OutRight Action International Submission

# Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

# **Introduction**

# OutRight Action International is an ECOSOC accredited civil society organisation working at the international, regional and national levels to research, document, defend, and advance human rights for lesbian, gay, transgender, intersex and queer (LGBTIQ)[[1]](#footnote-1) people. This submission is a response to the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity call for inputs for a thematic report to be presented at the 50th session of the Human Rights Council in June 2022 on the topic of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to Sustainable Development Goal 3 of the UN Sustainable Development Agenda 2030, “Ensure healthy lives and promote well-being for all at all ages.”

**Introduction**

The ongoing public health crisis caused by the COVID-19 pandemic has had devastating impacts on the global community and heightened effects on populations who face multiple and intersecting forms of discrimination, including LGBTI persons. These impacts have been visibly pronounced on LGBTI persons' access to health and health services and their overall well-being, unveiling deeper structural injustices that expose the reality that LGBTI populations have been left behind in practice.

Even before the current COVID-19 pandemic, global data, though scarce, has shown that the overall health of LGBTI populations is consistently poorer than the general population. Discrimination, violence, criminalisation, and social exclusion are social determinants for poor health outcomes. While LGBTI people share common experiences of marginalisation based on sexual orientation, gender identity and expression, and sex characteristics, many also face intersecting forms of discrimination based on gender, age, race, ethnicity, ability, class, socioeconomic status, migration status, and other factors that drive exclusion and have increased vulnerability in the global health crisis.

The achievement of SDG 3 on Good Health and Wellbeing, as well as the full implementation of the Agenda 2030, explicitly relies on addressing the root causes of exclusion from access to health care and the fulfilment of the right to health and corresponding rights. In order to truly address the impacts and consequences of the pandemic and catalyse progress on SDG3, the needs of those most vulnerable and most affected must be urgently addressed.

It is also important to highlight that up to this moment; stakeholders have failed to realise a holistic approach to SDG commitments. No SDG can be fully implemented in a vacuum, and there is a need to see the Agenda 2030 for Sustainable Development as an interconnected transformative agenda.

**General Overview**

OutRight’s 2017 report titled “Agenda 2030: For LGBTI Health and Well-Being” outlined how SDG 3 is relevant to the specific health needs of LGBTI people.[[2]](#footnote-2) The paper highlights existing data pertinent to the health and well-being of LGBTI people across seven targets within this Goal, as well as relevant data gaps. Overall the report highlights severe deficiencies in the realisation of SDG 3 as it pertains to LGBTI individuals.

Improving the health and well-being of LGBTI people must be grounded in human rights that respect autonomy, bodily integrity, and self-determination. The human right to health has been asserted dating at least as far back as the adoption of the World Health Organization’s constitution in 1948.[[3]](#footnote-3) The International Covenant on Economic, Social and Cultural Rights also recognises “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”[[4]](#footnote-4) The right to health is contained in several other international legal frameworks, including the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child. Principle 17 of the Yogyakarta Principles states, “Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity.” This principle outlines States’ responsibilities to “take all necessary legislative, administrative and other measures to ensure the enjoyment of the right to the highest attainable standard of health, without discrimination on the basis of sexual orientation or gender identity.”[[5]](#footnote-5)

A human rights-based approach to achieving SDG 3 anchors implementation in State obligations established by international law. The realisation of the right to health relies on the fulfilment of corresponding rights that counteract some of the root causes of marginalisation. At the time of this submission paper, at least 68 United Nations Member States criminalise consensual adult same-sex relations, and at least 31 have enacted laws and regulations to restrict the right to freedom of expression in relation to sexual orientation issues (known as “propaganda laws”).[[6]](#footnote-6) At least 41 have laws and regulations that limit the ability of sexual orientation-related civil society organisations to legally register, and at least 68 have laws criminalising HIV non-disclosure, exposure, or transmission.[[7]](#footnote-7) These laws target and marginalise LGBTI populations and people living with and affected by HIV, effectively leaving them behind.

Of particular concern is the disproportionate burden of auto-immune related diseases experienced by this population, such as HIV, cancer and diabetes, contributing to higher rates of COVID-19 contraction and infection with more severe consequences.[[8]](#footnote-8) For those already suffering from poor mental health, the isolation and increased experiences of violence that accompanied COVID-19 lockdowns in many places have heightened mental stress among this community. LGBTI people's access to the right to the highest attainable standard of health is also negatively impacted by a higher prevalence of alcohol and substance abuse, lack of access to sexual and reproductive health services, and inadequate funding for effective interventions.[[9]](#footnote-9)

Examples emerging worldwide have shown that LGBTI persons who have chronic or other conditions in need of treatment or who need routine medical care, including gender-affirming care, have found it harder to access health care during the pandemic. This is especially prevalent in countries that have faced multiple lockdowns and where access to public and other services have faced interruptions. These interruptions may not only worsen aggregate health outcomes of this population but risk the reversal of decades of progress made in the fight against HIV/AIDS and other chronic conditions among LGBTI persons.

This crisis has exposed the gaps in global health systems and highlighted the fundamental need for universal healthcare, social protection and access to justice. Pointing further to the intersectional nature of the 17 Sustainable Development Goals and the need to work across goals if we are to achieve the Agenda 2030. In order to meaningfully address the impacts of the pandemic, the needs of those most vulnerable and most affected must be addressed. This is affirmed by the central pledge of the 2030 Agenda, predicated on “Ensuring that no one is left behind.”

**Sexual Orientation and Gender Identity Change Efforts’ Impact on Health**

Around the world, discrimination, violence, and oppression based on sexual orientation, gender identity and expression and sex characteristics persist within families, faith communities, and societies at large. A manifestation of this ongoing rejection is the belief that lesbian, gay, bisexual, transgender and queer (LGBTQ) people are considered disordered and therefore need “cure,” “repair,” or counselling to regain their presumed heterosexual, cisgender identities.[[10]](#footnote-10) The term “conversion therapy” is most widely used to describe this process of cis-gender, heteronormative indoctrination— that is, attempting to change, suppress, or divert one’s sexual orientation, gender identity or gender expression. The term, however, suggests that treatment is needed for a disorder and that people can be converted to cisgender heterosexuality through such “treatment.” Neither is true.

OutRight’s report, “Harmful Treatment: The Global Reach of So-Called Conversion Therapy,” shows that sexual orientation and gender identity and expression change efforts (SOGIE change efforts) are occurring nearly everywhere in the world and outline how health providers are utilising these tactics.[[11]](#footnote-11)

In Latin America and the Caribbean, family and religious pressure appear to be the main drivers of “conversion therapy,” with perpetrators largely religious personnel or private mental health providers. By contrast, in Asia, and particularly in China, which was strongly represented in the Asia responses, the data suggest that family “honour” and culture, more than religion, drive families and LGBTQ people themselves to seek out “conversion therapy,” primarily through private and public medical and mental health clinics, where it appears that physically abusive methods such as aversion therapy (electric shocks, nausea-inducing medications) are predominantly used.[[12]](#footnote-12) An additional important finding is that efforts to either curtail these practices through official policies, or ban practices altogether, appear to be minimal or at least minimally known. This is especially striking given the apparent pervasiveness of “conversion therapy.”

Although a health lens is sometimes used to justify these practices, and in many contexts, health practitioners are performing these efforts, data show that these practices are actually highly detrimental to the health of those undergoing SOGIE change efforts. The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation found in its 2009 systematic review on sexual orientation change efforts that “it is unlikely that individuals will be able to reduce same-sex attraction or increase other-sex sexual attractions through SOCE.” The Task Force further noted that, on the contrary, these approaches are causing harm, such as: “(…) depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviours, a feeling of being dehumanised and untrue to self, a loss of faith, and a sense of having wasted time and resources”[[13]](#footnote-13)

More recent evidence corroborates these conclusions. For example, a 2018 “Faith and Sexuality Survey,” which was administered in the U.K., found that among those respondents who had gone through some “conversion therapy” (10% of the 4,613), more than 60% reported that they suffered mental health issues as a result. Less than one-third said that “they had gone on to lead a happy and fulfilled life,” and almost 50% said that they had “found it hard to accept myself for who I am.” [[14]](#footnote-14)

The U.S. Substance Abuse and Mental Health Services Administration (SAMSHA) further notes that, “Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation, are coercive, can be harmful, and should not be part of behavioural health treatment.”[[15]](#footnote-15)

Based on the evidence to date, OutRight, therefore, asserts that SOGIE change efforts pose serious risks to the health and well-being of LGBTQ people. Without addressing the exponential harms caused by SOGIE change efforts, SDG 3 cannot be fully realised.

**Additional Mental Health Stressors**

SOGIE change efforts are not the only cause of increased mental health concerns among LGBTQ and intersex people. Research suggests that as a result of prejudice and discrimination, LGBTIQ people experience unique forms of psychological distress, termed “minority stress,” results from prejudice and discrimination, not inherent mental illness.[[16]](#footnote-16) Youth under 18 faces even greater risks. Studies have shown that family rejection greatly heightens vulnerability to mental distress. A landmark U.S.-based study in 2009, for example, indicated that compared to peers reporting no or low levels of family rejection, lesbian, bisexual and gay young people who report high levels of family rejection were 8.4 times more likely to report attempting suicide, 5.9 times more likely to report serious depression, and 3.4 times more likely to report using illegal drugs and to engage in unsafe sex.[[17]](#footnote-17)

**COVID-19**

COVID-19 has increased stigma and discrimination, as some governments return to the old trope of blaming LGBTIQ people and other socially marginalized populations to justify further exclusion and negligence. Many of the punitive, pathologizing and discriminatory laws that prevent LGBTIQ people from benefitting from the 2030 Agenda are also causing increased hardship and disproportionate difficulties due to COVID-19 among LGBTI people.

LGBTIQ people are among every stratum of society, with multiple and intersecting identities which compound discrimination: ethnic and racial minorities, poor people, people living with disabilities, migrants, incarcerated people, and people without access to stable housing, water and sanitation. Even before the pandemic, LGBTIQ people were disproportionately affected by social and structural forces leading to increased health disparities along almost every metric.

There is already evidence that vulnerabilities are amplified for LGBTIQ people during the COVID-19 crisis. In a 2020 report from OutRight Action International, interviews with LGBTIQ activists around the world show that as a result of COVID-19, food and shelter insecurity are on the rise, health care access is even more disrupted, and the risk of family and domestic violence is elevated.[[18]](#footnote-18)

In Hungary, a State of Emergency was used to propose and pass a law preventing transgender people from legally changing their gender in identity documents.[[19]](#footnote-19) In Uganda, police raided a shelter serving LGBT people and arrested 23, claiming that they were disobeying social distancing orders.[[20]](#footnote-20) Some governments, like the United States, have used the COVID-19 pandemic as an excuse to define abortion as non-essential health care and gender-affirming surgeries as elective procedures.[[21]](#footnote-21)

Increased policing to enforce curfews and stay at home orders resulted in widespread harassment, abuse, and, in some cases, the death of LGBTIQ people. Some countries enacted mobility restrictions based on sex (such as Peru, Colombia and Panama), exposing non-binary and trans people to harassment, detention and ill-treatment.[[22]](#footnote-22)

Discrimination and exclusion cause many LGBTIQ people to depend on informal economies for survival, including sex work. These individuals have been particularly impacted by the pandemic, as they are typically unable to receive support from social protection schemes provided by governments. A preliminary rapid survey of over 2700 gay men and other men who have sex with men on the social networking app Hornet indicates that 40% of respondents around the world anticipate an income reduction of over 30% due to the COVID-19 pandemic. 19% of respondents reported reducing meal sizes or cutting meals completely to save on costs.[[23]](#footnote-23)

COVID-19 has also had an enormous impact on millions of refugees, including LGBTIQ asylum seekers and refugees who in some cases remain in limbo as a result of governments closing borders. Worrying health and hygiene circumstances of refugee camps and detention centres in many countries leave people at very high risk of severe consequences from COVID-19.[[24]](#footnote-24)

The mantra of “leave no one behind” was meant to guide the SDGs. However, the lack of explicit inclusion and naming of LGBTIQ people, combined with widespread and pervasive stigma, discrimination, pathologisation, criminalisation and violence, means that social welfare and protection systems continue to overlook us. This is being felt all over the world, as unemployment caused by the crisis leaves LGBTI people - especially those further marginalised by multiple identities - without work while struggling to access State services.

Amid the above-described circumstances, another frightening dimension of the current COVID-19 crisis is widespread uncertainty regarding the funding and sustainability of LGBTIQ organisations. During the first years of the pandemic, donor priorities have shifted to COVID-19 emergency responses and widely prioritise large implementers over community-led groups. As LGBTIQ people continue to be denied essential services and face discrimination during this time, the need to rely on community-based and -led organisations is critical. The dire prospect of loss of funding for community-based and -led organisations as a result of the COVID-19 crisis is troublesome especially given the role they play in reaching LGBTIQ people and other marginalised and stigmatised groups with the services they need and their crucial role in monitoring and reporting on human rights issues.

The COVID-19 crisis underscores the importance of robust, community-responsive and rights-based public health systems accessible to all. The crisis also reinforces the need to accelerate efforts towards achieving Universal Health Coverage, a target included in the Sustainable Development Goals. To do so, we must ensure the meaningful involvement of LGBTIQ communities in policymaking, the delivery of services, and the protection of rights. Community efforts must be backed by reliable, community-validated data disaggregated by sexual orientation, gender identity and expression, and sex characteristics.

**Recommendations**

Civil society, the United Nations, Member States and other Stakeholders must work together to ensure accurate and comprehensive reporting on LGBTIQ health and well-being in development programming. This is necessary to fulfil State obligations to the principle of “leave no one behind” in Agenda 2030.

Therefore, OutRight Action International has the following recommendations:

General Recommendations:

* Commit to ending stigma and discrimination based on sexual orientation, gender identity and expression, and sex characteristics in the provision of healthcare services, including prevention, promotion, and treatment.
* Repeal punitive laws, policies, and practices criminalising consensual same-sex behaviour and gender diversity.
* Legally prohibit non-consensual medical procedures that target people based on their sexual orientation, gender identity, and sex characteristics, including intersex genital mutilation, forced sterilisation, and anal examinations.
* Meaningfully including LGBTIQ people in all decision-making processes concerning them, including framing health policy that is responsive and respectful to their needs.
* Collect and disaggregate data by sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) for all indicators where possible.
* Ensure that healthcare professionals are technically trained and supported to responsively address the health needs of LGBTIQ people in a non-discriminatory manner.
* Fund community-based and LGBTIQ-led organisations and service providers are typically better positioned to reach LGBTIQ people and gather data about their health.
* Fully funding community-led monitoring and reporting initiatives for LGBTIQ human rights at the national, regional and international levels to assist with accountability and other program improvements.
* Adopt specific protocols to include the needs of LGBTIQ people in social protections and welfare programs.
* Ensure that sexual and reproductive health programs are tailored to the specific needs of LGBTIQ people, including hormone therapy, routine sexual and reproductive health screenings, sexually transmitted infection testing and treatment, and family planning services responsive to diverse family forms.
* Eliminate barriers to affordable medicines linked to essential services for LGBTIQ people by implementing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities in accordance with the Doha Declaration and other price containment mechanisms.
* Enact efforts to realise Universal Health Coverage.

SDG Targets and Indicators Data Collection Recommendations:

HIV/AIDS Recommendations

* Disaggregate HIV incidence by sexual orientation and gender identity and expression and sex characteristics for indicator 3.3.1 of the Agenda 2030.
* Collect treatment coverage data disaggregated by sexual orientation and gender identity and expression, and sex characteristics.
* Measure stigma and discrimination in access to quality HIV services.

Sexual and Reproductive Health Recommendations

* Collect data on the number of services that address the sexual and reproductive health (SRH) needs of LGBTIQ people nationally.
* Measure access to reproductive health commodities relevant to LGBTIQ SRH by SDG 3.7 indicators.
* Document and fully implement the inclusion of LGBTIQ topics in comprehensive sexuality education that addresses gender equality, sexual diversity, sexual and reproductive health rights, responsible parenthood, sexual behaviour and violence prevention, and prevention of early pregnancy and sexually transmitted infections, as recommended by the UN Committee on the Rights of the Child.[[25]](#footnote-25)
* Ensure that SRH care providers commit to non-discrimination and respect human rights in providing SRH information and services.

Universal Health Coverage Recommendations

* Disaggregate coverage of essential services by SOGIESC for indicator 3.8.1.
* Include gender affirmation and sex reassignment services as essential services.
* Provide access to assisted reproductive technologies for LGBTIQ people with parenting intentions.
* Measure service denial, stigma, and delay experienced by LGBTIQ people while receiving treatment.

Mental Health & Well Being Recommendations

* Disaggregate national suicide mortality rate by SOGIESC for indicator 3.4.2.
* Collect disaggregated data by SOGIESC on the number and proportion of persons suffering from depression and anxiety.
* Collect the number of services that specifically address preventative and mental health promotion for LGBTIQ people nationally.

Drug & Alcohol Use Recommendations

* Concurrently collect data on the coverage of treatment interventions tailored to LGBTIQ people for indicator 3.5.1.
* Disaggregate data by SOGIESC on the harmful use of alcohol for indicator 3.5.2.
* Collect the number of services that address the use of stimulant drugs among LGBTIQ people nationally.
* Fully disaggregate all data about drug use by LGBTIQ people.

Access to Affordable Medicines Recommendations

* Disaggregate by SOGIESC the proportion of the population with access to affordable medicines, for indicator 3.B.1.
* Include anti-retroviral medicines, including antiretroviral medications used prophylactically, and hormone therapy as essential medicines.

Training the Health Workforce Recommendations

* Collect the number of medical and nursing programs that include components on LGBTIQ health-related needs and SOGIESC sensitive care. These numbers should be disaggregated by SOGIESC.
* Measure the inclusiveness of standards of care and assess technical skills on a range of specific LGBTIQ health needs.
1. OutRight International uses the acronym LGBTIQ to denote lesbian, gay, bisexual, transgender, intersex and queer people. We believe this acronym is inclusive of a broad range of people across our communities. It is not exhaustive, nor is it universally accepted or used. [↑](#footnote-ref-1)
2. OutRight Action International, Agenda 2030: For LGBTI Health and Well-Being, 2017, https://outrightinternational.org/content/agenda-2030-lgbti-health-and-well-being [↑](#footnote-ref-2)
3. World Health Organization, Constitution of the World Health Organization (1948), <https://www.who.int/governance/eb/who_constitution_en.pdf>, preamble. . [↑](#footnote-ref-3)
4. International Covenant on Economic, Social and Cultural Rights, New York, 16 December 1966, United Nations, http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx. [↑](#footnote-ref-4)
5. The Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity. (2006). Available from www.yogyakartaprinciples. org [↑](#footnote-ref-5)
6. ILGA World, State-Sponsored Homophobia 2020, see at: https://ilga.org/downloads/ILGA\_World\_State\_Sponsored\_Homophobia\_report\_global\_legislation\_overview\_update\_December\_2020.pdf [↑](#footnote-ref-6)
7. UNAIDS, Criminalisation of HIV Non-Disclosure, Exposure and Transmission: Backgroung and Current Landscape, available at: https://www.unaids.org/sites/default/files/media\_asset/JC2322\_BackgroundCurrentLandscapeCriminalisationHIV\_en.pdf [↑](#footnote-ref-7)
8. Baptiste-Roberts, K., Oranuba, E., Werts, N., & Edwards, L. V. (2017). Addressing health care disparities among sexual minorities. Obstetrics and Gynecology Clinics of North America, 44(1), 71–80. https://doi.org/10.1016/j.ogc.2016.11.003 [↑](#footnote-ref-8)
9. Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Protection against violence and discrimination based on sexual orientation and gender identity, available at: https://undocs.org/A/75/258 [↑](#footnote-ref-9)
10. In references to SOGIE change practices, OutRight has not documented the use of such practices against intersex people who are not presumed to be lesbian, gay, bisexual, transgender or queer; therefore, we use the acronym LGBTQ here. [↑](#footnote-ref-10)
11. OutRight Action International, Harmful Treatment: The Global Reach of So-Called Conversion Therapy, see at: https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy [↑](#footnote-ref-11)
12. Ibid., p. 40. [↑](#footnote-ref-12)
13. APA,2019. [↑](#footnote-ref-13)
14. Ozanne Foundation. (2018) Faith and sexuality survey executive report. <https://www.ozanne.foundation/project/faith-sexuality-survey-2018/>, p. 5. [↑](#footnote-ref-14)
15. Substance Abuse and Mental Health Services Administration (SAMHSA), Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, (2015). https:// store.samhsa.gov/system/files/sma15-4928.pdf [↑](#footnote-ref-15)
16. ​​Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129, 674-697 [↑](#footnote-ref-16)
17. C Ryan, D Huebner, R Diaz, & J Sanchez. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics, 123 (1): 346-352. [↑](#footnote-ref-17)
18. https://outrightinternational.org/sites/default/files/COVIDsReportDesign\_FINAL\_LR\_0.pdf [please add full cite and relevant page citations] [↑](#footnote-ref-18)
19. ILGA Europe, The Hungarian Constitutional Court has annulled new rules prohibiting legal gender recognition, but the situation caused by Section 33 is not completely eliminated, 12 March 2021, see at: https://ilga-europe.org/resources/news/latest-news/hungarian-constitutional-court-has-annulled-new-rules-prohibiting-legal [↑](#footnote-ref-19)
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21. CBS News, Coronavirus pandemic highlights barriers to health care for transgender community, 10 April 2020, see at: https://www.cbsnews.com/news/coronavirus-transgender-lgbtq-health-care-in-covid-19-pandemic/ [↑](#footnote-ref-21)
22. Reuters,. Gender divide: Peru, Panama limit men and women to alternate days out to stall the virus, see at: <https://www.reuters.com/article/us-health-coronavirus-peru/gender-divide-peru-panama-limit-men-and-women-to-alternate-days-out-to-stall-virus-idUSKBN21K39N>; Bloomberg, Bogota is hers on even days, his on odd days during lockdown, available at: <https://www.bloomberg.com/news/articles/2020-04-08/bogota-is-all-her-s-on-even-days-his-on-odds-days-for-lockdown> [↑](#footnote-ref-22)
23. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7352092/> [↑](#footnote-ref-23)
24. ILGA Europe, COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact, available at: https://www.ilga-europe.org/sites/default/files/COVID19%20\_Impact%20LGBTI%20people.pdf [↑](#footnote-ref-24)
25. United Nations Human Rights Council (UNHCR), ‘Report on the 55th session’ (22 March - 30 April 1999) UN Doc E/CN.4/1999/167 34, UNHCR, ‘Report on the 56th session’ (20 March - 28 April 2000) UN Doc E/CN.4/2000/167 para 16, and CRC, ‘General Comment No. 20 on the implementation of the rights of the child during adolescence’ (6 December 2016) GC/CRC/C/20 para 61 [PLEASE CHECK - I DREW THIS CITATION FROM ANOTHER REPORT THAT QUOTED THE CRC GUIDANCE] [↑](#footnote-ref-25)