

Strengthening Support to LGBTIQ Adolescents.

**Policy Report on the Rationale and
Scope for Strengthening Support to
Adolescents Who Are Lesbian, Gay,
Bisexual, Transgender, Intersex
or Questioning**



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About this Report:

This policy report forms one part of a broader scoping exercise on why and how Plan International could strengthen its programme, advocacy and institutional support to lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) adolescents.

The scoping exercise also included mapping and analysing the legal, social and other challenges and opportunities facing LGBTIQ adolescents in the world.

During the process, many of the findings from this broader scoping were found to have meaning and value for other organisations and institutions who are considering how to progress in relation to LGBTIQ adolescents.

This policy report is presented with the intention of sharing learning and promoting discussion amongst CSOs, NGOs, Governments, Donors and the international development community at large.

Viewpoint:

Ban Ki-Moon, United Nations Secretary-General

“Some say that sexual orientation and gender identity are sensitive issues. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake and because it is our duty under the United Nations Charter and the Universal Declaration of Human Rights to protect the rights of everyone, everywhere.”

Speech at UN Human Rights Council, March 2012

The scoping exercise that informs this report was commissioned by Plan UK and Plan Sweden. It was conducted by an Independent Consultant in September - November 2014. The process combined three methods:

1. Literature review: A web-based review was conducted of over 100 resources (such as research papers, toolkits and policy reports) of relevance to LGBTIQ adolescents and the work of Plan. They were sourced from Plan and a range of other organisations, including international NGOs, United Nations (UN) agencies, research institutions and LGBTIQ groups.

2. Stakeholder interviews: A total of 41 interviews were carried out. These targeted: 31 representatives of Plan (from Country Offices, Regional Offices, National Offices and International Headquarters); and 10 of external organisations, such as the United Nations Children’s Fund (UNICEF), Care International, Stonewall and the United Kingdom’s Department for International Development (DfID).

3. Plan workshop: A one-day workshop was held at Plan UK in October 2014. It involved over 25 (in-person and virtual) participants from within Plan (Country Offices, Regional Offices, National Offices and International Headquarters), as well as selected external organisations. The day included presentations from Plan offices in Brazil, Central America, Geneva and Thailand and provided opportunities for open discussion and debate.

Abbreviations

CCCD: Child-Centred Community Development

DfID: Department for International Development

GESA: Gender Equality Self-Assessment

Global Fund: the Global Fund to Fight AIDS, Tuberculosis and Malaria

LGBTIQ: lesbian, gay, bisexual, transgender, intersex or questioning

MSM: men who have sex with men

NGO: nongovernmental organisation

OSF: Open Society Foundation

Sida: Swedish International Development Cooperation Agency

SOGI: sexual orientation and gender identity

SRHR: sexual and reproductive health and rights

STI: sexually transmitted infection

UN: United Nations

UNAIDS: Joint United Nations Programme on AIDS

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNICEF: United Nations Children’s Fund

USAID: United States Agency for International Development

Key terms and definitions

A list of key terms and definitions related to LGBTIQ adolescents is provided in Annex I.

Status of LGBTIQ adolescents worldwide

1.0

1.1. Who are LGBTIQ adolescents?

The scoping exercise addressed **adolescents**. These are people aged 10-19 years who are undergoing a specific period in their lives when many become aware of the norms of their society, confirm their identity and take major decisions¹. Worldwide, there are an estimated 1.2 billion adolescents, representing one in six of the total population.

The scoping focused on adolescents who could be described as '**LGBTI**'. This is a broad category of those who self-identify as being lesbian, gay, bisexual, transgender or intersex (see Annex 1 for definitions). However, the concept of LGBTI was further extended to include adolescents who could be described as 'Q' – in terms of **questioning** their **sexual orientation and/or gender identity**. This recognises that - while some young people have a clear sense of 'who and what they are' and are able and comfortable to categorise their status - many others may be uncertain.

Box 1. Definitions of sexual orientation and gender identity

Sexual orientation: Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

Gender identity: Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modifications of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerism.

ILGA Glossary, International Lesbian and Gay Association, July 2014

Issues relating to being LGBTIQ can emerge at **different ages**. Some people's intersex identity is clear at birth². Some transgender people are aware from early childhood that their real gender identity differs from that assigned at birth³. Meanwhile, the UK charity Stonewall reports that young people generally realise that they are LG or B at about 12-13 years⁴. As such, while a focus on adolescents provides a practical starting point for Plan, it is recognised that many of the issues raised are relevant to work with all children (i.e. all those under 18 years⁵).

Many dialogues focus on the more commonly understood term 'LGBT'. However, while 'LGBTIQ' can seem cumbersome, it is important to understand and acknowledge its full meaning. This is because, for many adolescents (and adults too), sexual orientation and gender identity is a wide and fluid **spectrum**. Their position may be unclear in the present and/or may change in the future.

In practice this means that it should not, for example, be presumed that, because a young person has identified as heterosexual to date, they will be heterosexual in the future⁶. Equally, it should not be presumed that a young person who currently identifies as bisexual, is just 'going through a phase' and will 'make their mind up' in the future.

Being LGBTIQ is **not a lifestyle choice**. It is not something that is a 'whim' or something that someone does 'just to be different'. Neither is it something that is 'infectious' or 'imported' (such as from the global North to the global South). Instead, it is something that is central to a person's identity and their physical and emotional being.

The scoping highlighted that – across different agencies and organisations - **definitions** relating to LGBTIQ adolescents lack consensus. It also confirmed that, at any age, it is often neither possible nor desirable to categorise people according to their sexual orientation or gender identity.

There is, however, a broad sense that what adolescents who are LGBTIQ are exploring, feeling or identifying as does not fit comfortably within the '**norms**' of many societies. Such norms are based on the presumption that all community members, including those that are young, are heterosexual. This 'heteronormative' approach is based on rigid binary systems – which provide just two options (of male/female, masculine/feminine) rather than considering individual identities as ranging across a spectrum for each aspect of gender identity, gender expression, biological sex and beyond.

There can be a risk associated with organisations even using **labels** such as LGBTIQ – as it can contribute to someone being treated as ‘different’ to others. It is critical to look at the issues and needs of adolescents in all their diversity and to move beyond narrow understandings and systems that do them harm. However, the scoping also found that LGBTIQ adolescents often have **additional and/or heightened needs** that can be neglected within overly broad interventions. As such, it can be important to take a dual approach – one that challenges and changes society-wide attitudes and approaches, while also better understanding and supporting the specific needs of some groups.

Finally, the literature review for the scoping highlighted a number of significant limitations to the evidence base for different groups within the sexual orientation and gender identity spectrum. For example, research rarely focuses on adolescents or address all of LGBTIQ community members (as opposed to, for example, just lesbians and gay men). Where possible, this report specifies the types and ages of the people who are referred to.

1.2. How many LGBTIQ adolescents are there?

The scoping found that there is no agreed estimate of **the number** of LGBTIQ adolescents worldwide. Furthermore, there is only limited data – often of variable quality and almost all from the global North – for individual communities or countries⁷. Examples of available data include that:

- In the **UK**, a government survey found that 1.7% of 16 - 24 year olds identify as LGB⁸.
- In **New Zealand**, a survey of 8,000 male and female secondary school students found that 0.9% reported exclusive attraction to the same sex and 3.3% to both sexes⁹.
- In **Asia**, it is estimated that transgender women represent the following percentages of people who were identified as male at birth: 0.7% in Pakistan; 0.12 – 0.24% in India; 0.6% in Thailand; and 0.1 – 0.2% in Malaysia¹⁰.

Based on these indications, it can be suggested that, across the world, there are a large number of adolescents who self-identify as LGBTI (although many may not be open about their status due to fear of discrimination or violence). There are also a very significant number who have questions about their sexual orientation and/or gender identity.

1.3. What is the legal status of LGBTIQ adolescents?

Like any other human beings, LGBTIQ adolescents have universal human rights mandated by, among other international commitments, the **Universal Declaration of Human Rights**¹¹ and **Convention on the Rights of the Child (CRC)**¹². In 2003, the Committee of the CRC specifically clarified that States are obliged to protect adolescents from discrimination on the grounds of sexual orientation¹³. These and other relevant international Conventions and Declarations are outlined in Annex II.

Box 2: Universal Declaration of Human Rights

2

“All human beings are born free and equal in dignity and rights.”

Article 1, Universal Declaration of Human Rights, UN General Assembly, December 1948

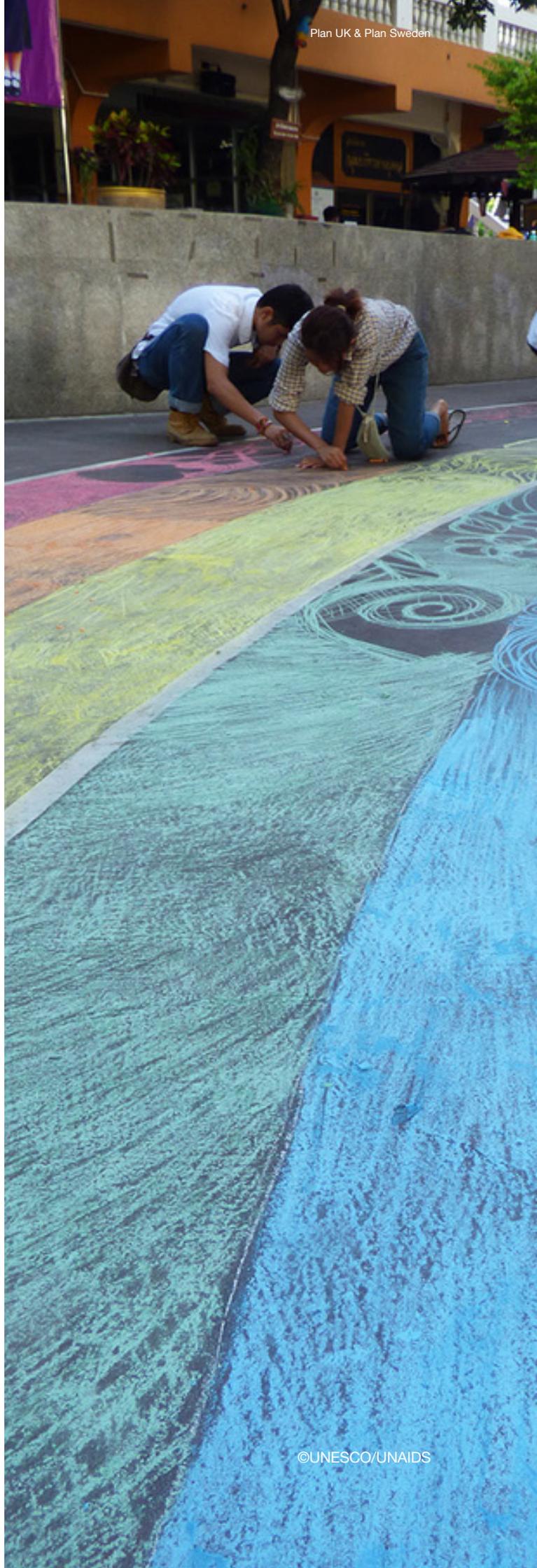
In recent years, recognition of the rights of LGBTIQ people has gained profile and pace. In March 2007, the **Yogyakarta Principles** were developed by a group of international human rights experts. They affirm binding international standards relating to sexual orientation and gender identity with which all States must comply¹⁴.

The UN has made a series of clear commitments to the rights of LGBTIQ communities. In June 2011, the **Human Rights Council** adopted resolution 17/19 - the first ever on human rights, sexual orientation and gender identity¹⁵. This paved the way for the first official UN report on the subject, prepared by the Office of the High Commissioner for Human Rights¹⁶.

This cited evidence of a pattern of systematic violence and discrimination in all regions. In 2014, the Human Rights Council approved a ground-breaking resolution condemning such abuse against people based on their sexual orientation or gender identity¹⁷. The same year saw the first ever side event at the Council exclusively focused on intersex issues¹⁸.

In some contexts, such international measures are reflected in **regional commitments**. In 2013, for example, the African Commission on Human and People's Rights agreed a resolution opposing human rights violations against people on the grounds of sexual orientation and gender identity¹⁹. In turn, countries may develop **national legislation** that combats discrimination against LGBTIQ individuals²⁰. However, even in countries with supportive legislation, such measures are often poorly implemented and/or LGBTIQ people are penalised within other types of laws (such as relating to the family or employment)²¹.

In multiple countries, the reality is that LGBTIQ people, including adolescents, are subjected to legal frameworks that are not only unsupportive, but punitive. As a stark example, as of 2015, some form of homosexuality was **illegal** in 76 countries (out of which Plan has offices in 22²²) and the subject of the **death penalty** in ten (Iran, Mauritania, Saudi Arabia, Sudan and Yemen, Afghanistan, Pakistan, Qatar, Nigeria and Somalia)²³



1.4. What is the social status of LGBTIQ adolescents?

In many countries, the legal challenges described above combine with an intensely negative social, cultural and religious environment for LGBTIQ adolescents. In turn, this fuels **stigma, prejudice and discrimination**, often at an extreme level.

Such marginalisation comes in different forms. In countries where same-sex relationships are criminalised and discrimination is State-sponsored, LGBTIQ people often suffer from arbitrary arrests, judicial violence, imprisonment and torture²⁴. However, **hate crimes, violence and killings** also happen in countries that are considered 'liberal'. For example, in 2014, the Inter-American Commission on Human Rights documented the pervasive nature of violence against LGBT people in the region, including murders. Through its Registry of Violence²⁵, the Commission found that, during this period, at least 594 people who were LGBT, or perceived to be so, were killed²⁶.

There are indications that - within this climate of **systematic and brutal violence** against LGBTIQ communities - young people can be at especially high risk. Such community members may be seen as 'easy targets' who, compared to LGBTIQ adults, have particularly low knowledge, skills and/or opportunities to speak out and seek help. In the report of the Inter-American Commission on Human Rights (cited above), 80% of the transgender victims were under the age of 35 years. In its report Not Safe at Home, Human Rights Watch documented how the 40% of Jamaica's young homeless people who are LGBTIQ are even more likely than adults to be the subject of violence (including rape) by the public and the police²⁷.

Viewpoint: Not Safe At Home, Human Rights Watch²⁸

“On July 21, 2013, 16-year-old Dwayne Jones attended a dance party in Montego Bay, Jamaica, dressed in women’s clothing. When partygoers at the bar in Irwin, St. James, realized she was biologically male, they subjected her to almost every form of physical violence imaginable - beating, stabbing and shooting her before running her over with a car. No one helped her during the assault. When police arrived, they found her body dumped in bushes along the main road. Dwayne had been homeless since age 12, rejected by her family because of her gender identity.”

Marginalization comes within different settings and institutions. In many cases, the negative experiences of LGBTIQ adolescents are influenced by widespread **myths and misinformation**, such as that homosexuality is 'a sin', 'against traditional culture', 'un-natural', 'a western agenda'²⁹ or connected to paedophilia. Such harmful views are sometimes promoted by the very people who are central to the lives of young people, such as their parents, teachers or youth and religious leaders.

For adolescents, the challenges related to being LGBTIQ often **combine** with - and make worse - other general issues experienced by their age group (such as intense peer pressure). They also inter-play with factors that make-up each individual's life - such as in the case of an adolescent who is also poor, a migrant and from an ethnic minority.

1.5. What are the needs of LGBTIQ adolescents?

Like any other 10 - 19 year olds, LGBTIQ adolescents are experiencing a unique time in their lives - characterized by physical, psychological and social change and development. Within this phase - which is associated with words like 'turmoil', 'transition' and 'experimenting' - LGBTIQ adolescents face many of the same issues as their peers. However, due to their marginalised - and, often, criminalised - status and the pressures associated with 'coming out'³⁰, they often also experience **specific challenges**.

Some of these needs may apply to all adolescents who are LGBTIQ. However, others can be specific to individual groups. For example, intersex adolescents may face 'corrective' or 'normalising' medical and psychological practices, including intersex genital mutilation³¹. Transgender adolescents often face specific legal challenges, such as with their gender identity not being recognised in law.

Box 3: Examples of additional or different needs and challenges experienced by LGBTIQ adolescents³²

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Additional types or levels of needs

For example, in comparison to their peers, LGBTIQ adolescents may need:

- Legal support to leave a country, such as due to State-sanctioned violence and torture.
- Support to cope with extreme homophobic bullying in schools.
- Counselling – due to being rejected by their family and being suicidal.
- Specific sexual health commodities, such as `lubricant for anal sex.
- Access to a 'safe house', providing shelter from violence by family members.

Additional or stronger barriers to accessing support and services

For example, in comparison to their peers, LGBTIQ adolescents may:

- Be rejected by mainstream community projects `due to being 'against local culture'.
- Experience strongly negative attitudes by local `health workers who are judgemental.
- Lack access to programmes with technical and social expertise on LGBTIQ adolescents.
- Not feel safe enough to state their real identity and needs to project workers.
- Be unable to access LGBTIQ services due to fear of legal action, such as arrest.

Weaker opportunities or capacity to participate in

For example, in comparison to their peers, LGBTIQ adolescents may:

- Be seen as 'un-human' or 'un-godly' by decision-makers and unworthy of an opinion.
- Be excluded from or humiliated within local or national consultation processes.
- Not be legally recognised as a citizen.
- Be unable to participate in decision-making processes without fear of violence.
- Be classified as a 'minority group' and not seen as a priority for training in leadership.

1.6. How does marginalisation impact on LGBTIQ adolescents?

Across the world, the discrimination experienced by LGBTIQ adolescents has multiple impacts on their rights. The following pages provide an overview of such impacts, focusing on six Articles of the Convention of the Rights of the Child (CRC) It should be noted that - linked to the rights violation described below - there are many examples of where LGBTIQ adolescents' Right to life and development (CRC article 6) is also violated.

Box 4: Violations of the Rights of LGBTIQ adolescents

The right to education (CRC Art 28)

LGBTIQ adolescents may not be able to start, continue or complete their education at different levels. This may be due to open practices, such as homophobic or transphobic bullying and other forms of violence by other students, teachers or school authorities. It may also be due to less obvious restrictions to their identity, such as rules relating to school uniform or gender-segregated sanitary facilities³³. LGBTIQ adolescents may feel especially excluded from sex education - if it takes a hetero-normative approach and does not address the spectrum of sexual orientations or gender identities³⁴. The impacts of education-related marginalisation can include LGBTIQ adolescents having low personal and academic self-esteem and poor educational achievement, affecting their future options, including for employment.

The right to economic security

The stigma and discrimination experienced throughout society (for example, in families, schools and workplaces) can severely limit LGBTIQ adolescents' prospects. In many contexts, these challenges reduce the opportunities of such young people, for example with them achieving a lower level of employment or job satisfaction compared to their peers or being less able to access social protection schemes. In other contexts, the challenges can have acutely negative impacts, for example leading to homelessness or to entering sex work as a means to survive.

The right to protection (CRC Art 4)

LGBTIQ adolescents face daily threats and abuse (including verbal, physical and sexual) due to the stigma and discrimination associated with their sexual orientation or gender identity. In some contexts, such abuse can be extreme, for example with high levels of gender-based violence.

Yet LGBTIQ adolescents may be unable to secure help from those in authority – such as the police or community leaders - whose duty it is to provide support. The impacts of these protection-related issues can include LGBTIQ adolescents suffering severe ill health (mental and physical) and loss of life. They may also experience low achievement (such as in school or employment) and be unable to play their full role in families and communities.

The rights of refugee children (CRC Art 22) and the Right to protection in emergencies (CRC Art 4)

Within situations of heightened tension and danger, LGBTIQ adolescents may experience especially high marginalisation and vulnerability - both within their own context and, in the case of being refugees, the host community. Such young people may also be discriminated against by relief systems - such as for emergency accommodation or food distribution - that are based on 'conventional' family units. The impacts of such challenges on LGBTIQ adolescents can include reduced access to relief (affecting their health and survival) and longer-term limitations, such as to integrating within post-conflict

The right to participate (CRC Art 12)

LGBTIQ adolescents may lack opportunities to contribute at all levels (family, organisational, community, national, etc.) to decision-making, including about programmes and policies that affect their lives. This may be due to obvious reasons, such as discrimination by those that design participation processes or criminalisation of LGBTIQ communities by the law. It may also be due to more 'hidden' factors, such as that: the specific needs of LGBTIQ adolescents are not appreciated; and participation processes do not provide 'safe spaces' for such adolescents. The impacts can include that LGBTIQ adolescents are unable to make their voices heard and, in turn, their needs and ideas are excluded from critical programmes and policies.

The right to the highest attainable standard of health, including sexual and reproductive health (CRC Art 24)

LGBTIQ adolescents may have heightened and/or different sexual and reproductive health and rights (SRHR) needs compared to their peers. This is due to a combination of the social marginalisation they face and their increased biological vulnerability (such as in the case of HIV among gay male and transgender adolescents who have anal intercourse³⁵). LGBTIQ adolescents may face multiple challenges to accessing the SRHR services required, for example due to discriminatory attitudes and lack of technical expertise among service providers. The impact on LGBTIQ adolescents can include low levels of SRHR knowledge and poor SRH, such as in relation to HIV and sexually transmitted infections (STIs).

High quality, appropriate and accessible information, services and commodities are often neither available nor accessible to them. This can be due to obvious reasons, such as the hostile attitudes of health workers. However, it can also be due to less obvious reasons. Examples include that a transgender person cannot register for health services under their gender identity or a lesbian does not seek health care (suffering self-stigma and feeling unworthy of support - having grown up with messages that lesbians are 'abnormal'). In combination, the impact of such factors can include LGBTIQ adolescents experiencing additional and worse mental and physical health issues. For example, as illustrated in Annex V, multiple research studies have found that, in comparison to their peers, LGBTIQ adolescents experience disproportionately high levels of depression and suicide.

1.7. What programmes are available to support LGBTIQ adolescents?

While the scoping exercise was being conducted, **UNICEF** launched its first ever position paper on eliminating discrimination against both children and parents on the grounds of sexual orientation and/or gender identity³⁶. The paper presents the evidence and argument for and resulted from extensive internal consultation³⁷. In December 2011, **UNESCO** convened the first-ever international consultation on addressing homophobic bullying in educational institutions. This involved UN agencies, NGOs, Ministries of Education and academia from over 25 countries, with the findings amalgamated into a good practice guide³⁸.

In 2013, with financial support from the Government of the Netherlands, UNESCO also launched Education and Respect for All: Preventing and Addressing Homophobic and Transphobic Bullying in Educational Institutions³⁹. This three-year project will conclude in 2016 with a high-level meeting of Ministers of Education.

Viewpoint: United Nations Children's Fund

"Further steps should be taken to change attitudes and protect children and families from discrimination based on their sexual orientation and gender identity. Positive social norms that recognize and welcome diversity in cultures around the world should be reinforced to include the recognition, protection and promotion of the human rights of all people, regardless of real or perceived sexual orientation or gender identity. Abuse based on real or perceived sexual orientation or gender identity should not be tolerated. All measures to protect LGBT children and LGBT parents should be enforced in a manner that truly is in the best interests of children, and does not simply silence the victim or drive the discussion underground."

Eliminating Discrimination against Children and Parents Based on Sexual Orientation and/or Gender Identity, Position Paper No. 9, UNICEF, November 2014

Viewpoint: Plan International

"Plan International condemns any violation or breach of human rights and this includes discrimination based upon sexual orientation"; "stigma, discrimination and homophobic attacks are prevalent and on the increase worldwide. Discriminatory laws that criminalize private, consensual same-sex relationships are currently in place in 76 countries leaving millions of adolescents at increased risk of arrest, prosecution and imprisonment and growing up in a climate of fear. Legislation outlawing homosexuality often legitimises and fuels the number of homophobic attacks and prejudice"; and "very little progress has been made in this area - it is an issue which should be urgently addressed, including in the follow-up to the Millennium Development Goals." Statement by Plan International 25 February 2014

In 2013, Plan International issued a position paper on Putting Children and Young People's Rights at the Heart of the Post-2015 Agenda. This identified the need for measures to respect, protect and fulfil the rights of all children and young people, including those discriminated against on the grounds of their sexual orientation or gender identity. It also called for: changes to discriminatory laws that criminalise private and consensual same-sex relationship; and universal access to SRHR information and services that are accessible to all adolescents, regardless of their sexual orientation. Issues in support of LGBTIQ adolescents were also raised in Plan's post-2015 position papers on gender and adolescent SRHR.

Other recent initiatives by UN agencies include that, in 2014, the World Bank issued a pioneering report estimating the economic cost of homophobia. This focused on India and estimated the cost to be 0.1–1.7% of Gross Development Product⁴⁰. Such efforts have been supported by technical initiatives within the UN, such as, in 2014, the Inter-Agency Working Group on Key Populations publishing briefs on HIV and young MSM and young transgender people. Meanwhile, efforts have also benefited from the support of **high profile leaders**, such as with Ban Ki-Moon publicly supporting the UN's Free and Equal campaign⁴¹.

Supporting young men having sex with men (MSM) within an SRHR/HIV programme, Benin:

Within SRHR/HIV work in the South of the country, Plan Benin has supported MSM, including those who are adolescents⁴². The project has included: adapting existing tools for MSM communities; training approx. 120 MSM peer educators (in areas such as health and HIV prevention); providing commodities (such as condoms and lubricants); and strengthening leadership among MSM groups. The work has taken place in a context where sexual minorities are highly stigmatised and marginalised. As such, Plan had to start with sensitisation of its own staff. It has also had to work at different levels and in partnership with other stakeholders (including local MSM groups, other international NGOs and government structures). The project is part of a programme funded by the Global Fund in support of its Sexual Orientation and Gender Identity SOGI Strategy.

An increasing number of **international donors** are investing in LGBTIQ-related programmes. For example, in February 2015, the Swedish and United States Embassies to Thailand, along with the United States Agency for International Development (USAID) and United Nations Development Programme (UNDP), launched the second phase of the initiative Being LGBT in Asia⁴³. This ground-breaking \$8 million project seeks to strengthen and empower LGBTI regional civil society advocacy groups and community networks in China, Indonesia, the Philippines and Thailand. Also, the Swedish International Development Cooperation (Sida) (via Plan Sweden) funded Plan Thailand's work to address homophobic and transphobic bullying in schools (described in Box 5). At the time of the scoping, DfID was developing a theory of change (identifying potential entry points for action)⁴⁴ and planning to open a funding channel for LGBTIQ-related work by its existing partners among UK-based NGOs⁴⁵. It also planned to have an advisor on related issues (LGBTIQ, gender and disability) within its civil society department. Meanwhile, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) continues to welcome country proposals that respond to its Sexual Orientation and Gender Identity (SOGI) Strategy⁴⁶. Also some foundations – such as the Open Society Foundation (OSF) - have a strong record of supporting human rights work related to LGBTIQ communities.

Programme support to LGBTIQ adolescents 2.0

2.1. What is the current state of support to LGBTIQ adolescents? What lessons can be learnt?

The scoping exercise found that, in some developing countries – especially where sexual and/or gender minorities are criminalised and highly marginalised – there is little or no support available to LGBTIQ adolescents. Such young people risk being ‘invisible’ – unable to speak openly about their needs or to access the support that they require.

However, the scoping also found that, in other contexts, there are a growing number of initiatives that provide some type of programmatic and/or advocacy support to LGBTIQ adolescents. Some of these work openly, providing targeted support. Others work more discretely, even underground, or integrate their support into wider initiatives. The scoping found that, in many situations, LGBTIQ adolescents **‘fall through the gap’** of the support provided by local health and development groups. While their needs a) as adolescents and b) as LGBTIQ people, are interlinked within their lives, the programmes and services to support them are often ‘siloed’ (focusing on one or the other).

Building leadership among LGBTIQ adolescents, Latin America:

Plan has involved LGBTIQ networks in a regional SRHR project for adolescents in five countries (Bolivia, El Salvador, Guatemala, Honduras and Nicaragua)⁴⁷. The project aims to increase the involvement of young people and their networks in SRHR-related decision-making. It uses four approaches focused on: capacity building; advocacy; education; and communication. It has brought the members and issues of LGBTIQ networks together with other groups and agendas, creating a more diverse and powerful advocacy movement for adolescent SRHR.

There is also a major risk of LGBTIQ adolescents being simply ignored within development initiatives. For example, if needs assessments do not ask appropriate questions, involve all adolescents or provide an environment in which respondents can answer honestly, they are unlikely to identify community members who are LGBTIQ. This risks validating (false) perceptions that *“we don’t have them in our community”*.

Advocating on the needs of LGBTIQ adolescents in disasters:

Within the Because I Am a Girl Campaign, Plan published a report - *In Double Jeopardy: Adolescent Girls and Disasters*⁴⁸. The report states that: *“adolescent girls who are lesbian, bisexual, transgender or intersex may also face difficulties in disasters. In some societies, homosexuality is illegal or unrecognised, and young lesbians and gays already struggle with the discrimination they face in coming out; a struggle that is not made easier in a disaster.”* It notes that: the specific needs of LGBTIQ people are not addressed within the relief protocols of UN agencies; and the family is used as the common unit for analysing and distributing relief services (contributing to a scenario whereby *“relief aid rarely extends to LGBTI people”*).

In contrast, another risk is of initiatives causing harm by **singling out** LGBTIQ adolescents and identifying them to their peers and communities. This ‘outing’ might be inadvertent or based on good intentions. For example, adults may be unaware that how a young woman answers questions about her hobbies or peer group could identify her as lesbian to her peers. Or an HIV programme might indirectly identify a young man as being gay by providing him with different types of condoms to other adolescents.

A strong message from the scoping was that the majority of mainstream health and development initiatives are **‘LGBTIQ blind’**. Such initiatives are based on – and designed to respond to – heterosexual norms. This means that, for example: an SRHR programme is designed on the presumption that men only have sexual relations with women; or an emergency relief programme is designed based on the presumption that everyone lives in ‘conventional’ family units.

A further challenge is that, where they exist, specific programmes to support LGBTIQ adolescents may be **'vertical'** – focusing on one specific factor of a participant's life, rather than the broad range of factors that make them a human being. This is particularly exemplified in the HIV field where many interventions have provided prevention or treatment services – such as condoms, HIV testing and antiretroviral therapy – to adolescent men who have sex with men (MSM) and transgender people due to them being identified as high risk groups. Yet such programmes rarely address the participants' more holistic needs, such as for housing, employment or more general healthcare .

A further clear message from the scoping was that it is vital to consider not only what support is provided to LGBTIQ adolescents, but how. The exercise found that there is a need for further work to be carried out – in collaboration with LGBTIQ adolescents and groups that support them - to understand what constitutes **'LGBTIQ adolescent-friendly'** services and how they do (or don't) differ from general 'youth-friendly' services. Meanwhile, all approaches should be based on a thorough understanding of the environment in which support for LGBTIQ adolescents is provided, such as in terms of the legal, social and religious context.

Integrating LGBTIQ-related issues into an HIV and sexuality manual, Ecuador:

Plan Ecuador has used Paso a Paso - an adaptation of Stepping Stones (a training package on HIV, communication and relationships) developed in partnership with UNICEF and ActionAid⁵⁰. The manual includes many sections that address issues of sexuality and sexual orientation. It is designed to enable teams of trained facilitators to support community members through workshops over a period of 3-4 months.

The scoping also highlighted that it should not be presumed that what works for reaching adult LGBTIQ people will be appropriate for adolescents. For example, in Taipei, researchers found that traditional HIV prevention programmes based in venues (such as bars) were not effective for reaching young MSM – who now meet most of their sexual partners through social media⁵¹.

A final issue to note is that strengthening work in this area raises important budgetary questions for consideration by organisations such as Plan. For example, tailor-made interventions to meet the specific needs of LGBTIQ adolescents may not be perceived as providing good **'value for money'** – as they may not reach large numbers of community members. However, over time, they can be demonstrated to have a good cost-benefit because the adolescents they target are highly vulnerable and are priorities for support. It is also important to recognise that much can be done to support LGBTIQ adolescents without an organisation incurring additional costs.

2.2. Spotlight: What are the key issues for service delivery for LGBTIQ adolescents?

The scoping exercise indicated that, within the design and delivery of programmes to support LGBTIQ adolescents, it can be especially important to look at:

- **Prioritising confidentiality** to ensure that LGBTIQ adolescents feel physically and emotionally safe while engaging with the programme⁵².
- **Ensuring effective pathways to services** in terms of how LGBTIQ adolescents: find out about services; identify their need to access them; and take the decision to use them⁵³.
- **Considering language.** For example, in some contexts, LGBTIQ adolescents have their own specific jargon and ways of communicating with each other⁵⁴.
- **Providing peer education** – to build on relationships of trust and confidentiality among LGBTIQ adolescents⁵⁵.
- **Using social media** – such as Facebook, blogging and SMS - that is both ‘adolescent-friendly’ and meets the heightened needs for confidentiality of LGBTIQ adolescents⁵⁶.
- **Empowering LGBTIQ adolescents about their human rights** to build their knowledge and self-esteem⁵⁷.
- **Training providers on ethical and technical LGBTIQ issues.** Examples of providers include teachers in schools or health staff in government clinics to which LGBTIQ adolescents are referred⁵⁸.
- **Offering holistic support** that, for example, combines services with opportunities for LGBTIQ adolescents to ‘be themselves’, talk freely and socialise with others⁵⁹.
- **Addressing self-stigma**, as well as stigma among the wider community⁶⁰.
- **Building the capacity of LGBTIQ adolescent leaders** to enable them to articulate their own issues and needs within decision-making processes⁶¹.
- **Providing appropriate role models for LGBTIQ adolescents** (who may, otherwise, have few people to learn from about self-esteem and healthy relationships)⁶².
- **Providing integrated services**, such as for HIV/ SRHR¹⁸⁰, which provide comprehensive support to LGBTIQ adolescents and make accessing services cost and time effective⁶³.
- **Working in different locations for LGBTIQ adolescents.** For example, if possible, combining the provision of a ‘safe space’ and targeted programme for LGBTIQ adolescents with peer outreach to schools and the training of local teachers⁶⁴.

2.3. Spotlight: Plan's existing work to support LGBTIQ adolescents and fulfil their rights

Although an emerging area, supporting LGBTIQ adolescents is not new for Plan. Short case studies have been offered throughout the report, and below, two longer case studies offer more detailed accounts. Future work will build on these efforts, according to context.

Addressing sexuality and sexual orientation in guides for adolescents, Colombia:

Plan Colombia developed and used a set of four interactive and participatory guides (*¿Dónde Habita Mi Sexualidad?*) to support adolescents to explore and fulfil their sexuality in a safe and responsible way⁶⁶. The guides address a full range of relevant issues, including sex, gender, sexuality and sexual orientation.

Viewpoint: Plan International

“Marginalisation and exclusion exist for many different reasons including language, ethnicity, disability and gender. Whatever its causes and wherever they are, we will address them head-on to reduce their effects on children’s rights.”

One Plan, One Goal: Plan’s Strategy to 2015

Box 5: Detailed case study on addressing homophobic and transphobic bullying in schools, Plan Thailand

In 2014, Plan Thailand conducted comprehensive research on homophobic and transphobic bullying in secondary schools⁶⁷. This built on its Learn without Fear campaign, as well as global action on homophobic bullying in schools led by UNESCO. Before starting the research, Plan carried out capacity building of its own staff. This focused on a two-day training conducted by a local LGBTIQ organisation. This addressed key definitions and concepts related to LGBTIQ communities, while also enabling participants to explore and confront their own values and attitudes.

The research was commissioned by Plan Thailand and UNESCO and conducted by Mahidol University, with support from Plan Sweden and Sida and Joint United Nations Programme on AIDS (UNAIDS). The objectives were to: gather evidence on the nature, scale and impact of bullying targeting students who are or are perceived to be same-sex attracted or transgender; study various aspects of the lifestyles of secondary school students that might be linked to bullying behaviours; document the availability of existing prevention and support interventions on bullying, including accountability measures for those perpetrating bullying; and assess the support and educational needs of same-sex attracted and transgender secondary school students, as well as the training needs of teachers in the area of effective bullying prevention. The study took place in secondary schools in five provinces (Bangkok, Central, North, Northeast and South provinces). It combined quantitative and qualitative methods, using a rights-based and community-engaged approach. It involved: 67 focus group discussions; 56 in-depth interviews; and observation. The target groups were: male, female and LGBT lower and upper secondary school students; teachers; and administrators.

- As described in an in-depth report, the results of the research included that:
- 56% of self-identified LGBT students had been bullied within the past month.
- Among them, 31% experienced physical abuse, 29% verbal abuse, 36% social abuse and 24% sexual abuse.

Compared to their non-LGBT peers, a significantly higher proportion of those who had been bullied had: missed classes in the past month; drunk alcohol; been depressed; had unprotected sex in the past 3 months; or attempted suicide in the past year.

The research identified different types of bullying: physical (such as slapping and kicking); verbal (such as name calling and threats); social (such as gossiping and social exclusion); and sexual (such as touching genitalia and pulling down clothing). It gave insights into the experiences of both those being bullied and those doing the bullying. It also highlighted relevant weaknesses within the educational environment.

For example: none of the schools had anti-homophobic or transphobic bullying policies; and some teachers' responses reinforced (rather than reduced) stereotypes of LGBT students as 'deviant' or 'pitiful'.

The process led to recommendations for schools, policy-makers, society at large and research institutions. Plan, UNESCO and CSO partners have used the results to design a three-year programme called Making Educational Institutions Safe to Young LGBT Students..

The program – which is supported by Plan Sweden and Sida - has a total budget of 600,000 USD This aims to prevent school-related gender-based violence, including homophobic bullying and other forms of violence and discrimination based on sexual orientation and gender identity and to make schools more gender responsive. Using a CCCD approach, the programme will work at different levels, addressing: students; the education system (teachers, counsellors and administrators); parents; communities; and government policy-makers. Examples of its activities include: conducting training of trainers for students; establishing school committees; setting up confidential referral systems; supporting 'champion' teachers; consulting with community leaders; developing materials for parents; and training and consulting with government policy-makers. The programme will be implemented in partnership with UNESCO, a local LGBTI organisation called M Plus Foundation and the SRHR-focused organisation Path2Health. Government authorities from different sectors – including Education and Social Development - will be engaged through policy advocacy activities and stakeholder meetings. The project partnerships, particularly with UNESCO, have created great incitements and opportunities for national level advocacy and policy changes .





Box 6: Detailed case study on Champions of Change programme, Latin America

In June 2012 - June 2014, within its emerging work on masculinities and involving boys and men in gender equality, Plan piloted Champions of Change⁶⁸. The programme took place in four countries in Latin America and the Caribbean (Dominican Republic, El Salvador, Guatemala and Honduras), as well as Germany. It aimed to build the capacity of 14-18 year old young men to become Agents of Change for Gender Equality in their communities and to encourage other young people to challenge harmful gender roles and stereotypes.

A focus of the programme is social gender norms, including dominant forms of masculinity and how they relate to homophobia. As stated in its manual: *“homophobia is closely linked to the hegemonic masculinity model because this model only considers a person to be a man if he is heterosexual”*. Several chapters in the training resource include discussions and activities relating to the causes and consequences of homophobia, including discrimination and violence.

For example, within the third module on ‘Being Responsible Regarding Sexuality’, there is an activity where the participants design a media campaign to confront prejudice against sexual minorities.

In the first year of the pilot, the programme trained 131 young men in workshops on gender equality and masculinities. In the second year, the participants organized and implemented activities to share their learning with their peers. These included replica sessions (reaching 1,314 boys and girls) and other dissemination activities (reaching 5,265). An external evaluation of the pilot found that, in the Latin America and Caribbean countries, the most noticeable changes were in relation to SRHR, including more favourable attitudes concerning homosexuality. ‘Before and after’ assessments of the participants found significantly lower levels of complete agreement with statements indicating homophobia. Examples included: ‘being around homosexual men makes me uncomfortable’ (with levels of complete agreement decreasing from 54% to 5% in El Salvador); ‘a person who is homosexual is not a man’ (decreasing from 18% to 4% in Guatemala); ‘homosexuality is a sin or a contagious disease’ (decreasing from 33% to 6% in the Dominican Republic); and ‘I would be ashamed to have a gay son or a lesbian daughter’ (decreasing from 29% to 3% in Honduras).

The evaluation identified important lessons for the design and implementation of similar initiatives in the region and elsewhere. These include that it is important to: build trust among the young men; and include dialogues between young men and young women. The evaluation also found that such programmes require: political will (with committed staff and partners who are prepared to deal with any opposition to the work); qualified staff and access to relevant experts; and a strong process for selecting appropriate participants. It is also important to not only work with young people, but the stakeholders in their community, such as parents and schools - in line with Plan’s CCCD approach. The evaluation highlighted that participating in the programme could pose a risk for the young men involved. However, the participants were highly motivated to carry on - with 89% of those in Latin America and the Caribbean indicating that they wanted to continue.

Securing the ground-
work for change:
'Do No Harm' and creating
a de-politicised space

3.0

3.1. Taking a 'do no harm' approach

Within efforts to support LGBTQ adolescents - which may be highly sensitive and, in some contexts, accompanied by significant risks – it is especially important for organisations to learn from practical experiences, identify strong principles and employ good practice.

A fundamental example is '**do no harm**'. The term was coined in conflict resolution and medical fields and is increasingly applied to development work, especially on 'contested' or 'controversial' subjects. It refers to an approach that: recognises the potential for actions to have *both* positive and negative impacts; and avoids the (intentional or unintentional) harming or undermining of local people and initiatives⁶⁹.

For a child rights NGO such as Plan, a first step for a 'do no harm' approach to supporting LGBTIQ adolescents is to review the organisation's overall **Child Protection Policy**. Such an internal policy guides an organisation's staff and Board on how to ensure that the adolescents who they meet through their work are safeguarded. Any local, national or international organisation involving and working with adolescents has a moral and legal responsibility to ensure that those community members are protected from exploitation, abuse, violence and neglect throughout its programme interventions, irrespective of their sexual orientation or gender identity. Such actions uphold the CRC and its four guiding principles of: acting in the best interests of the child; the right to life and development; the right to participate and be listened to; and the right to non-discrimination.

A Child Protection Policy should be supported by practical guidelines on how to apply it – to ensure the highest standards of professional behaviour and personal practice towards all adolescents, including those who identify as LGBTI or are questioning their sexual orientation or gender identity. Where, as is the case with Plan, a Policy already exists, the organisation should review it to ensure that it is 'LGBTIQ responsive' - namely that it can be applied to work with LGBTIQ adolescents and addresses any specific or additional issues involved.

The following suggestions for a 'do no harm' approach result from the scoping exercise. They have been identified based on lessons learned from the work of Plan and other organisations (including international NGOs, donors and academic institutions) in support of LGBTIQ adolescents. In particular, thanks are due to the participants at an LGBT Roundtable hosted by Stonewall in the UK in February 2015 – who reviewed a draft text. The suggestions are a 'work in progress' and open to on-going critique and improvement.

Box 7: 'Do no harm' approach to supporting LGBTIQ adolescents

The experiences of Plan and others emphasise the importance of organisations having a strong **Child Protection Policy** in place to ensure a rights-based approach and good practice in work with all adolescents.

They also highlight that, for a 'do no harm' approach to supporting LGBTIQ adolescents, it is important to:

Before starting an intervention, undertake a robust assessment of the specific **local environment** (social, legal, religious, etc.) related to sexual orientation and gender identity. Use the information for a risk analysis to assess the level of threat that exists, such as to LGBTIQ adolescents, staff, your organisation and your partner organisations.



Avoid actions that (without their consent) could **identify LGBTIQ adolescents** to other community members and risk putting them in danger (such as of violence) or forcing them underground.



Work in close communication and, where possible, coordination with **local LGBTIQ groups**, seeking their guidance on the potential risks involved and the strategies to mitigate them. Foster two-way, mutually beneficial relationships (including, where appropriate, building capacity) - rather than simply 'extracting information' from such groups.



Ensure that, where **informed consent** is required (such as for a research project), adolescents who are LGBTIQ have a clear understanding of what they are agreeing to and any risks involved.



Within communications work, avoid images and terminology relating to the treatment of LGBTIQ adolescents that could:

- Imply cultural imperialism or racism (such using words like 'horrific', 'inhuman' or 'barbaric').

- Patronise or undermine the dignity of LGBTIQ adolescents (such using phrases such as 'it's not their fault' or images of distressed children).



Associate homophobia with a specific religion or culture (or religion or culture in general) - risking re-inforcing prejudice or further entrenching negative positions.



Be prepared to respond to threats to or **breaches of safety** (such as violence against LGBTIQ adolescents, staff, etc.). While taking measures to avoid danger, also develop safety plans to respond to incidents that might occur. Be prepared for potential scenarios, such as LGBTIQ adolescents needing 'safe houses' if they are made homeless or emergency medical care if they experience violence.



Carefully consider not only what interventions your organisation will make to support LGBTIQ adolescents, but **how you deliver them**. For example, for all types of programmes, it might be especially important to: consult with local LGBTIQ people and organizations beforehand; to ensure absolute confidentiality in your work; and to use delivery methods that are not only 'LGBTIQ-friendly', but 'adolescent friendly' (such as emphasising peer education and use of social media).



Take a **comprehensive approach** to supporting LGBTIQ adolescents. For example, this might involve combining programmes to directly support LGBTIQ adolescents with advocacy to achieve a supportive policy environment. It might also – as seen with the CCCD model used by Plan – involve working at multiple different levels, such as not only with LGBTIQ adolescents themselves, but other adolescents, parents, community leaders, religious leaders and government officials.



As well as addressing immediate needs, plan for the **long-term** – in terms of how you will sustain your support to LGBTIQ adolescents and build the capacity and involvement of local LGBTIQ groups. Do not start activities if you cannot provide appropriate on-going support or implement a safe and effective exit strategy (leaving local people and groups in a vulnerable position).



Recognise the **diversity** within terms such as 'LGBTIQ', as well as the limitations (in terms of not necessarily reflecting all adolescents that have questions about their sexual orientation, gender identity or intersex status). Also recognise how such diversity inter-sects with other aspects of an adolescent's life and identity, such as in terms of their race, class, etc. Avoid statements that imply that all LGBTIQ people have the same experiences or needs. Avoid categorising people – recognising that, in particular, adolescence is a time of change and fluid identities.



Recognise that LGBTIQ as a term does not always 'translate'. Use locally relevant expressions. Also, consider how positive **language** can be used to desensitise the issue, such as by talking about universal rights (such as to equality and access), regardless of local gender or sexual norms.



Avoid presenting LGBTIQ adolescents as powerless. Recognise that they all have the potential to be resilient and have their own opinions. Where it is safe to do so, enable LGBTIQ adolescents to **speak for themselves** and fully engage in the design, delivery and evaluation of initiatives affecting their lives.



Look inwards as well as outwards – complementing programmes and advocacy with attention to issues of sexual orientation and gender identity **within your organisation** (such as in human resources policies and staff training). Enforce a 'zero tolerance' policy for LGBTIQ stigma and discrimination. This might include a system to: document incidents of abuse; give formal warnings; and, if necessary, issue dismissals. It should be incorporated into the standard package of staff induction, training and performance appraisal.



Be aware of the fine line between a 'do no harm' and 'do nothing' approach. Recognise that, even in the most challenging of contexts, while respecting different opinions, something can be done to uphold the rights of LGBTIQ adolescents - even if the steps are small, indirect and discrete. Failing to learn about or respond to the needs of such community members may reinforce their discrimination.





3.2. Creating a 'de-politicised' space

The experiences of Plan and other organisations have also produced lessons about specific actions that can be taken to attempt to create a **'de-politicised'** space and support LGBTIQ adolescents within highly negative environments:

8

Addressing LGBTIQ issues can be challenging in every type of social and political context. However, the lessons of Plan and others indicate that, in highly negative environments, a 'de-politicised' space can be built by:



Preparing your organisation's public position and rationale, using clear language and keeping it simple. This involves putting in writing – based on discussions and agreement among staff and partners – the position held by your organisation on LGBTIQ adolescents. This should be worded clearly, and use indisputable evidence, such as international human rights commitments and high quality research data.



Starting the dialogue as gently and discretely as possible. For example, this might involve working with existing and trusted allies in communities and government agencies - even if they are not senior stakeholders or currently involved in LGBTIQ issues.



Carrying out a power analysis to fully understand which type of people and institutions are opposed to LGBTIQ communities, the root causes of their opposition and who has potential to change their opinions.



Adapting your programme and advocacy approaches to be appropriate for the environment/subject. For example, advocacy on LGBTIQ adolescents might be more effective 'behind the scenes' than high profile.



Using positive examples of change relating to LGBTIQ adolescents, such as from similar countries or communities, to demonstrate that 'something can be done'. Where possible, have those examples presented by supportive local stakeholders, such as political or religious leaders.



Box 8: Creating a 'de-politicised space' in highly negative environments for LGBTIQ adolescents

Ensuring the buy-in of, and support for, your own volunteers, staff and leaders at all levels – by taking multiple and diverse efforts (such as training, exchange visits and performance appraisal) to build their understanding and, where appropriate, technical expertise on LGBTIQ issues. In particular, provide support to those (such as peer educators) who are on the frontline of support to LGBTIQ adolescents. This should not only include professional mentoring, but on-going personal and emotional back-up.



Being prepared for a backlash, for example as a result of perceptions that LGBTIQ issues are a 'Western concept' or that your organisation is 'converting adolescents to homosexuality'. Prepare a safety plan and written statement in advance, developed in collaboration with local LGBTIQ communities.



Integrating LGBTIQ-related issues into programmes for adolescents and training for staff, Brazil: Plan Brazil incorporates issues related to sexual orientation and gender identity into a range of its work with adolescents. For example, in Maranhão, it partners with AstraZeneca and Johns Hopkins Bloomberg School of Public Health on a Young Health Programme supporting over 900 participants. This operates through a network of trained adolescent peer educators who discuss topics such as homophobia, contraception, HIV and substance abuse. The Programme also works with public bodies to influence policy on adolescent health. Plan Brazil complements its work with internal training on LGBTIQ-related issues. Having carried out an internal poll to assess levels of homophobia, it provided a two-day interactive workshop for every member of staff. This was facilitated by an LGBTIQ group and included attention to issues related to culture, religion and family.

Conclusions

4.0

The scoping exercise was timely and demonstrated momentum for action in this area.

The literature review and external interviews confirmed that, among a range of international institutions, there is significant and growing interest in progressing issues related to sexual orientation and gender identity, and that it is not a 'new' area of work for Plan or other organisations. At the same time, it is clear from our scoping that there is great need for further dialogue with those who don't currently support this work.

Throughout the world, LGBTIQ adolescents not only face the same age-related challenges as their peers, but significant specific challenges related to their identity.

In some contexts, these result in extreme discrimination and marginalisation - with significant impact on young people's health, well-being and prospects. Such adolescents should be a priority to be supported and heard.

Providing comprehensive support to LGBTIQ adolescents will require a multi-pronged approach. For example, this could combine:

- **Implementing specific programmes** that (where safe and possible) directly target and support LGBTIQ adolescents.
- Supporting interventions at community, national and international levels to **create an enabling environment** that is supportive of the rights of LGBTIQ adolescent. This would include holding duty bearers to account for their obligations to ensure respect, protection and fulfilment of the rights of LGBTIQ adolescents, as well as interventions to change deeply rooted and harmful norms around sexual orientation and gender identity.
- **Integrating issues relating to sexual orientation and gender identity** across the organisation's on-going programmes and advocacy.
- **Taking a public, institutional position on the rights of LGBTIQ adolescents.**

Furthermore, supporting LGBTIQ adolescents requires attention to both:

- **What organisations do.** For example, identifying the organisation's added-value and niche within support to LGBTIQ adolescents. In one context, this might involve working directly with LGBTIQ adolescents while, in another, it might focus on building the capacity of existing local LGBTIQ groups to support adolescents.

- **How organisations do it.** For example, learning lessons from youth-friendly services to define and develop effective 'LGBTIQ adolescent-friendly' services.
- **There are both opportunities and challenges for strengthening its support to LGBTIQ adolescents, especially in unsupportive environments.** Identifying the 'right thing to do' and the 'right pace to go' will require on-going dialogue among diverse stakeholders at different levels of the organisation. It is critical to invest in such dialogue, rather than act too quickly and risk negative consequences. In particular, members of staff who are concerned about – or even hostile to – working in this area should continue to have opportunities to speak openly and have their voices heard.
- **While some of the recommendations resulting from the scoping exercise will require a dedicated budget, many can be integrated into existing processes at little or no additional cost.** For example, LGBTIQ issues could be incorporated into existing broader training programmes and existing gender and child rights analyses.
- **Strengthening programme and advocacy support for LGBTIQ adolescents will also require building an enabling environment on sexual orientation and gender identity within the organisation,** for example through the development of an organisation-wide training programme.
- **A 'Do No Harm' approach is fundamental to support to LGBTIQ adolescents. However, it should not be seen as a reason to 'do nothing'.** Progress must be cautious and sensitive – mindful of the potential harm that could be caused to individuals, communities and organisations. However, in all contexts, something can and should be done.

Recommendations

5.0

Organisations could consider the following to strengthen their support to LGBTIQ adolescents:

- 1 Define and commit to an institutional ‘do no harm’ approach to supporting LGBTIQ adolescents.
- 2 Review existing Child Protection Policy (and, as necessary, other key institutional policies) to ensure clear and appropriate attention to LGBTIQ issues.
- 3 Implement appropriate risk analyses, such as on the impact – at country, regional and global levels – of support to LGBTIQ issues.
- 4 Articulate the organisation’s added-value to work on LGBTIQ-related issues in both policy and programmes. Then use this as the basis for identifying partnerships and alliances, such as with LGBTIQ organisations and like-minded international NGOs.
- 5 Develop and issue a clear and concise public statement of the organisation’s supportive position on LGBTIQ issues.
- 6 Make maximum use of existing strategies, processes and tools that already support LGBTIQ adolescents, while also - as necessary - strengthening other existing strategies, processes and tools and ensuring the inclusion of relevant issues in new ones.
- 7 Strengthen attention to LGBTIQ-related issues within the organisation. This could include reviewing internal policies, including for human resources and developing an organisation-wide staff training programme carried out in partnership with LGBTIQ organisations.



Annex.

Terms and definitions
related to LGBTIQ



The scoping exercise highlighted the lack of agreed terms and definitions in relation to LGBTIQ adolescents. In this report, the following were used:

Terms related to age⁷¹:

Children

People under 18 years

Young people

People aged 10 – 24 years

Adolescents

People aged 10 – 19 years

Youth

People aged 15 – 24 years

Terms related to LGBTIQ⁷²:

Bisexual

A person who is emotionally and/or sexually attracted to persons of more than one sex.

Gay male

A male who feels sexual and/or emotional desire exclusively or predominantly for persons of his own sex.

Homophobia

The fear, unreasonable anger, intolerance and/or hatred towards homosexuality.

Intersex

A person who is born with physical, hormonal or genetic features that are neither wholly female nor wholly male, or a combination of female and male, or neither female nor male. Intersex is a spectrum or umbrella term, rather than a single category.

Lesbian

A woman who is sexually and emotionally attracted to women.

Men who have sex with men (MSM)

A man – whether gay, bisexual, heterosexual, transgender or intersex – who has sexual relations with another man.

Queer

A term that is inclusive of people who are not heterosexual - including lesbians, gay men, bisexuals and transgender people. Queer theory challenges heteronormative social norms concerning gender and sexuality and claims that gender roles are social constructions. For many LGBTI people, the term 'queer' has negative connotations, as it was traditionally an abusive term. However many LGBTI people are now comfortable with the term and have 'reclaimed' it as a symbol of pride.

Questioning

A person who is examining their sexual orientation and/or gender identity⁷³.

Transgender

A person who lives permanently in their preferred gender, without necessarily needing to undergo any medical intervention(s).

Transphobia

Negative cultural and personal beliefs, opinions, attitudes and behaviours based on prejudice, disgust, fear and/or hatred of trans people or against variations of gender identity and gender expression.

Key terms related to orientation and identity⁷⁴:

Gender binary

A traditional view of gender, limiting possibilities to 'man' and 'woman'⁷⁵

Heteronormativity

Cultural and social practices where men and women are being led into believing and behaving as if heterosexuality were the only conceivable sexuality. It also implies the positioning of heterosexuality as the only way of being 'normal' and as the key source of social reward.

Sexual orientation

Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

Gender identity

Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modifications of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerism.

Annex. International conventions relating to LGBTIQ people



The following summarises key international Conventions and Declarations relating to the rights of LGBTIQ adolescents as outlined in *Eliminating Discrimination against Children and Parents Based on Sexual Orientation and/or Gender Identity*, a UNICEF Position Paper produced in November 2014.

Universal Declaration of Human Rights:

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.

Article 3: Everyone has the right to life, liberty and the security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 9: No one shall be subjected to arbitrary arrest, detention or exile.

Article 12: No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation.

Article 19: Everyone has the right to freedom of thought and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas.

Article 20(1): Everyone has the right to freedom of peaceful assembly and association.

Convention on the Rights of the Child:

Article 2: States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

International Covenant on Civil and Political Rights:

Article 2(1): Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 6: Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 7: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Article 9: Everyone has the right to liberty and security of person.

Article 17: No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.

Article 19(2): Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.

Article 21: The right of peaceful assembly shall be recognized. No restrictions may be placed on the exercise of this right other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

Article 22(1): Everyone shall have the right to freedom of association with others, including the right to form and join trade unions for the protection of his interests.

Article 26: All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

International Covenant on Economic, Social and Cultural Rights:

Article 2: The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Convention Relating to the Status of Refugees:

Article 33(1): No Contracting State shall expel or return (refouler) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.

Convention against Torture:

Article 1(1): For the purposes of this Convention, the term “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

Article 2(1): Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.



Annex.

Recommendations for 'LGBTIQ adolescent- friendly' services



The following recommendations are made by the Inter-Agency Working Group on Key Populations on how to make services accessible, acceptable and affordable for young MSM⁷⁶:

- Offer community-based, decentralized services, through mobile outreach and at fixed locations. Differentiate approaches to reach those young MSM who do not identify with a “gay community” as well as those who do.
- Ensure that service locations are easy and safe for young MSM to access.
- Integrate services within other programmes such as youth health services and drop-in centres.
- Provide services at times convenient to young MSM and make them free of charge or low-cost.
- Provide developmentally appropriate information and education for young MSM from an early age, focusing on skills-based risk reduction, including condom use during anal sex and education on the links between use of drugs (including types of drugs and route of administration and unsafe sexual behaviour. Information should be disseminated via multiple media, including online, mobile phone technology and participatory approaches.
- Provide information and services through peer-based initiatives, which can also help young people find role models. Ensure appropriate training, support and mentoring to help young MSM reach their community to support them in accessing services.
- Address issues of parent/guardian consent for services and treatment, considered in the context of the best interests of the young person under 18.
- Engage young MSM, including those under 18 years of age, in decisions about services, recognizing their evolving capacity and their right to have their views taken into account.
- Train health-care providers and other staff to ensure that services are non-coercive, respectful and non-stigmatising; that young MSM are aware of their rights to confidentiality and that the limits of confidentiality are made clear.
- Train health-care providers on the health needs of young MSM, as well as relevant overlapping vulnerabilities such as selling sex or drug use.

The following recommendations are made by the Inter-Agency Working Group on Key Populations as overarching considerations for services for young transgender people⁷⁷:

- Acknowledge and build upon the strengths, competencies and capacities of young transgender people, especially their ability to articulate what services they need.
- Give primary consideration to the best interests of young people in all laws and policies aimed at protecting their rights.
- Involve young transgender people meaningfully in the planning, design, implementation and evaluation of services.
- Make the most of existing services and infrastructure, e.g., services for youth, and add components for reaching and providing services to young transgender people.
- Make programmes and services integrated, linked and multidisciplinary in order to ensure they are as comprehensive as possible and address the overlapping vulnerabilities and intersecting behaviours of different key populations.
- Partner with community-led organizations of youth and transgender people, building upon their experience and credibility with young transgender people.
- Build monitoring and evaluation into programmes to strengthen quality and effectiveness, and develop a culture of learning and willingness to adjust programmes.

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VI

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