**QUESTIONNAIRE**

**“Violence and its impact on the right to health”**

I have the honour to address you in my capacity as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, pursuant to Human Rights Council resolution 42/16.

I would like to invite you to respond to the questionnaire below. Submissions received will inform my next thematic report on “Violence and its impact on the right to health”, which will be presented to the Human Rights Council in June 2022.

The questionnaire on the report is available at OHCHR website in English (original language) as well as in French, and Spanish: (<https://www.ohchr.org/EN/Issues/health/pages/srrighthealthindex.aspx>).

All submissions received will be published in the aforementioned website, unless it is indicated that the submission should be kept confidential.

There is a word limit of 750 words per question. Please submit the completed questionnaire to ohchr-srhealth@un.org. The deadline for submissions is: **18 January 2022.**

Tlaleng Mofokeng

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this survey. Note that this is optional.

|  |  |
| --- | --- |
| Type of Stakeholder (please select one) | [ ]  Member State [ ]  Observer Statex Other (please specify) |
| Name of StateName of Survey Respondent | European Sex Workers’ Rights Alliance |

# Background

Within the framework of Human Rights Council resolution 42/16, the Special Rapporteur on the highest attainable standard of physical and mental health has identified sexuality, gender based violence and femicide as one of her priorities during her tenure (See [A/HRC/47/28](https://undocs.org/A/HRC/47/28) paras 50-64). In compliance with her mandate and in line with this priority she has decided to devote her next thematic report to the 50th session of the Human Rights Council in June 2022 to the theme of “Violence and its impact on the right to health.”

# Objectives of the report

The Special Rapporteur intends to shed light on who is seen as victims of violence, and who is affected by what type of violence, with emphasis on the violence experienced by women, children, LGBTI persons and conflict related gender based violence. She will also explore the role of men as perpetrators and their experience as victims of violence. Her analysis will look into the responses that survivors of violence receive with a focus on good practices, as well as the obligations, responsibilities, and protections that arise under the right to health framework and other relevant human rights in this connection. She will also report on emerging trends related to the impact of COVID-19 on all forms of violence and related responses.

In her report, the Special Rapporteur will address, inter alia, issues related to gender based violence, (including inter-personal and intimate violence), as well as structural violence. She will also assess the impact of the criminalization of sex work, same sex relations, transgender persons, abortion, drug use etc. on the enjoyment of the right to health. The Special Rapporteur would like to identify good practices and examples of comprehensive health responses to survivors of violence, and to identify lessons learned at the community, national, regional and international levels.

# Key questions

*You can choose to answer all or some of the questions below. (750 words limit per question).*

When responding to the questions below, please use the glossary with definitions at the end of the questionnaire, and refer to all or some of the forms of violence in focus for this study as applicable in your country, countries or region in focus:

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
	2. gender based violence and other forms of violence against children:
	3. gender based violence against LGBTI or other persons based on real or imputed sexual orientation, sex characteristics, and gender identity:
	4. violence against persons with disabilities, including GBV.
	5. gender based violence against men
	6. conflict gender based violence, including sexual violence
	7. Please share analysis and available evidence on the impact of COVID on the above

Sex workers of all genders are at high risk of gender-based violenceThere is no overall data of violence against sex workers at national, European or international levels. However some organisations have published reports on violence and health. Below is a list of reports:

* SWAN, [Stronger together. Adressing violence against female, male and transgender sex workers in Europe and Central Asia](https://swannet.org/wp-content/uploads/2014/12/Stronger-Together-SWAN-eng.pdf).” 2014
* SWAN “[Failures of justice. State and non-state violence against sex workers and the search for redress and safety.](https://www.swannet.org/files/swannet/FailuresOfJusticeEng.pdf)” 2015
* NSWP, [Sex Work Implementation Tool](https://nswp.org/resource/nswp-publications/the-smart-sex-workers-guide-swit), 2015
* OSCE, [report on hate crimes, 2020](https://hatecrime.osce.org/infocus/2020-hate-crime-data-now-available).
* ESWA, [Undeserving victims? A community report on migrant sex worker victims of crime in Europe](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189), 2020
* ESWA, [From vulnerability to resilience, sex workers organising to end exploitation](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/83/attachments/original/1622042222/Exploitation_paper.pdf?1622042222), 2021

ESWA, [sex work and mental health](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/168/attachments/original/1633509786/EN_-_Briefing_paper.pdf?1633509786), 2021

1. Please describe whether the legal framework prohibits and sanctions these forms of violence and the definitions and forms of violence included in the legal system. Please explain redress options for survivors of violence, (the pathway they go through if they decide to file a complaint), levels of impunity and if access to comprehensive physical and mental care for GBV-survivors is recognized as a form of reparation.

The criminalisation and legal oppression of sex work directly contributes to sex workers’ vulnerabilities to violence as well as poor health outcomes.

Criminalisation of clients has been evidenced as greatly increasing the precarity, vulnerability to violence and poorer health outcomes of sex workers.

Please review ESWA/ICRSE report on sex work and HIV in Europe for further information:

<https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/38/attachments/original/1631372127/Sex_Work_and_HIV_in_Europe-3.pdf?1631372127>

**The impact of the ‘Swedish Model’ on sex workers’ vulnerability to HIV (French case study) (11)**

Extract from French community organisations’ response to the ongoing assessment of the Law from 13 April 2016 Against the ‘Prostitution System’ in France

**“An overall decline in sex workers’ health”**

The law has diminished sex workers’ access to health care. Increased health risks have been observed, including decreased condom use and therefore increased exposure to the risk of HIV and other STIs. Le Bail and Giametta’s study on the impact of the 2016 law against the ‘prostitution system’ showed that 38 percent of sex workers find it harder to make clients use condoms. **(25)** Clients’ increased scarcity has given them more negotiating power to demand risky sexual practices from sex workers. Sex workers cited the criminalisation of clients as the main reason for their loss of power, given that 78.2 percent of respondents reported decreased revenues. The reduced negotiation time resulting from the criminalisation of the purchase of sexual services hinders sex workers’ ability to impose conditions to protect their health. A decline in the number of clients has forced sex workers to adapt to this new context, much to their detriment. (...)

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*RESOURCE 1: BRIEFING PAPER*

This isolation and greater mobility make accessing prevention measures a challenge. Meanwhile, organisations that support sex workers must constantly identify their new working locations. These factors all prevent our organisations from delivering appropriate risk-reduction messages and working closely and effectively with sex workers by offering a sexual health plan as part of comprehensive care. This makes it even harder to ensure proper treatment compliance. Some sex workers we spoke with said they had experienced disruptions in their treatment, care, and rights because of poor working and living conditions.

The figures for new infections are unequivocal and worrisome. In the entire Île-de-France Nord COREVIH (Regional Coordinating Committee Combating HIV infection) area, where the organisation Acceptess-T [advocates for transgender rights, sexual health, and social integration] is based, HIV tests have revealed a significant increase in the number of trans people testing positive. Newly tested trans people represented 0.1 percent of cases in 2015, 0.3 percent in 2016, and 7.4 percent in 2017. Thanks to Acceptess-T’s work in the field, we know that most of these people are also engaged in sex work. Data from the annual report of the French non-profit organisation AIDES also show this high prevalence.

(...)

Lastly, this law has devastating consequences on sex workers’ overall health. The 2018 study by Le Bail and Giametta showed that 63 percent of sex workers reported a deterioration of their living conditions. 37.6 percent reported an increase in their working hours, due to time spent waiting or searching for clients. Increased economic insecurity, stigmatization, violence, and risk-taking, along with longer working days to get enough clients to earn a living, have led to a degradation in sex workers’ overall health. Many sex workers reported experiencing stress, anxiety, and psychosomatic problems. These consequences all have a strong impact on sex workers’ mental health and their ability to take care of their health.

These repressive laws present clear obstacles to a comprehensive approach to health—i.e., prevention, treatment, social support, and community-based action—and go against the recommendations listed in the 2010 report of the French National AIDS and Viral Hepatitis Council (CNS).

Research on the effects that different laws and policing practices have on sex workers’ safety, health and access to services – bringing together the findings of 86 studies across 33 countries showed

that sex workers who had experienced criminalisation and repressive policing were three times more likely to experience violence, twice as likely to have HIV and/or STIs and 1.5 times more likely to have sex without a condom. ([Platt, Grenfell, 2018](https://pubmed.ncbi.nlm.nih.gov/30532209/))

As noted in our report report on [migrant sex workers victims of crime in Europe](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189), 2020:

‘Sex workers’ project respondents’ experiences of reporting—either directly or via NGOs or sex worker collectives—were very diverse. It is important to note that in half of all cases included in this report for which a report was filed, sex worker groups facilitated access to police and assisted sex worker victims with reporting. Several interviewees highlight the general indifference of the police towards sex workers at the time of reporting. Even sex workers who had had positive experiences with the police emphasised the structural barriers to filing complaints because of their residence status.

Evidence also shows that sex workers’ fear of receiving punishment instead of support from authorities is well-founded. Sex workers are often not viewed as ‘ideal or deserving victims’ but to the contrary: as ‘deserving’ violence for the line of work they are engaging in.

Reporting of the alleged trafficking cases were evaluated positively by the interviewees. Our assumption is that law enforcement officers are better aware of protocols on assisting trafficked persons than victims of gender-based violence or other crimes. A report from the Fundamental Rights Agency also suggests, that among the few drivers that led exploited migrant workers to report crimes was the possibility of being recognised as a victim of human trafficking. Generally, the legal position of victims of human trafficking is relatively stronger than the one of other crime victims. Recognition as a victim of human trafficking provides one with somewhat better chances to be heard, treated professionally, referred to specialised services, have access to legal assistance, and, in some cases, to be issued a residence permit. Again, it is clear from the evidence collected that the help of NGOs who are trusted by the trafficked persons plays a crucial role.

Undocumented migrants face various obstacles in reporting crimes as they often refrain from approaching police out of fear of being detained and deported due to their residence status. Undocumented migrant sex workers face additional barriers to reporting given that they are working as sex workers, for which they could be further penalised or criminalised. Perpetrators targeting migrant sex workers are often aware of their vulnerability. According to a 2017 study from the UK, the proportion of migrants among murdered sex workers is on the rise, suggesting that offenders specifically target this group “because of their potentially increased vulnerability”.

In addition to migrant sex workers’ migration status preventing them from reporting crimes committed against them, the fact that sex work remains criminalised or penalised represents another key disabling factor. Victim support and reporting policies need to be designed in ways that allow sex workers to file reports and seek help without the risk of receiving fines, evictions from their homes and working areas, or prosecution for brothel-keeping while working together for their safety. Sex workers who are victims of crime usually consider all these circumstances and their possible consequences of their reporting, as our evidence suggests.



Source: ESWA, report on [migrant sex workers victims of crime in Europe](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189), 2020.

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.

Sex workers face high levels of violence, abuse and exploitation. They are also one of the groups at risk of human trafficking. Beyond individualised violence, sex worker communities face significant levels of structural violence, of which societal stigma, surveillance, marginalisation and over-policing are integral parts.

Sex workers face violence because of the stigma associated with sex work, widespread criminalisation of their work, poverty, and/or due to discrimination based on gender, race, HIV status, drug use, or other factors. Data is however very scarce on specific patterns of this intersectional violence targeting sex working communities in Europe, and is even more sporadic on migrant sex workers’ experiences of seeking justice and support.

Police raids in the context of anti-trafficking measures may result in sex workers being evicted from their homes or workplaces onto the streets where their exposure to violence may be even greater. Nine out of ten countries researched in the report “[Underserving victims, a community report on migrant sex worker victims of crime in Europe](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189)” do not penalise selling sexual services, but criminalise, to different degrees, soliciting, brothel-keeping and/or the purchase of sexual services. Non-sex work laws, such as traffic regulations, regulations related to public morality and public order, or petty offenses are also evidenced to be routinely used against sex workers.

Sex work laws that criminalise clients and brothel-keeping are used to produce ‘victims’ and prosecute owners of properties if these are leased to sex workers. Such criminal charges can then later be reflected in statistics and presented as ‘success stories’ of fighting violence against women. These laws adversely affect sex workers by exacerbating their vulnerabilities to homelessness through evictions from their homes and pushing them onto the streets from their established workplaces.

Stereotyping, stigma, and gender bias have far-reaching consequences on sex workers’ access to justice and can discourage sex workers from approaching the police while seeking help. Police often adopt rigid standards about what they consider as appropriate behaviour for women, and they treat those who do not conform to mainstream gender norms in degrading and humiliating ways. It is also reported that sexism, anti-sex workers bias, racism, and transphobia are still integral attitudes of many policeofficers who migrant sex workers interact with.

In medical settings specifically, emotional and physical violence can take the form of being forced to stop sex work to access a specific treatment or medical care at all or being strongly advised to stop sex work even when the medical complain has nothing to do with sex work.

Outing sex workers to other medical professionals is also a form of violence due to the stigma around sex work (ESWA, [sex work and mental health](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/168/attachments/original/1633509786/EN_-_Briefing_paper.pdf?1633509786), 2021)

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.

Because of the criminalisation of sex work that includes criminalisation of clients and third parties (known as the ‘end demand model’ or the ‘Swedish model’, in Sweden, France and Ireland for example) sex workers are either considered as criminals or victims. Violence happening within the frame of sex work or even within the private life of sex workers is usually framed with those lenses as well: sex workers are seen as “if they were looking for this violence” or as victims (of trafficking) and are deprived of agency and sometimes ability to report violence.

One of the key reasons for victimisation is the lack of safe working places, which is often the result of national sex work laws and municipal by-laws that criminalise or penalise sex work or certain aspects of it. Sex workers, and (undocumented) migrant sex workers in particular, are prevented from working at safe workplaces in a myriad of ways through the legal contexts pertaining to sex work.

An increasing body of research also links physical and sexual violence that occurs in the context of sex work, namely as workplace harm and abuse, to contextual factors such

as the legal status of sex work and the level of policing this entails. According to a systematic review of studies on the subject globally, 45% to 75% of sex workers are estimated to suffer violence in their lifetime, with a high level of policing practices contributing to increased levels of violence against sex workers. This correlation is confirmed by another systematic review that found that sex workers who had been exposed to repressive policing—such as recent arrest, prison, displacement from a workplace, and extortion or violence by officers—were three times more likely to experience sexual or physical violence by anyone, for example, by clients, partners, or people posing as clients. The lack of safe workplaces is also a typical characteristic of countries that have adopted variants of the Swedish model. This legal framework of client criminalisation reality has been evidenced to further isolate sex workers. This has resulted in sex workers being rendered more vulnerable to violence and harassment and affected by increased stigmatisation and discrimination.

Sources:

* K N Deering et al., “A Systematic Review of the Correlates of Violence Against Sex Workers,” American Journal of Public Health vol. 104, no. 5, 1 May 2014, pp. e42-e54, <https://doi.org/10.2105/AJPH.2014.301909>,
* L Platt et al., “Associations Between Sex Work Laws and Sex Workers’ Health: A systematic review and meta- analysis of quantitative and qualitative studies”, PLoS medicine, vol. 15 issue 12, 11 December 2018, <https://doi.org/10.1371/journal.pmed.1002680>;
* Related press release: London School of Hygiene & Tropical Medicine, “Criminalisation and Repressive Policing of Sex Work Linked to Increased Risk of Violence, HIV and Sexually Transmitted Infections”, 11 December 2018, https://www.lshtm.ac.uk/newsevents/news/2018/criminalisation-and-repressive-policing-sex-work-linked-increased-risk)
* [ESWA, Undeserving victims, a community report on migrant sex worker victims of crime in Europe,](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189) October 2020

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.
2. Please specify the budget allocated in your country/ies in focus, to health related response to survivors of all/some forms of violence mentioned above. Please indicate the percentage of the national budget devoted to this; the percentage of the international aid provided or received for this. Please explain the impact of Covid 19 to the funding of responses to all/some forms of violence in your State/institution.

There is no comprehensive data regarding funding allocated to prevent violence against sex workers. In many countries, sex workers’ organisations do not receive state funding. Most funding is directed to anti-trafficking organisations. In countries where clients are criminalised, governments financially support organisations, often faith-based organsiations who define prostitution as violence against women.

1. Please describe the needs of survivors of the abovementioned forms of violence as identified by your State/institution. Please share survivor-self identified needs and those of their families, with a focus on health emergency and long-term needs.

Sex workers and victims of trafficking survivors of violence need:

* **support to file official complaints and non-stigmatising treatment by the police and other official entities** (example of Sex Workers Alliance Ireland (SWAI) that provides legal assistance and referrals to case workers as well as direct support such as cash and temporary shelter).
* **housing and shelters open to LGBTQ+ and migrant communities** (example of Comitato per i Diritti Civili delle Prostitute onlus (CDCP onlus), formed in 1983, is the only sex worker-led organisation in Italy that runs a shelter for migrant women who have been identified as victims of trafficking and various forms of exploitation, including coerced sex work). Housing support should be unconditional and not based on sex workers’ stopping sex work
* **comprehensive and non stigmatising physical health-related support**
* **non stigmatising psychological counselling** (see briefing paper of ESWA on [sex work and mental health](https://www.eswalliance.org/briefing_paper_on_sex_work_and_mental_health)). ESWA is currently working on a programme together with academics and the Radical Therapist Network to set up a training for therapists about sex work.
* **strong sex worker-led organisations and networks** that can provide comprehensive support while relying on the trust that exists between peer workers.
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.

Sex workers globally organise and develop structures and programmes to protect themselves from violent clients and support themselves to work independently, such as identifying where to work, what prices to charge, and so on. Many sex workers’ organisations also play a vital role in preventing children from entering into the sex industry and supporting those who have been trafficked into it. The self-regulation model has been recognised by sex worker communities globally as a progressive model for the protection of their rights. The [Global Network of Sex Work Projects](https://www.nswp.org/) (NSWP) calls for this to be recognised through greater dialogue and partnership with the sex worker community, to simultaneously reduce trafficking in persons and address sex workers’ human rights concerns.

NSWP developed the [Sex Worker Implementation Tool (SWIT)](https://nswp.org/resource/nswp-publications/the-smart-sex-workers-guide-swit) that provides recommendations fro implementing HIV and STI testing, treatment and prevention strategies that empower sex workers. One of the recommendations of the SWIT is to address violence against sex workers as a priority to improve the health of the community.

At European level, sex workers are now included in the [EU Victims Rights Civil Society Forum](https://ec.europa.eu/info/policies/justice-and-fundamental-rights/criminal-justice/protecting-victims-rights/victims-rights-platform_en) through ESWA.

At national level [Jasmine project](https://projet-jasmine.org/), developed by Médecins du Monde is an initiative in France that helps sex workers reporting violence and access medical care.

Another example at local level is [Acceptess-T](https://www.acceptess-t.com/), a sex worker- trans- migrant-led organisation that offers comprehensive care based in Paris, France. The organisation offers HIV and STIs prevention, testing and linkage to care in partnership with a nearby public hospital, the CeGIDD, a centre for information, prevention and testing and the SMIT, centre for tropical and infectious diseases. They also offer health services related to hormonal therapies and psychological counselling. Acceptess-T does not only offer support to health-related issues but provides comprehensive help related to social counselling, advocacy and supports victims of violence.

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.

A core demand of sex workers is the full decriminalisation of sex work. An increasing body of research and evidence from the ground has led many movements and institutions to express support for decriminalisation, and activists have spoken out against the adverse effects of the criminalisation of sex workers, their clients and third parties. These include Amnesty International, Human Rights Watch, AIDS Action Europe, Transgender Europe, ILGA Europe and ILGA World, the Platform for International Cooperation on Undocumented Migrants (PICUM), the Global Alliance Against Trafficking in Women (GAATW), La Strada International, several United Nations agencies (e.g. UNAIDS, UNFPA, UNDP) and WHO.

They have also recognised that violence against sex workers must be prevented and addressed in partnership with sex workers and their organisations, and that sex workers and their organisations should be meaningfully included in policy making. Relatedly, the Global Commission on HIV and the Law17 points to evidence that where sex workers’ communities are empowered, supported and consulted, they can be strong allies for anti-trafficking efforts, providing critical information about trafficked and underage people.

([ESWA, Undeserving victims, a community report on migrant sex worker victims of crime in Europe,](https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/108/attachments/original/1629229189/Undeserving_victims_-_DIGITAL%281%29%282%29.pdf?1629229189) October 2020)

**Glossary of definitions for the purpose of this questionnaire**

* Gender based-violence, is violence directed toward, or disproportionately affecting someone because of their gender or sex. Such violence takes multiple forms, including acts or omissions intended or likely to cause or result in death or physical, sexual, psychological or economic harm or suffering, threats of such acts, harassment, coercion and arbitrary deprivation of liberty. Examples include, sexual violence, trafficking, domestic violence, battery, dowry related violence, coerced or forced use of contraceptives, violence against LGBTI people, femicide, female infanticide, harmful practices and certain forms of slavery and servitude. Gender-based violence may be perpetrated against women, girls, men, boys, and non-binary persons. Gender-based violence, including sexual violence, may linked to a conflict.
* Gender based violence against women (including girls) refers to violence that is directed against a woman because she is a woman or that affects women disproportionately. (CEDAW, [General recommendation 19](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/GEC/3731&Lang=en), 1992). It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Gender based violence affect women to different degrees depending on their experience of varying or intersecting forms of discrimination including on the basis of ethnicity/race, socioeconomic status, age, disability, being lesbian, bisexual, transgender or intersex, etc. [(CEDAW, General recommendation 35, 2017).](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=enhttps://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en)
* Violence against children refers to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse against children. (CRC, [General Comment No. 13](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f13&Lang=en), 2011). Violence experienced by boys and girls may also be a form of gender-based violence.
* Gender based violence perpetrated against LGBTI or other persons based on real or imputed sexual orientation, gender identity, and /or sex characteristics includes killings, imposition of death penalty for homosexuality, death threats, beatings, corporal punishment imposed as a penalty for same-sex conduct, and/or transgender persons, arbitrary arrest and detention, abduction, incommunicado detention, rape and sexual assault, humiliation, verbal abuse, harassment, bullying, hate speech and forced medical examinations, including anal examinations, and instances of so-called “conversion therapy” and forced/coerced medically unecessary procedures on intersex children and adults. (Report of the Independent Expert on protection against sexual orientation and gender identitiy, ([A/HRC/38/43](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/38/43), 2018, [OHCHR, Born Free and equal](https://www.ohchr.org/Documents/Publications/Born_Free_and_Equal_WEB.pdf), OHCHR, [Background note on human rights violations against intersex perople).](https://www.ohchr.org/Documents/Issues/Discrimination/LGBT/BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf)
* Conflict related gender-based violence: Conflict can result in higher levels of gender-based violence against **women and girls**, including arbitrary killings, torture, **sexual violence** and forced marriage. Women and girls are primarily and increasingly targeted by the use of sexual violence, including as a tactic of war. M**en and boys** have also been victims of sexual violence, especially in contexts of detention. *Conflict related sexual violence* refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, (often affiliated with a State or non-State armed group, which includes terrorist entities); the profile of the victim, ( frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity); the climate of impunity, (generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement). The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict”. (Report of the Secretary General [S/2019/280](https://undocs.org/en/S/2019/280), 2019.)
* Systemic or institutional violence refers to institutional practices, laws or procedures that adversely affect groups or individuals psychologically, mentally, culturally, economically, spiritually, or physically. This violence has its origins within or outside the state, and is a major obstacle for the realization of the right to health, a right which is interconnected with rights to the underlying determinants of health.