychosocial support is essential for intersex adolescents, who may suffer from secrecy, shame and isolation due to the fact that their bodies do not fit male or female stereotypes as they pass through puberty.[26] Intersex teenagers may also discover that their gender identity does not coincide with the gender that they were assigned during their early childhood. As a result, some may face the same healthcare needs and barriers as trans adolescents.

In addition to physical development, as intersex adolescents begin to explore their sexuality and to enter into relationships, it is essential that they receive adequate psychosocial support.[27] As one youth stated: "My peers were experimenting sexually while I was scared of my own body . . . Surgery on my genitals wrecked my sense of self, my confidence as a partner and a lover."[28] Feelings of inadequacy, unworthiness and shame can place intersex adolescents at risk of sexual abuse.[29]

Mental health support for intersex teenagers must take into account the fact that the personal circumstances and history of intersex children may vary widely. In addition, it is crucial that families of intersex children receive adequate psychosocial support in order to be able to assist intersex teenagers to maintain good mental health.[30]

[24] Kohrman A, et al. Informed Consent, Parental Permission, and Assent in Pediatric Practice, 95 *Pediatrics* 314-17 (1995).
[25] Malouf M and Baratz A, Disorders or Differences of Sex Development in Addressing the Needs of Youth Who Are LGBT and Their Families: A System of Care Approach, Edited by Fisher SK, Ryan C, Blau GM, 67-86 (2012).
[26] According to information received from OII Chinese.
[27] Malouf M and Baratz A.
[28] Inter/Act, What We Wish Our Doctors Knew (2012), available at https://aiclegal.files.wordpress.com/2012/10/interact_ms-updated.pdf
[29] Malouf M and Baratz A.
[30] Ibid.