

Sexual Orientation and Gender Expression

1 Rationale

1.1 People whose sexual identity, sexual orientation or gender expression differs from the norm are vulnerable to oppression and marginalization to differing degrees in all nations of the world. In some situations they face or have faced legal sanctions up to and including capital punishment for identifying or behaving as non-heterosexual. Even when not considered illegal, same-sex attraction or sexual activity (even among consenting adults) or appearance or behavior that differs from the gender norm of a society is often stigmatized as a result of institutionalized homophobia or heterosexism. The latter half of the twentieth century has seen the emergence of a worldwide “liberation” movement seeking to eradicate systemic and cultural barriers to equal rights and to promote social inclusion for lesbian, gay, bisexual, transgender and intersex (LGBTI) people. Social workers support this effort at empowerment in each national and cultural context in which they work.

1.2 Social workers must commit themselves to enhancing the well-being of people whose sexual identity, sexual orientation, or gender expression may differ from the norm as an essential aspect of the profession’s ethical and practice commitment to human rights. This special commitment to people of all ages who are or who are perceived to be gay, lesbian, bisexual, transgender, intersex, queer, or gender-nonconforming is necessary because, while how they are identified and treated differs across nations and cultures, they often do not have equal access to the tangible and intangible benefits of being full members of human society.

1.3 Social workers are involved in many professional activities that are critical to the well-being of gay, lesbian, bisexual, transgender, queer, and/or gender-nonconforming people. Specific efforts include the delivery of health and mental health care services and public health programs over the life course; prevention and intervention efforts addressing both vulnerability to interpersonal violence and a range of other health disparities, such as vulnerability to HIV infection and to suicide; combatting marginalization and discrimination in educational, employment, and criminal justice settings; supporting family formation and functioning in ways that validate couple, parenting and other family relationships; and activities to provide basic civil rights protections and to ensure full participation in political, economic, and community decision making. Thus, it is essential that the International Federation of Social Workers (IFSW) state clearly its position on issues of relevance to all people whose sexual identity, sexual orientation or gender expression may differ from the norm.

2 Issues¹

2.1 CRIMINALIZATION. In early 2014, 76 nations still had laws that criminalize people on the basis of sexual identity or sexual orientation, laws that are currently seen as a legacy of colonization (UNHCHR, 2011). These laws include “sodomy laws” that criminalize sexual and intimate activity between two people of the same gender, which would include, for example, men who have sex with men (MSMs) who do not identify as gay or bisexual. Penalties under such laws vary but in some cases even include execution. According to the UNHCHR, “adult consensual sexual activity in private is covered by the concept of ‘privacy’ under the International Covenant on Civil and Political Rights” (2011, p. 14). While the overall trend is for nations to rescind such laws, the continuing existence of this state-sponsored violence against LGBT people and others tends to sanction individual acts of violence against those who are or who are perceived to be LGBT, MSMs or women who have sex with women (WSWs). It is essential that all nations act to decriminalize LBGT people and acts.

2.2 PATHOLOGY. Although motivated to combat a view of LGB people as morally defective, in the global north in the early 20th century sex researchers began characterizing same-sex behaviors and attractions as pathology, specifically as forms of psychiatric illness. This characterization of LGB people as psychiatrically ill in turn ushered in an era of involuntary and voluntary “treatments” for these disorders that were often punitive and almost always ineffective. LGBT people living with these diagnostic rules “on the books” may have considered themselves “sick” by definition and were vulnerable to unwanted or involuntary mental health treatment. Beginning in the 1970s, activists who understood LBGT people to be representing normal variation in human functioning were able to effect in the change psychiatric systems of diagnosis that declared them disordered. In many national contexts, however, there are still mental health professionals who promote treatments to change an unwanted LGBT identity despite the fact that a scientific consensus has emerged that such treatments are at best ineffective and at worst can have long-lasting negative effects (NASW, 2000; APA, 2009). Recent medical and scientific studies as well as court decisions based on them have strongly emphasized an understanding that the diversity of gender identity and gender expression reflects variations in natural individual and social expressions of gender identity. Worldwide we can see efforts to depathologize gender non-conformity on medical, therapeutic, judicial and social levels. Efforts to remove gender non-conformity from all formal disease classification systems and to call a halt to continuing ineffective and harmful medical or mental health efforts to change such identities or expressions of gender must continue.

2.3 SIN. Religions and religious organizations vary greatly in their views of LGBT people. Fundamentalist religious belief systems of many kinds regard gender non-conformity and non-normative sexual acts and sexual identities as sinful. To those within those faith communities who come to consider themselves LGBT people, internal conflict

¹ In this section of the report, terminology varies to reflect the specific policies or studies being referenced (e.g., LGB, LGBT, LGBTQ, LGBTI).

and social/spiritual rejection can result. The freedom to pursue the religious beliefs and spiritual practices of one's choice cannot extend to the point that this pursuit infringes on the basic human rights and human dignity of any person or group of people. Cultural struggles over how to allow freedom of religion while preventing the degradation or marginalization of LGBT people continue in many national contexts.

2.4 CULTURE. There is great variation in how different cultural groups do and do not incorporate LGBT and/or gender-nonconforming people into their societies. Therefore efforts at enhancing social inclusion and reducing oppression, stigmatization and marginalization will vary according to cultural context and social system. Even when dominant social norms and beliefs may be homonegative, there are often other social and cultural values that can be invoked to support efforts at destigmatization and inclusion. Enhancing the visibility of LGBT people is important since positive social interactions often lead to more accepting attitudes and behavior.

LGBT and other gender-nonconforming people often form social groups, organizations and institutions with others like themselves. These “subcultures” and non-governmental organizations can provide safety, essential services, self-help, social support, and a base for political activism. A society that is inclusive of LGBT people must also support those groups and institutions that are formed by, embrace and empower LGBT people.

2.5. INTERSECTIONALITY. People themselves have multiple identities that intersect in ways that makes their experiences unique. In the global north, it has been argued that being a man who violates gender norms is more socially stigmatized than being a woman who does so, while being both a woman and a WSW can confer a “doubly oppressed” status. It has also been found that LGBT people of color are often marginalized even within LBGTQ organizations and institutions. As with other dimensions of diversity, attention to the great variation within and among LBGTQ people in different national, cultural, and generational contexts must be recognized and celebrated.

3 Background

3.1 The international community regards the guarantee of the human rights of LGBT people to be founded in the United Nations Universal Declaration of Human Rights adopted in 1948. Historically in all nations of the world, LGBT people have not enjoyed equal access to basic human rights, protections, resources, and services. As a response to this discrimination, there have been recent international efforts directed at eradicating these inequalities. These efforts have included:

3.2 The submission of a resolution to the United Nations General Assembly in 2008 addressing “Sexual Orientation and Gender Expression.” The resolution, signed by over 60 nations from all continents, affirmed “the principle of non-discrimination [requiring] that human rights apply equally to every human being regardless of sexual orientation or gender identity” and expressed concern about “violations of human rights and fundamental freedoms based on sexual orientation or gender identity.” This resolution, while not adopted at the General Assembly, was based on a resolution entitled “Human

Rights, Sexual Orientation, and Gender Identity” adopted earlier that year by the General Assembly of the Organization of American States (OAS, 2008). Within the EU the European Parliament has established a road-map to secure the rights and fight discrimination against LGBT people (European Parliament, 2012)

3.3 As a follow-up to actions taken at the World Conference on Human Rights in Vienna in 1993 and in the face of “grave concern at acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation and gender identity,” and the EU Charter of Fundamental Rights (EC: Justice, 2009), which includes protections for LGBTI people.

The United Nations High Commissioner for Human Rights adopted a resolution expressing concerns about human rights violations affecting LGBT people (UNHCHR, 2011). Later that year (December, 2011) , it issued its first report on “Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity,” documenting the many areas worldwide in which LGBT people do not enjoy basic human rights and the many types of persecution, discrimination, stigmatization and marginalization they suffer. The EU’s FRA (2009, 2013) and ILGA-Europe (2010) also reported on violence and discrimination against LGBTI people in EU member nations.

3.4 In 2013, the Pan American Health Organization (PAHO, 2013) issued a concept paper entitled “Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons.” It described significant disparities in a range of health indicators that reflect differences in the social determinants of health, specifically those resulting from stigma, discrimination and marginalization. The EU Fundamental Rights Agency (FRA, 2013) has published a survey on the situation of LGBT people in EU nations and in Croatia.

3.5. A number of United Nations entities have integrated issues of sexual orientation and gender expression into their work, including the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Labor Organization (ILO), the United Nations Population Fund (UNFPA), and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

3.6 In addition to its Universal Declaration of Human Rights, the UN has adopted other resolutions and conventions (endorsed by many nations) relevant to LGBT people. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) which addresses the special risks to lesbian and bisexual women; the International Covenant on Civil and Political Rights (1966), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Rights of the Child (1989), and the Convention and Protocol on the Status of Refugees (1951/1967). In a similar way the EU’s FRA (2014) has published surveys on these

themes, addressing violence and discrimination against lesbians and transgender women specifically and continues to work on this issue (ILGA, 2013)..

4 Areas of critical concern for social work

4.1 The United Nations High Commissioner for Human Rights' report of December, 2011, documents “discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity, in all regions of the world.” The Pan American Health Organization report of 2013 also documented many areas in which LGBT people suffer disproportionate burdens of disease and do not enjoy equal access to affirmative and competent health care. On the other hand, the latter half of the 20th century saw the emergence of self-help and advocacy efforts on behalf of LGBT people in many nations of the world. All social workers share an ethical commitment to advocacy on behalf of social justice for all oppressed and marginalized people. In addition, social workers are employed in many sectors and institutions of society that affect the well-being of LGBT people of all ages. Because of their relevance to social workers worldwide, six areas of critical concern are described below.

4.2 The Right to Life, Liberty and Security. As stated by the OHCHR (2011), “all people, including lesbian, gay, bisexual and transgender (LGBT) persons . . . are entitled to enjoy . . . rights to life, security of person, and privacy, the right to be free of torture, arbitrary arrest and detention, the right to be free from discrimination and the right of freedom of expression, association and peaceful assembly” (p.4). The criminalization of same-sex behavior and/or real or perceived LGBT identity by definition is in violation of these fundamental rights. In 5 of the 76 nations that criminalize LGBT identity or behavior, the death penalty can result from consensual adult same-sex activities.

At this time, six nations and some jurisdictions within nations (e.g., states, provinces, cities) afford constitutional guarantees of civil rights protections from discrimination on the grounds of sexual orientation and gender expression. In addition to providing these guarantees, governments have an obligation to prevent and punish, to investigate and prosecute all acts of violence that target LGBT people. In addition, refugees who fear for their lives, safety or basic freedoms in their home countries must not be forced to return and should be offered asylum as appropriate (UNHCR, 2011).

4.3 Interpersonal Violence. In addition to legal prosecution, homophobic and transphobic violence, both physical and psychological, occurs throughout the world. This phenomenon is understood as gender-based violence motivated by a desire to enforce dominant gender norms. This violence can be more extreme than that seen in other bias-motivated crimes (OHCHR, 2011, p.8). Rape and other forms of sexual violence against LGBT people are also widespread globally. There have also been well-documented instances of torture and abuse, including abuses within prisons and jails.

4.4 Economic Inequality. As compared to providing civil rights guarantees, more nations (54) provide explicitly for non-discrimination in employment based on sexual orientation and gender expression. In the absence of such protections, LGBT people may

be denied employment, may face termination of employment or may be barred from advancement in their jobs based on the reality or perception of being an LBGT person. In addition, employee benefits, including social insurance benefits that are linked to employment, are often not available to them on an equal basis, making them and their families vulnerable to economic insecurity even if they are employed. For these and other reasons, the limited data available on the economic wellbeing of LGBT individuals and households suggests that they are disadvantaged compared to others. This disadvantage is especially pronounced for lesbians and bisexual women, reflecting the additional disadvantages experienced by all women, and for transgender and other gender-nonconforming people. In addition, many LGBT people report experiencing verbal harassment and other forms of discrimination in the workplace.

4.5 Health Disparities. All people have the right to enjoy the greatest possible level of health and wellbeing as well as equal access to all systems of health and social care. However, in all nations LGBT people face excess burdens of ill health and reduced access to quality health care services because of stigmatization and discrimination in civil society and health service systems themselves. LGBT people often experience inadequate care due to lack of understanding of their social situations and experiences, denial of care, substandard care, lack of inclusion of family members and significant others in their care, and avoidance of treatment for these reasons (PAHO, 2013; Cruz, 2014.). Disclosure of an LGBT identity is always an issue in seeking and utilizing health care services, making confidentiality on the part of health care providers vital.

Although epidemiological data are limited, there is widespread agreement that specific health disparities exist for LGBT people as a whole and for specific subgroups. These include: (a) higher rates of some mental illnesses, including depression and anxiety disorders, higher rates of smoking and alcohol use, and higher rates of suicide and suicidal ideation in all groups; (b) obesity and breast cancer in lesbian and bisexual women; (c) HIV and other STIs among gay and bisexual men and MSMs; (d) homelessness among LGBT youth, accompanied by many health problems resulting from that; and (e) isolation and lack of LGBT-inclusive services among elderly LGBT people; and (f) high prevalence of suicide, suicidal ideation and other mental health problems among transgender people. All are also at increased risk of experiencing violence, hate crimes, and other forms of victimization, with resulting traumatic effects. Much of this excess disease burden is considered to be the result of the social isolation, victimization, and chronic stress that many LGBT people experience (PAHO, 2013).

Finally, it is now well-established that treatments purporting to change a person's sexual orientation or gender expression are both ineffective and potentially harmful. Many health and mental health organizations have condemned such treatments, both for young people and for adults (e.g., NASW, 2000; APA, 2009); other renowned international and US-based organizations, including health, mental health and psychotherapeutic associations, have similar policies.

4.6 HIV/AIDs. Although the shape of the HIV/AIDs epidemic differs across nations, in all parts of the world gay and bisexual men and other MSMs are at elevated risk for

contracting the HIV virus. In many contexts, these men may be reluctant to seek out testing and/or medical care because they fear stigmatization or disclosure of their identities and/or behavior. Newer HAART treatments can prolong life and maintain or restore health, but the treatments are costly and the level of adherence needed to maintain health and prevent transmission of the virus is demanding. In some parts of the world, access to the tools needed for safer sex (e.g., condoms) may be limited, and some fear being “outed” if they seek information about and/or access to these tools. Early and aggressive treatment of HIV infection is considered an important element in reducing new infections, but not all nations can afford to provide adequate and early-enough treatment to prevent further spread of the disease. Efforts to develop and provide socially- and culturally-accepted HIV/AIDS prevention programs, treatments and care that includes gay and bisexual men and other MSMs without stigmatization are urgently needed.

4.7 Youth and Education. Children and adolescents who are gender-nonconforming or who identify as LGBT, instead of loving support, may experience criticism, rejection or treatments aimed at changing their gender expression or sexual orientation. As a result LGBT youth are over-represented among homeless and street youth. They are also at elevated risk for suicide compared to their non-LGBTQ peers. In addition the majority experience teasing, harassment or bullying, sometimes including physical attack, at schools and in other youth-serving settings, leading them to avoid or withdraw from school before completing a planned course of education. These experiences of abuse and rejection from sources normally associated with nurturing and support in turn contribute to the high rates of psychological distress and substance abuse, including suicidality, seen in these young people. However, there is evidence that programs to enhance family support and to provide “safe spaces” and support groups in schools and other youth-serving settings can reduce these stresses substantially.

The usual practice of assigning a gender to intersexed infants and performing surgery to correct ambiguous genitalia very early in life is now being questioned (Fausto-Sterling, 1995; reports). Families of these infants need support and information that includes support for the option to delay any irreversible procedures until the child’s internal sense of gender identity manifests itself or until the child can express an opinion about their own preferences.

5 Policy statement

5.1 The rights of lesbian, gay, bisexual, transgender and intersex people are human rights. Therefore, the social work profession’s core commitment to human rights must involve a commitment to protecting and preserving the rights of LGBT people. LGBT people of all genders and at all stages of the life cycle deserve protection from discrimination in all forms, including legal and state-based policies and practices.

5.2 IFSW stresses and affirms the core commitment of the social work profession to human rights, human welfare, peace, and the enhancement of the human potential and well-being of all people. When people whose sexual orientation, sexual identity or gender expression differs from the norm do not enjoy full and equal rights, their common human

needs and those of their families will not be fully met and their human potential will not be fully realized.

5.3 IFSW and its member organizations will work to advocate for development of policies, implementation of programs, and social action to improve the well-being of LGBT people of all ages. This work can be effective only if the special needs and contributions of indigenous, migrant, young, old, and poor LGBT people are emphasized. For example, current legal obstacles to transnational migration and travel, including the need for changes in state-issued documents that contain only binary gender designations and for those who have undergone medical or social gender reassignment, must be addressed.

5.4 IFSW endorses The United Nations Office of the High Commissioner of Human Rights (UNHCHR) “Free and Equal” campaign, launched in 2013, to educate the public on the need for human rights protections for LGBTI² people in all national and cultural contexts.

5.5 IFSW recognizes that policies and programs designed to promote the economic well-being of all people will not succeed without attention to discrimination against LGBT people in economic arrangements, in the workplace, in the household, and in social and economic policies and programs themselves. Ending workplace discrimination for all LGBT people, including those with non-conforming gender expression, requires the enhancement of civil rights and other protective legal measures in many national contexts. Social and economic provisions for the families of workers, including social insurance systems, must be designed to include the families and couple relationships of LGBT people.

5.6 IFSW understands that all social workers share a core commitment to be of service to those from vulnerable, oppressed, and disadvantaged groups. Therefore IFSW and its member associations will work to improve the health status of LGBT people of all ages worldwide. Social workers are commonly involved in the delivery of health care, including mental and behavioral health care services, sexual and reproductive health care, and the care and prevention of HIV/AIDS and other sexually transmitted diseases. Improving the health and well-being of LGBT people requires attention to physical, mental, emotional, and social well-being and the provision of LGBT-sensitive prevention, intervention, and long-term care services.

5.7 IFSW endorses the self-determination of LGBT people in all health care decisions as a core professional value, including all decisions regarding reproductive health, sexual activity, and reproduction. Social workers understand that transgender people in particular have the right to receive competent and safe medical care, reproductive health services, and sexual health care services free from government, institutional, professional, religious, familial, or other interpersonal limitation or coercion, including safe and legal

² Since this public education campaign includes intersex people, that is, those whose external and/or internal sex characteristics show both male and female biological features, the abbreviation used in this context is LGBTI.

medical and/or surgical services related to bringing bodily characteristics into better conformity with psychological gender identity. Social workers understand that research to determine the long-term safety and the psychological implications of these treatments as well as those of electing not to have such treatments is urgently needed.

5.8 IFSW will work to eliminate health disparities affecting LGBT people. These include but are not limited to differential vulnerability to HIV/AIDs among gay and bisexual men and other MSMs; higher rates of diagnosed mental illnesses and substance use disorders attributed minority stress (Meyer, 1995), and higher rates of suicide attempts and suicide in particular; lack of access to safe and legal gender reassignment services especially for the young and those in controlled environments like jails and prisons; and increased vulnerability to interpersonal violence within families and communities, including killings and other hate crimes.

5.9 IFSW supports the ability and right of LGBT people to form intimate relationships and families in the manner that they choose. IFSW also supports the legal recognition of these relationships on a basis equal to what is provided to heterosexual intimate partners, child-bearing and child-rearing. In addition, policies that do not allow LGBT people to become foster parents or to adopt children in need of families or that do not allow for second-parent adoptions when marriages are not legally recognized must be changed in order to provide best for the children involved as well as in fairness to their parents.

5.10 IFSW affirms that social work's commitment to children and youth and their families must include attention to the risks associated with being a young person who identifies as LGBTQ, who is perceived to be LGBTQ, or who is or is otherwise perceived to be gender-nonconforming. LGBTQ youth are disproportionately represented among homeless and street youth, often because of rejection in families, schools and/or youth service systems. Social workers support efforts to enhance family support (Ryan et al., 2010) and, if it is not possible for youth to stay in their families, making child-serving service systems safe and inclusive for LGBTQ youth (Mallon, 2010; FRA-EU, 2012)

5.11 IFSW recognizes that social workers involved in schools must take action to address the harassment and bullying in school settings, including cyber-bullying, directed at young people who are or who are perceived to be LGBTQ. Isolation within or from the classroom; stress leading to school failure and/or to psychiatric problems including self-harm, suicide attempts and suicide; or school "dropout" disproportionately affect LGBTQ youth, especially those who have been targeted by their peers and others in the school setting. Programs and practices that address these problems must be implemented in all schools in order that LGBTQ youth can fulfill their human potential and benefit equally from educational services. Social workers, social pedagogues and teachers should be trained and given support to raise consciousness about discriminating language and swearwords, finding ways to openly address all sexual and LGBTI, issues.

5.12 IFSW supports the full participation of LGBT people in all decision-making bodies and processes that affect political, economic, social, educational, and health concerns.

This commitment includes full participation in the profession, education for the profession, social agencies, and other social service delivery systems.

5.13 IFSW supports indigenous, grass-roots, and professional organizations of all kinds that seek to empower diverse LGBT people in all sectors of society.

5.14 IFSW recognizes the need to expand the social work knowledge base and improve the skills of professional social workers as they relate to the needs of LGBT people, especially those from indigenous, poor, migrant, and any other groups also disadvantaged in their own national, social or cultural contexts. Knowledge about LGBTI people, the impact of discrimination and criminalization and of hate crimes and bullying in all forms on individuals must be an obligatory subject in social work education. The work of social work scholars and activists in advancing knowledge development in these areas must be recognized and celebrated. Social workers are committed to developing, implementing and enhancing social policies and social services to support LGBTI-people and to supporting LGBTQI youth who are trying to find ways to identify their gender identity, to get advice and support in that process, and to secure their human and social rights.

The document was prepared by the National Association of Social Workers, United States of America, and reviewed by members of the Global Executive Committee of IFSW.

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