



MODELO ONU ASOBILCA XXXII

# COMMISSION GUIDE

SOCHUM

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# ¡WELCOME TO ASOBILCA XXXII!

Dear Participants,

With great pride and enthusiasm, I welcome you to the thirty-second edition of the ASOBILCA Model United Nations. Today we begin a new edition of a project that, over the years, has established itself as a space for learning, dialogue, and leadership for young people committed to building a more just world and being conscious of its realities.

This edition represents much more than a new version of a Model United Nations; it represents a space where ideas find meaning, where dialogue becomes learning, and where committed young people choose to take on, with responsibility and sound judgment, the challenge of understanding and transforming the world around them. The ASOBILCA Model UN is the result of the conviction that education goes beyond the classroom, and that informed debate, active listening, and respect for differences are fundamental tools for building society. Each committee has been designed with the purpose of intellectually challenging you, inviting you to question the established order, and allowing you to explore the complexity of international affairs from a critical, empathetic, and solution-oriented perspective.

For me, as Secretary General, ASOBILCA Model UN XXXII is the materialization of a collective project built with effort, commitment, and vocation. Behind every guide, every topic, and every organizational detail are people who deeply believe in this model and in the impact it can have on the education of those who take part in it. None of this would be possible without the work of the Secretariat, the chairs, the staff, and the sponsors, whose efforts sustain the essence of this project.

But the truth is that this model belongs, above all, to you—to those who choose to prepare, research, debate, and represent with seriousness and respect. This model does not seek perfect speeches or simple answers, but rather honest reflections, well-founded positions, and a constant willingness to learn from others. Here, the true value lies in the process: in every argument constructed, in every negotiation attempted, and in every perspective understood. I hope this experience goes beyond the academic and becomes a space for personal growth. May ASOBILCA Model UN XXXII leave you with questions, learning, and connections that endure beyond the model, and above all, unforgettable memories. May you, at the close of this edition, recognize within yourselves a voice that is more aware, more critical, and more committed to the reality that surrounds you.

Thank you for being part of this dream called ASOBILCA XXXII and for trusting in this project. May these pages mark the beginning of a meaningful, formative, and memorable experience.

**Sincerely,**



**Sebastián Ávila Cabal**  
Secretary General

# WELCOME LETTER

Distinguished delegates,

We are pleased to welcome you to the Social, Cultural, and Humanitarian committee in the ASOBILCA model in its XXXII version! We are Laura Gandini, a 10th grader in Colegio Bolivar, and Gabriela Sánchez, also a 10th grader in Colegio Jefferson, and we are honored to serve as your presidents for this model. Both of us have been involved in Model United Nations since the 6th grade, given us 5 enriching years full of experience and a total of 7 presidencies. Our passion for diplomacy, discussion, and mentoring makes us a cohesive and dedicated team, and we are fully dedicated to making this model an unforgettable experience for everyone. We have carefully designed this committee's session to allow vibrant debates where every voice can be heard, and we are confident it will provide excellent opportunities for everyone, personal growth in public speaking, negotiation, and diplomacy.

We regard the MUN as a platform that showcases students' abilities to think critically, argue persuasively, and lead discussions with confidence. It helps participants understand and explore the complexities of politics, diplomacy, global issues, and societal challenges that you, the future leaders of our world, will encounter later in life. In these debates, delegates often find themselves in a position in which they have to defend viewpoints that might differ from their own, expanding their understanding of world affairs and improving their analytical skills. We have chosen two topics that we consider reflect key challenges in today's modern world, and we truly believe they will stimulate engaging, thoughtful debates. The chosen topics are "Ensuring the Ethical and Equitable Dimensions of Gender-Affirming Healthcare for Transgender Individuals" and "Addressing Youth Involvement in Crime and its Social Effects."

As presidents, we expect each of you to be well prepared and ready to contribute thoughtfully to the debates. We strongly encourage you to explore innovative ideas, challenge assumptions, and collaborate with one another to find effective solutions. This committee will not only be a platform to showcase your debating skills, but also an opportunity to learn from various perspectives and find common ground in the pursuit of global progress. Remember,

nerves are completely normal to feel, especially in a first model, but they're not an obstacle; they're a gateway to success and self-growth. Never let judgment silence your powerful voice; your ideas matter, and speaking up is how meaningful change begins!

We look forward to seeing your research, creativity, and diplomacy in action. This is not just an event, but a chance to develop the essential qualities of leadership, empathy, and collaboration that will serve you beyond this conference. Don't hesitate to reach out if you need guidance or support throughout the conference. We are here to help you grow, and we're committed to making this an unforgettable experience. Together, we will make this committee a shining example of collaboration and progress, setting a standard for future conferences.

Best regards,

*Laura Gandini*

President

*Gabriela Sánchez*

President

# INTRODUCTION TO THE COMMITTEE

The Social, Humanitarian, and Cultural Committee (SOCHUM), originally called the Third Committee, was created by the United Nations in 1945 after World War II, once the international community realized that united efforts were necessary to stop chaos and defend human rights. Its main purpose is to handle urgent global humanitarian crises, social difficulties, and human rights issues. The 1948 Universal Declaration of Human Rights served as a guide for its establishment and set the groundwork for SOCHUM's purpose. The committee's mission has grown slowly due to the concerning changes in the world. Over time, topics not mentioned before are now discussed, such as the rights of indigenous peoples, minorities, and refugees (United Nations, n.d.). SOCHUM was an essential space for advocacy and discussion during the Cold War, since the ideological differences between East and West shifted during that challenging time.

Economic injustice, human rights violations, and social justice were hot topics of discussion, frequently providing a forum for nations to voice their worries about the state of affairs both



(PANAMUN, n.d.)

**SOCHUM**  
Social, Cultural, and  
Humanitarian Committee

domestically and internationally. As the committee supported resolutions related to decolonization and racial discrimination, these conversations and debates increased during this time. In spite of ideological differences, SOCHUM continued to play a vital role in bringing countries together around the common objective: to defend human dignity.

The committee has evolved a lot and now serves its purpose to address a much more extensive variety of modern subjects that are a constant issue on a global scale, such as gender



equality, migration, and how globalization affects cultural identities. Evidently, global issues have gotten more acute; it is clearer than ever the dire situations that a certain percentage of the globe's population is going through. Ultimately, for today's world, the committee aims to decrease poverty and promote equitable possibilities, particularly in developing countries. SOCHUM's recent projects have placed a strong emphasis on sustainable development. SOCHUM continues to strive toward a more inclusive, safe world through collaborations with other UN agencies and by promoting international cooperation.

## Background & Organization

**Key Focus Areas:** As the name states, the committee has three main focuses, the first one is Human Rights: SOCHUM is committed to guaranteeing the protection and observance of fundamental human rights. This entails dealing with problems like social fairness, injustice, and prejudice. The committee strives to protect the rights of underprivileged communities, women, and children, among other vulnerable groups. The second focused area is Social Development: By addressing topics like gender equality, youth empowerment, and poverty alleviation, the committee works to promote sustainable social development. The significance of inclusive development plans that take into account the demands of every member of society is emphasized by SOCHUM. And the last area contains the Cultural Issues: SOCHUM supports the preservation and advancement of cultural heritage and diversity. It addresses the issues brought on by globalization and cultural homogenization by promoting communication between cultures and civilizations to improve respect and understanding between them.

**Key Functions:** In order to address urgent social and humanitarian challenges around the world, SOCHUM produces resolutions and recommendations by addressing Policy Development. Likewise, to successfully carry out its mandates, the committee collaborates with a number of stakeholders, including member states, non-governmental organizations (NGOs), and international organizations, so cooperation is vital in its processes. Besides, in order to make sure that obligations are fulfilled, SOCHUM provides supervision and

responsibility for the application of international human rights treaties and conventions by constant monitoring and reporting.

**Regional Offices:** SOCHUM operates through a number of regional offices in order to effectively address social, humanitarian, and cultural challenges unique to various geographic locations. These offices are aimed to ease communication between the UN and regional partners, guarantee localized engagement, and offer customized solutions. Through this process the committee is able to maintain active regional representation in diverse regions such as Africa, Asia-Pacific, Europe, Latin America and the Caribbean, North America.

**Governing Bodies:** The committee is organized into different governing bodies so that everything is addressed effectively. The General Assembly, which is made up of all UN member states, is SOCHUM's main decision-making body. The Executive Board provides operational management and strategic direction for the execution of SOCHUM policies and programs. And finally, experts and members from academia, civic society, and other pertinent fields make up the Advisory Council, which offers suggestions on programmatic and policy strategies.

**Programmatic Divisions:** As with Key Focus Areas, SOCHUM has three different programmatic divisions. The first one is the Human Rights Division, which focuses on resolving abuses, standing up for underrepresented groups, and advancing and defending human rights around the world. Through programs on gender equality, youth empowerment, and poverty eradication, the Social Development Division seeks to promote inclusive and sustainable social development. And finally, to encourage intercultural communication, heritage preservation and cultural variety, the Division of Cultural Affairs improves the understanding between various societies.

**Partnerships and Conventions:** SOCHUM collaborates with a wide range of stakeholders to attend its societal, cultural and humanitarian objectives. This involves working alongside intergovernmental organizations including the European Union, ASEAN, and the African Union to support regional initiatives, collaborating with non-governmental organizations such as NGOs, to carry out advocacy and program implementation at the local level, and partnering





with other academic institutions such as universities and research centers to advance social, humanitarian, and cultural research in order to improve policymaking. Additionally to these partnerships, the committee's work is attended by key conventions, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which seeks to advance gender equality and end discrimination against women, the Convention on the Rights of the Child (CRC), to ensure children's rights, such as access to healthcare, education, and safety from violence, and finally the Covenant on Economic, Social and Cultural Rights (ICESCR) where states are committed to working toward guaranteeing persons' economic, social, and cultural rights.

# TOPIC 1:

## ENSURING THE ETHICAL AND EQUITABLE DIMENSIONS OF GENDER-AFFIRMING HEALTHCARE FOR TRANSGENDER INDIVIDUALS

### Historical Context

Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus (LGBTQIA+ or LGBTQ +) patients are victims of huge inequalities in healthcare and health outcomes. Particularly, transgender<sup>1</sup> individuals face even more challenges and disparities due to astonishing factors of institutionalized discrimination, societal norms, abuse, violence, individual prejudice, and transphobia<sup>2</sup>. Generally speaking, Transgender health care includes the prevention, diagnosis, and treatment of physical and mental health conditions that affect the transgender individual. The prime component of transgender health care is gender-affirming care, which is the direct medical aspect of gender transition. This area includes medical, physical, psychological, and social behavioral care. It is important to highlight that transgender individuals share numerous of the same health needs as the majority of the population; however, according to the World Health Organization, transgender people face an undue burden of disease, such as those present in the domains of sexual, mental, and reproductive health (World Health Organization, 2019).

In 1990, the World Health Assembly proclaimed that homosexuality was no longer identified as a mental disorder, and since then, the International Day against Homophobia, Transphobia and Biphobia is celebrated and commemorated on May 17. Initially, the classification of LGBTQ+ individuals was done by the International Statistical Classification of Diseases and Related Health Problems (ICD), which established the basis for health services and health insurance.

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<sup>1</sup> An individual whose gender identity differs from that typically assigned according to the sex they were given at birth (Oxford Dictionary, n.d.).

<sup>2</sup> According to Cambridge dictionary, unfair or damaging things a person; does based on a dislike or fear of transgender and non-binary people (Cambridge Dictionary, n.d.).

Nowadays, the newer edition of the IDC is known as ICD-11, and it reflects a contemporary understanding of sexual health and gender identity, where “gender incongruence” is defined as a condition related to sexual health rather than a behavioural and mental disorder. Health systems and communities rely on ICD definitions to understand health conditions. When these classifications are outdated or inaccurate, they can create stigma and make it harder for people to access healthcare.

In 1919, German physician, LGBTQ+ advocate, and sexologist Magnus Hirschfeld founded the Institute für Sexualwissenschaft (known as the Institute for the Science of Sexuality) in Berlin-Tiergarten, Germany. Hirschfeld dedicated his life to the investigation of human sexuality and standing for the rights of marginalized populations, such as the LGBTQ+ communities. The hard work from the members of the institute led to the foundation of modern gender-affirming care, which, among other things, was able to state that gender identity was



Encyclopedia Britannica.  
(n.d.)

different from sexual orientation, and transgender individuals required specific and different support and medical care. However, the institute and Hirschfeld underwent significant accusations and opposition from conservative elements in society, accusing the institute of promoting degeneracy and disrespecting family values. As a consequence, the Nazi party destroyed and confiscated some valuable research material, since it was against the conservative ideology of this party, which led to further destruction of the institute in 1933 (Caraballo, A, 2023).

Hirschfeld's ideas became very influential after World War II, inspiring new advocates and researchers. A true example is the Johns Hopkins Gender Clinic, opened in 1966. This clinic provided psychological support, hormone treatment, and gender-affirming surgeries for the transgender patients. One of their innovations was the so-called “Real-Life Test”, which provided an opportunity for transgender patients to experience a life as the gender they identified with before being considered for a gender-affirming surgery. The Clinic was a pioneer in emphasizing the importance of healthcare for transgender individuals, including medical

treatments. Although, in the early 80s, President Ronald Reagan's Department of Health and Human Services established that gender-affirming care was experimental, therefore, not accepted by federal insurance programs, including Medicare and Medicaid, this prohibited further gender surgeries and hormone therapy, limiting access for necessary medical treatments for the patients and at the same time promoting stigma. Many further activism protests from the transgender community led to the creation of The Affordable Care Act of 2010, which reinforced protection for the community and, in 2016, the federal government removed the experimental designation, according to Harvard (2023).

## Current Situation

Globally, transgender patients face a variety of limitations when searching for access to healthcare and specifically gender-affirming care. Even with evidence provided that shows that these services are safe, and lower risks of suicide from the patients, there is a constant gatekeeping from professionals of this services. "A small study of 101 assigned-male-at-birth (AMAB) transgender people in New York City enumerated some of the most prominent barriers to accessing care as a lack of knowledge among service providers, a paucity of transgender-friendly providers and cost." (A, Tompson, 2018.) Barriers for equitable access to healthcare services are constant, and the individuals face significant disadvantages in society, which affects the population both psychologically and physically, besides violating their rights to nondiscrimination and health. It is necessary to adopt and implement a strong LGBTIQ+ strategy in the different nations to promote gender equity and provide equitable access to required services, as well as focusing on human rights and the protection of marginalized groups. A failure in the adequate implementation of human rights for the transsexual, gay, bisexual, lesbian and intersex population can lead to discriminatory practices, which are a violation of these rights, and affect the integrity of the individual. It is a must to respect the patient's dignity, identity and wellbeing, to safeguard their values and psychological health.

Although challenges are presented, according to the World Health Organization (WHO), its Departments of Gender Rights and Equity - Diversity, Hepatitis and Sexually Transmitted

Infections Programmes (HHS), Global HIV, Equity and Inclusion (GRE-DEI), and Sexual and Reproductive Health and Research (SRH) are creating and developing a new guideline about the health and care of trans and gender diverse people. This will supply evidence and practical guidance on health sector initiatives focused at strengthening the availability and use of quality and respectful health services by trans and gender variant persons. The guideline will concentrate on five areas: providing gender-affirming care, including hormones; training and educating healthcare professionals to provide gender-inclusive care; providing healthcare for transgender and gender nonconforming individuals who have experienced interpersonal violence because of their needs; health policies that encourage gender-inclusive care; and a true legal recognition of self-determined gender identity (World Health Organization, 2023).

Trans people, particularly trans individuals who are further isolated by race, income, disability, migration, HIV status and other interconnected experiences, are having their human rights protections and fundamental freedoms taken away at an aggressive speed. For instance, anti-discrimination regulations have been enforced in Georgia and Hungary, where governments passed anti-trans and anti-LGBTQ+ constitutional amendments. In Republika Srpska (Bosnia), safeguards against hate crimes and hate speech have been eliminated. Legal gender recognition is currently completely prohibited in Georgia, partially implemented in Belarus, and under danger in the UK due to a recent decision by the Supreme Court. As of 2025, Kazakhstan is the only Central Asian nation that offers legal gender recognition.

The year 2025 saw significant development from the Court of Justice of the European Union (CJEU), which established that transgender individuals are specifically protected by the EU law<sup>3</sup>. Furthermore, the court affirmed: "Legal gender changes must be accessible without abusive requirements (*Deldits* case from Hungary); EU countries must recognise each other's gender recognition decisions (*Mirin* case from Romania); and Gendered titles such as 'Mr; or 'Mrs' must only be used when strictly necessary, protecting non-binary people from discrimination (*Mousse* case from France)" (TGEU, 2025).

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<sup>3</sup> "Article 21 of the EU Charter of Fundamental Rights explicitly prohibits discrimination based on sexual orientation" (European Commission)

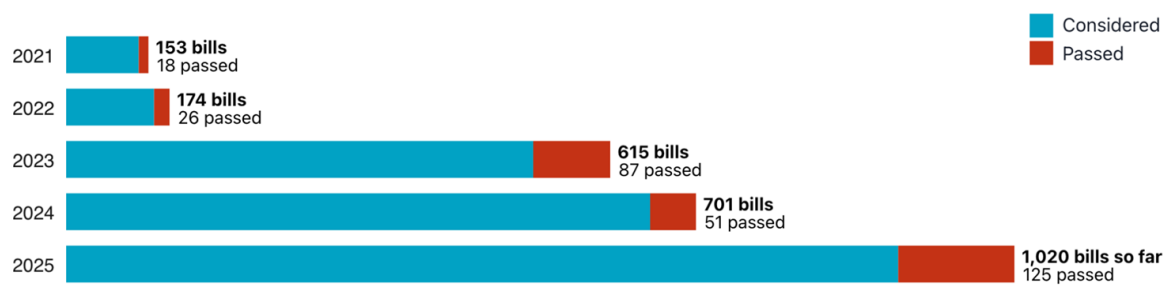
Every measure taken has a significant consequence on the population. The right-wing populist government in Hungary modified the Constitution so that non-binary people are excluded, declaring that there exists only male and female gender. This measure violates the rights of transgender individuals and those with other gender identities, declaring them non-existence. In the United Kingdom, recent Supreme Court rulings and government actions have weakened legal protections for transgender people, creating greater legal uncertainty and risks of exclusion from essential services such as hospitals, public toilets and refuges. In Georgia, the government has banned legal gender recognition, criminalised specific healthcare for transgender people and removed references to gender and gender identity from anti-discrimination laws, leaving these populations more exposed to discrimination and abuse.

Today, access to gender-affirming care is profoundly unequal. Some countries protect it as part of the right to health, while others restrict or criminalize it, particularly for trans youth. This creates a global landscape where a person's ability to receive medically necessary care depends heavily on their passport, income and social context, but mostly on the country.

- United States

In 2025, there is a continuous counter of anti-trans bills which seeks to close up education, basic healthcare, the right to publicly exist and legal recognition of transgender individuals. According to Trans Legislation Tracker (2025) 123 bills have passed and have been signed this year, bills that vulnerable and punish this population from certain categories, such as healthcare, with 211 bills and education, with 277 bills (which makes up half of the total number of bills), bathroom, with 59 bills, sports, with 126 bills, performance, with 25 bills, child welfare and abuse, pronouns, incarceration, among others. These bills are applied in 28 different states in the United States, but legislation is considered in 49 states that have placed 1012 bills under consideration all across the country, and what is worse is that the number is estimated to grow.





*Anti-trans bills under consideration and passed, 2021-2025*

(Anti-Trans Bill Tracker, 2025)

There has been a significant increase in the last 3 years, since 2023 more than tripled the amount of bills in 2022. But as seen in the image, 2025 was the peak year for these bills, demonstrating an alarming discriminatory action from the United States towards the transgender community, endangering their rights as civilians.

#### - Middle East region

The Middle East region faces ongoing challenges in discrimination in healthcare services, housing and employment as well as lack of clear approaches for transgender population to obtain legal gender recognition and scarce public healthcare boundaries for trans people (Noralla, N, 2022). Israel and Iran are unique in the region with greater organized services. But in numerous other countries, transgender individuals encounter criminalization, social discrimination, and the necessity to pursue care overseas. According to the National Library of Medicine (2024), 75% of transgender women examined in Middle Eastern nations did not have health insurance, 81% experienced financial difficulties, and many earned under five hundred dollars per month, which limited their access to medical care (Farah et al. , 2024). A 2025 report by the Cairo 52 Legal Research Institute and the Tahrir Institute for Middle East Policy (TIMEP) revealed severe institutional discrimination, lack of professional guidance, absence of standards of care, and systematic refusal of gender-affirming treatment in Egypt (TIMEP, 2025). In Lebanon, the Human Rights Watch observed that transgender people, including refugees and asylum applicants, are often denied basic healthcare, restricted of insurance coverage for transition-related services, and experience discrimination while seeking treatment. As a result, many trans individuals in the region are forced to rely on informal, covered and illicit networks for hormones or surgery, exposing them to considerable health

risks. These groups also are frequently victims of mental health issues, which are associated with prejudice, unstable socioeconomic conditions, and a lack of trustworthy care (Human Rights Watch, 2022). This situation highlights the critical need for legal recognition, protected access to health services, provider training, and nondiscrimination policies because it shows an alarming disparity between the barriers of transgender individuals and effective international human rights standards for gender-affirming healthcare.

## Case Study

*"I was denied healthcare because I am transgender. The justification, according to the hospital, was that religious doctrine permits them to refuse transgender patients, just because of who we are."* (Minton, E, 2020)

Evan Minton, a 43 year old transgender man. In August 2016, Minton was in the process of undergoing gender-affirming care, he was scheduled for a medically required surgery at Mercy San Juan Medical Center, a hospital in the Dignity Health Chair in Sacramento, California, where he lives. Two days before the procedure for a hysterectomy, a nurse called him to discuss specific details, among those, the gender identification; at that moment he stated that he was transgender. The following day, one day before surgery, the hospital cancelled the appointment. The explanation given was that the operation was related to his gender transition and the hospital refused to treat him because he is transgender. His doctor claims that the hospital often conducted the procedure on other (non-transgender) patients; this was the only instance in which she was specifically prohibited from doing so due to the patient's gender identity, since the community hospital is a Catholic one. He was later able to do the procedure in a different hospital, but that situation left scars on him (Minton, E, 2020).



Joanne Kim. (march 19 2017).

Nowadays, the Trump administration in the United States has supported regulations that allow religion to be used to deny people healthcare, especially LGBTQ+ individuals. Dignity Health, the fifth-largest health system in the U.S. with billions of dollars in revenue, was involved in this controversy. The Trump administration claimed that transgender individuals posed a threat to Dignity Health. However, California law prohibits businesses open to the public, including hospitals, from discriminating based on gender identity. In 2017, the ACLU and the law firm Covington & Burling LLP filed a lawsuit against Dignity Health on behalf of Minton.

Later, Minton filed a lawsuit under California's Unruh Act, a state civil rights legislation, claiming sex-based discrimination. In 2019, the California Court of Appeal determined that Minton could pursue his discrimination action, acknowledging that cancelling the operation because a patient is transgender is unconstitutional. The lower court's decision was sustained on November 1, 2021, when the U.S. Supreme Court declined to review the case. This effectively confirmed that Dignity Health had violated civil rights law by refusing to treat Minton. The Department of Health and Human Services adopted the Refusal of Care Rule less than a year after he filed his complaint, allowing religious organizations and individuals to restrict the care they offer patients.

This case exhibits how even in countries that support gender-affirming healthcare and have strong medical and legal infrastructures, there are entities that still discriminate against transgender individuals by denying them medical procedures and access to these services. Institutions such as the Dignity Health Chair, which are affiliated with religious institutions, present various discriminatory practices in healthcare, since they may invoke "religious liberty" and leave patients in a vulnerable situation by denying access to legal medical healthcare. It is important to identify the gap between medical necessity and institutional policy, that demonstrates how essential procedures may be denied due to refusal of care from institutes. At the same time, it is important to implement civil-rights legislation and protections so that the ethical and equitable dimensions of gender-affirming healthcare can be assured.

## Key Points

- The ethical aspects of gender-affirming healthcare.
- The social, economical, legal, institutional, and ethical difficulties transgender individuals face when accessing gender-affirming healthcare.
- The ongoing discrimination transgender community faces.
- The accurate legal implementation of transgender individuals' rights.
- International cooperation that benefits transgender patients.
- Legal protections that guarantee secure access to health and care systems.
- Under what conditions, if any, should youth have access to blockers, hormones, or other interventions?
- What is the minimum level of legal recognition of gender identity that states should guarantee, even if they are socially or politically conservative?

## Guiding Questions

1. Does your delegation prohibit or support gender-affirming healthcare procedures?
2. What is the delegation position towards youth gender-affirming care?
3. Which barriers, such as economic, political, social, religious, etc, exist in the delegation that affect accessible healthcare systems for these individuals?
4. Is the delegation balancing properly the religion or institutional beliefs with medical ethics?
5. Which delegations have the same position as your delegation?
6. What solutions does the delegation provide for addressing psychological, social and ethical aspects of the patients?
7. What are the main domestic political or cultural constraints that limit how far the delegation can go in supporting gender-affirming care?
8. Which alliances (regional, ideological, religious, economic) does your country usually rely on when discussing LGBTQIA+ or human rights issues?
9. What solutions does your delegation propose for the problem?
10. How can your delegation justify its position using both human rights language and its own national values or constitution?

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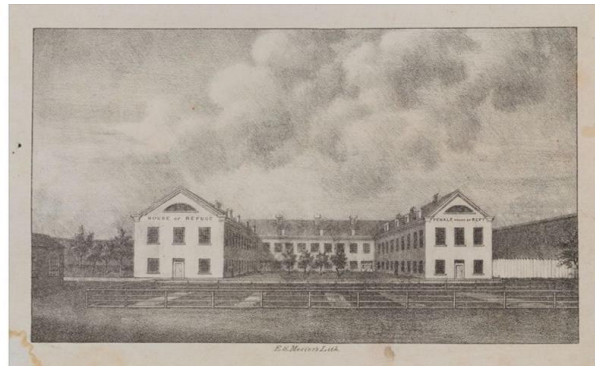
# TOPIC 2:

## ADDRESSING YOUTH INVOLVEMENT IN CRIME AND ITS SOCIAL EFFECTS

### Historical Context

Before the 18th century (1701-1800), anyone could be sent to the same facility and was subjected to the same punishments and laws as adults, which ultimately caused trouble in these environments. Because of the economic hardships of the era, children were forced to work in factories and slowly started to lose

their jobs as workers in such, which led to a crisis in which juvenile delinquency percentages rose in search of a sustainable life. The first detention center opened its doors in 1825 and was founded in NYC; It was called "The House of Refuge", and its purpose was to rehabilitate criminals who did not meet the age of majority. It



(Flatiron NoMad, 2008)

implemented special resources for the juvenile offenders who were considered "changeable", meaning that with the appropriate work, these kids would eventually evolve and would not be considered a threat to future societies. Nonetheless, if a minor were considered a lost cause, they would be sent to regular prisons with adults. The new system seemed to be working flawlessly, and its concept spread rapidly to other US cities and overcrowded the detention center. Subsequently, Cook County in Illinois founded a juvenile court that highlighted the importance of rehabilitation and protected their identities to avoid stigmatization.


During the rise of the Industrial Revolution, jobs required a higher level of education than most of the laborers had at the time; therefore, new laws, such as mandatory school attendance, designated work hours, and marriage legal age requirements, arose. After this, society started

to realize that minors should not be categorized and managed in the same ways as adults for a variety of reasons. In 1968, an act was enacted to encourage states to address the issue of juvenile delinquency; it was called the “Juvenile Delinquency Prevention Control Act.” Continuously, this act led to the “National Juvenile Justice and Delinquency Prevention Act” in 1974 to create the Office of Juvenile Justice and Delinquency (OJJDP), the Runaway Youth Program, and the National Institute for Juvenile Justice and Delinquency Prevention (NIJJDP).

States received funding to support significant changes in the treatment of juvenile offenders after the National Juvenile and Delinquency Prevention Act was established. The deinstitutionalization of status offenders, the separation of juvenile and adult inmates, initiatives to stop juvenile incarceration in adult facilities, and tactics to lessen the disproportionate number of minority youth in the system were some of these reforms. Amendments permitting states to try minors as adults, especially for serious violent or weapon-related crimes, resulted from the social impact of this surge. As public opinion and legislative response fluctuated, states changed their approaches. Some of them emphasized the philosophy of *parens patriae*<sup>4</sup>. Others reversed earlier punitive trends by ending the practice, ultimately holding hearings in informal juvenile courts, or allowing extenuating developmental and psychological evidence to influence outcomes, but overall looking out for the child’s best interest. Throughout time, Supreme Court cases deeply influenced and transformed the way justice systems process minors and what they should be provided with once they are incarcerated. According to *Kent v. United States* (1966), minors who are being transferred to adult court have a right to a court hearing. Juveniles’ rights to due process, legal representation, and protection from self-incrimination were upheld in *In re Gault* (1967). In *In re Winship* (1970), the Court held that juvenile offenses must be proven beyond a reasonable doubt. Subsequent decisions restricted harsh penalties for minors: *Miller v. Alabama* (2012) declared mandatory life sentences without the possibility of parole to be unconstitutional, *Furman v. Georgia* (1988) overturned the death penalty for offenders under the age of sixteen, and *Roper v. Simmons* (2005) outlawed the death penalty for crimes committed under the age of eighteen. Collectively, these decisions recognized juveniles’ reduced culpability and

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<sup>4</sup> “The monarch, or any other authority, regarded as the legal protector of citizens unable to protect themselves.” (Oxford Languages, n.d.)



greater capacity for change. Evidently, the process of the United States has been recorded throughout history, given the fact that it has been one of the first countries to effectively and actively address this issue.

It is no mystery that even nowadays, governments and societies are easily influenced by US initiatives, which applies in this case. Countries like Germany, Norway, and New Zealand also rely heavily on the prioritization of rehabilitation. As well as the United States, European countries established a change in law during the Industrial Revolution. After World War II and the creation of the United Nations, the human rights movement was very popular and ultimately shaped not only juvenile justice systems but all justice systems. It emphasized that children required special legal protections. These ideas were later implemented in global frameworks such as the United Nations Convention on the Rights of the Child (UNCRC). This encouraged nations around the world to prioritize safety, reintegration, rehabilitation, and equitable treatment for children, and has evolved differently across countries, some of them harsher than others, but always taking into consideration that minors should be treated differently from adults since their cerebral development isn't completed and taking away their will to learn and evolve would be a violation of article 28 of the UNCRC "Recognizes education as a fundamental right specifically for children." (UNCRC, 1989), article 6 "Recognizes every child's right to life, survival, and development" (UNCRC, 1989), and article 29 "States that education must support the full development of the child's personality, talents, and abilities" (UNCRC, 1989).

## Current Situation

After committing a felony, a normal citizen will be assigned to a prison after experiencing a thorough investigation and judicial trial. However, in the case of a minor, typically 17 or younger in most countries, these individuals will not be sent to a regular prison, but instead to a youth detention center due to security concerns. A prison's main purpose is to punish and protect society; moreover, a detention center is designed for rehabilitation and not just punishment. It is intended to be a learning environment for those in crisis (both academic and personal), offering a variety of resources to help those involved, such as professional therapy, bullying prevention programs, school, after-school recreation programs, mentoring programs, and comprehensive community interventions.



(Duda, C, n.d.)

Adult prisons do not offer these resources since, at the age of 25, the brain is considered to be fully developed, therefore not needing any help with its development and independence.

### **Current juvenile justice policies and variations across jurisdictions**

Juvenile justice now varies greatly by jurisdiction in the United States and many other nations. States such as Florida, Texas, Georgia, Missouri, and Arizona have more stringent laws that permit the transfer of minors to adult court in situations involving firearm offenses, homicide, or aggravated assault. But California, Illinois, Massachusetts, Washington, and New Jersey have moved toward more trauma-informed rehabilitative strategies that emphasize restorative practices, community-based support, and diversion programs rather than detention. Something that became very popular among the juvenile justice system topic is the expansion of diversion programs, which mainly focus on keeping minors out of detention centers and managing things differently while still providing rehabilitation. These programs frequently mandate that young people participate in family-based therapy sessions, complete

counseling, attend school on a regular basis, or perform community service. The idea behind these programs is that these justice systems tend to harm the children more than benefit them with positive life lessons and opportunities, and make them allegedly pick up bad habits learned from their detention center peers, interrupt their education, or make them feel stronger anxiety or promote trauma from their incarceration. Juvenile justice systems differ significantly across countries, reflecting contrasting legal traditions, cultural values, and understandings of adolescent development. There are 2 kinds of approaches: Emphasizing rehabilitation, diversion, and welfare, or more punitive/mixed approaches.

### *Rehabilitation, diversion & welfare*

Countries such as Germany, Norway, the Netherlands, New Zealand, and Japan have taken a more “peaceful” stance on the situation, meaning that they prioritize rehabilitation over punishment. For example, in Germany, the juvenile law applies to individuals up to 18 years old, and in some special cases can extend up to 21. The country’s main focus as previously stated, is to prioritize the inmates’ education and evolution; therefore, having detention for short periods of time or rarely even used. Norway, using the same approach as Germany, is considered to have the most rehabilitative juvenile justice system at a global level, relying on and providing an extensive amount of programs which include meditation, restorative justice, and family-based services. Therefore, making incarceration unusual in the country. The Netherlands has a similar functioning of the system. Though the country is well-known for a variety of things, it is also known for its sanctions and the way it is involved in the diversion around the region. The age up to which the juvenile law applies is much higher than in most countries, being 23, and the interventions the inmate might face will be determined based on developmental psychology. New Zealand is also recognized for its innovative ways to handle jurisdictional processes; it resolves cases through family processes with children and avoids public and formal court cases, since the country mainly focuses on apologies and social reintegration, making incarceration much less frequent.

## *Punitive<sup>5</sup>*

On the other hand, countries like the United Kingdom, Australia, and Canada, though providing an equitable treatment, employ more punitive or mixed approaches regarding the topic; they allow harsher punishments for minors who are also inmates or have similar processes as they do with adults. In the United Kingdom, unlike most countries, the age at which an individual has to take criminal responsibility is low in comparison to others, being only ten years in England and Wales. Though they take a rough approach, they do prioritize diversion over prisons. In Australia, much like the United States, it varies by region, with some having more punitive approaches than others, while still overall considered a mixed country regarding the topic. Finally, in Canada, rehabilitation is prioritized, and court cases rarely occur. However, this is considered a mixed country, given the fact that adults can be convicted of crimes committed by their children; this is applied in limited cases.

Unlike in old centuries, the reasons for juvenile delinquency nowadays are more “modern”.

*Family issues:* Family for a kid can be a lot of things; in most cases, a pillar to rely on, a role model, and furthermore. Evidently, family plays a significant role in a child’s mental and social development; therefore, if a family is unstable -substance abuse, mental/physical abuse, mental health challenges, neglect, parental conflict- according to [youth.gov](https://www.youth.gov), this can be reflected in the child’s behaviour and general development, which, depending on the situation, can escalate to bigger psychological problems such as depression, anxiety, PTSD, ADHD, and an extense variety of mental illnesses. Developing these illnesses at a young age might lead these individuals down a dark path of committing crimes because of the trauma that they developed over the years. This as a response to the feeling of rebellion and filling a void that they have had the need to fill for as long as the trauma persisted.

In other cases, children might not lack a loving and mentally stable family, but might suffer from economic difficulties, which can ultimately cause health troubles due to poor nutrition, unsanitary living conditions, and scarce medical visits. They might also have trouble with their education, ultimately preventing them from having a wide range of knowledge and getting

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<sup>5</sup> “Intended as in punishment” (Cambridge Dictionary, n.d.)



them stuck, once again, in the cycle of poverty; finding themselves in the need to steal food as basic survival, feminine products -pads or tampons-, hygiene products, clothing, medicine, and school supplies.

*Violence breeds violence:* It is said that in most cases, the perpetrators are victims of violence. For example, children who have experienced physical or emotional abuse tend to lash out in school and become bullies just to prove to themselves that they are not the only ones who are victims, or in some cases, they might think that they are tied to their destiny, and that is belonging in a criminal environment, often because they don't feel enough or worthy.

*Imitation:* The environment in which a child constantly lives tolls with their decision-making abilities. Through adolescence, individuals try to establish themselves with what they like, how they're like, and who they are to build an independent identity. Coincidentally, they tend to be influenced by others to do so; commonly, the influence that was once by the parents shifts to their peers, meaning the surroundings of an adolescent are crucial in what they can possibly become. These kids tend to follow the example of their peers who are prone to committing criminal acts, sometimes to experience new things or feel older.

*The streets:* In Georgia, children under the age of 14 are not subject to legal prosecution, which can cause "impunity syndrome" in young people. This means that a minor, knowing there won't be a punishment for a crime, may re-offend. Adults living on the streets take advantage of this circumstance, and there are instances where relatively mature and "experienced" kids coerce younger ones into committing crimes because they can "avoid the danger."

## Case Study

### *The Peckham Boys - United Kingdom*

The Peckham Boys are a British street gang that originated in the year 1990 in South London. The gang is known for being involved in criminal activities such as arms and drug trafficking, violence, and robbery. Until this day, the gang is still active, and what's most surprising to the public is the fact that their gang members are composed of a variety of ages, 18 to 25, which

in the United States, most of them would be considered minors. What's more, is that they have composed another gang called the "Younger Younger Peckham Boys" (YPB) with members of approximately 13 to 20 years old, as well as other gang names, since they are subdivided into age groups, with the "Peckham Kidz" being the oldest ones in the regime.

The Peckham boys have been involved in one of the worst shootings London has ever had, and could also be charged with attempted murder. They are also well known for popularizing and promoting "road pop," with some of them having individual music careers often referencing committed crimes by their fellow members, as if it were some way to "commemorate" them. The Peckham Boys have had a long history of rivalries with other small gangs from South London and started to slowly become the largest gang in South



(Reddit, 2024)

London. Their worst rival were the "Ghetto Boys," who lost a member the moment he chose to be a Peckham member, which started a war between these two gangs, and ended with the murder of Mender, the ex-gang member. The most common wars that the gang had were about territory. One thing that all of the gang members had in common was that they were economically challenged or grew up in a toxic household.

### ***Françoise Dolto School Stabbing - France***

In June of 2025, a 14-year-old student in "Françoise Dolto School" stabbed a teacher during a school bag search. The victim was a 31-year-old former mother and an ex-hairdresser who had recently quit to pursue a teaching career; she died at the scene. The French authorities requested that the boy be sent to a detention center and face a judicial trial charged with first-degree murder, known to be the most serious charge in the country, with a juvenile judge, as the law indicates should be followed in those situations. This brought concerns to families in Nogent and was a wake-up call for most schools in town. After this occurrence, the whole

country was shaken. For security and child protection concerns, the attacker's identity and personal information -family, grade, age- remains unknown.



(Daily Mail, 2025)

What triggered this series of unfortunate events was that "According to prosecutors, the pupil had told investigators that he intended to attack 'any' supervisor after being reprimanded several days earlier for kissing his girlfriend on school grounds" (rfi, 2025). The minor was eventually charged with "murder of a person carrying out a

public service mission" and "intentional violence", given the fact that a police officer ended up injured during the arrest by the same minor. During the trial, the boy admitted that he was indeed carrying a sharp weapon with the "intent to kill". To this day, he is facing the maximum sentence a minor can have in the country -20 years, rather than a life sentence.

### ***Suzano Raul Brazil Shooting - Brazil***

In March of 2019, two individuals, 17-year-old, Guilherme Tauci Monteiro, and his 25-year-old uncle, Jorge Antonio de Moraes, entered the Raul Brazil public high school carrying firearms and proceeded to start a school shooting, leaving a dozen individuals injured and 10 dead, including the two shooters, who allegedly committed suicide in the school halls once the shooting was over and heard police sirens. Survivors of the shooting have stated that the attack lasted between 15 to 20 minutes and that the assassins were not only equipped with firearms but also with knives and a bow with arrows to charge. After a thorough investigation, detectives came up with a possible suspect as a third party in the shooting. Though he was not at school that day and did not actively participate in the shooting, he helped Guilherme, a former student

and now deceased due to suicide, plan the crime. Up until now, new information has not been released to the public about the situation.

### *Portonazos<sup>6</sup> and Robberies - Chile*

In September of 2024, in Chile's capital, Santiago de Chile, a 16-year-old was detained by government officials for one of his minor offenses and usual crimes, robbing. It was later discovered that he was the leader of a carjacking gang.



The investigation against the minor started way back due to a series of carjackings back in August near *Puente Alto* and *Cerrillos*. He also has a police record for the crimes of receiving stolen goods, theft, and carrying instruments intended for the commission of robberies. As if that wasn't enough, during the investigation, two vehicles were reported stolen and seized, one of which had the suspect's cell phone and gun.



(24 Horas, 2024)

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<sup>6</sup> Carjacking



## Key Points

- Rehabilitation vs Punishment
- Root causes of youth crime
- The role of social influence in teenagers
- Effectiveness of intervention and rehabilitation programs
- Social consequences and public safety

## Guiding Questions

1. What socioeconomic and familial factors should member states prioritize when creating policies aimed at preventing youth involvement in criminal activity?
2. To what extent should juvenile offenders be treated differently from adult offenders, and how can your nation balance rehabilitation and public safety?
3. What measures can governments take to disrupt the recruitment of minors into organized crime, including gangs, drug networks, and extremist groups?
4. How can international cooperation be enhanced to address cross-border youth crime, share best practices, and mitigate the broader social effects on communities?

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# FINAL RECOMMENDATIONS

As chair of this commission, we consider it appropriate to offer some final recommendations to ensure that each delegation is well represented and that the debate runs smoothly.

- Present a complete, high-quality portfolio. This is a fundamental factor for the debate. The portfolio is a great tool for delegates, as it helps them to make appropriate interventions throughout the debate.
- Perform complete and well-argued interventions. It is recommended that you plan some interventions before the debate and include them in your portfolio. Remember to use the right tone of voice and pronunciation. You can include information such as specific data, statistics, and images to make better quality interventions. Remember that interventions should support your delegation's position and should not directly attack other delegations present in the room. Do not forget that each intervention must be supported by bibliographic evidence if requested.
- Plagiarism is prohibited. The use of AI does count as plagiarism; if detected, you will not be eligible for awards. It is vitally important to cite the sources used in the construction of your portfolio. Use APA format 7 for citations.
- Use other resources in the room. Delegates may use the projector to show videos, statistics, images or presentations that reinforce their arguments. At the beginning of the debate, a 'Point of Personal Privilege' may be used to make free use of space and electronic devices.
- Make proper use of parliamentary language and motions. It is essential to maintain diplomacy during debates and model spaces. Therefore, the use of parliamentary language is of utmost importance. We recommend visiting the document with ASOBILCA's parliamentary language. Joint interventions are also a great resource when defining alliances between delegations, so we recommend that you perform them when necessary and appropriate.

Finally delegates, participate actively by showing confidence and strength in your previously researched arguments and information. Trust yourselves, do not hesitate to ask us questions if you have any doubts. Remember that we, as a chair, are always going to be attentive to your concerns.