



Submission to the UN Committee on the Rights of Persons with Disabilities (CRPD)

17 Session (20 Mar 2017 - 12 Apr 2017)



Iranian Lesbian &
Transgender Network

6Rang شش رنگ

Introduction

The Iranian Lesbian and Transgender Network (6Rang) welcomes the opportunity to present this submission to the Committee on the Rights of Persons with Disability for the occasion of its periodic review of the Islamic Republic of Iran.

6Rang is an organization concerned with the human rights situation of LGBT people in Iran. It consists of over 100 networkers, the majority of whom are in Iran. It is included under UK in the ILGA Europe membership list.

This submission is based on 6Rang's research on abuses that lesbian, gay and transgender persons, including transgender persons with a psychosocial disability, experience in health-care settings in Iran based on their sexual orientation and gender identity.

The submission focuses on two sets of abusive practices in particular: "reparative" therapies" intended to "cure" homosexuality; and grossly substandard sex reassignment surgeries which are carried out without free and informed consent and afflict transgender persons with long-lasting physical or mental health conditions and illnesses, impairments and disability.

The submission further discusses various legal and medical requirements, including mandatory sterilization, to which transgender persons are subjected in order to obtain identification documents that match their preferred gender, and access education, employment and other social services.

1. Background and context

LGBT people in Iran experience widespread discrimination in every area of their lives, based on their real or perceived sexual orientation and gender identity.

Iran's Islamic Penal Code criminalizes same-sex sexual conduct with penalties ranging from flogging to the death penalty (Articles 233-240). These penalties apply to those under the age of 18 as the age of criminal responsibility in Iran is nine lunar years for girls and 15 lunar years for boys (Article 147).

Under the Islamic Penal Code, male individuals who engage in same-sex anal intercourse (*lavat* - Article 234) face different punishments depending on whether they are the "active" or "passive" partners and whether their conduct is characterized as consensual or non-consensual. If the conduct is deemed consensual, the "passive" partner of same-sex anal conduct shall be sentenced to the death penalty. The "active" partner, however, is sentenced to death only if he is married, or if he is not a Muslim and the "passive" partner is a Muslim. If the intercourse is deemed non-consensual (*lavat be onf*), the "active" partner receives the death penalty but the "passive" partner is exempted from

punishment and treated as a victim. This legal framework risks creating a situation where willing “recipients” of anal intercourse may feel compelled, when targeted by the authorities, to characterize their consensual sexual activity as rape in order to avoid the death penalty

Conviction for the fourth time for “same-sex sexual conduct between men without penetration” (*tafkhez* – Articles 236 and 136)¹ and conviction for the fourth time for “same-sex sexual conduct between women” (*mosaheqeh* - Articles 238 and 136)² are also punishable by the death penalty. The punishment is 100 lashes for the first three convictions.

Discrimination and violence against LGBT people also stem from mandatory dress codes that are used by police, paramilitary *basij* forces and other public officials to harass, abuse and detain individuals with “religiously inappropriate clothing or appearance”.

Article 638 of the Islamic Penal Code punishes teenage girls and women who fail to cover their head and wear loose fitting outfits in public spaces, with a cash fine or imprisonment. While discriminatory toward all girls and women, this provision has had a particularly severe impact on lesbian and transgender women who do not conform to stereotypical models of femininity, and wish, for example, to cut their hair short, discard compulsory headscarves, and wear items of clothing stereotypically associated with men. This places them at constant risk of criminalization and penalization. They may be sentenced to cash fines and imprisonment. They may also be accused of “cross-dressing” and sentenced to flogging under provisions in the Islamic Penal Code that prohibit conducts deemed “religiously forbidden” (*haram*) or otherwise “offensive to public morals” (Article 638).

Male individuals who wear make-up and display expressions and behaviors stereotypically regarded as “feminine” are similarly at risk of being targeted for arbitrary arrest and detention, torture and other ill-treatment, including sexual violence and rape.

Iran’s legal gender recognition procedure mandates that individuals obtain a diagnosis of “Gender Identity Disorder” and pursue hormone therapy and sterilization before they discard the veil (in the case of women) and adopt modes of dress that are stereotypically associated with members of the opposite sex.

2. Reparative therapies causing impairment

¹ According to Article 235 of the 2013 Islamic Penal Code, tafkhez is committed when “a man places his sexual organ between the thighs or buttocks of another man”.

² According to Article 238 of the 2013 Islamic Penal Code, mosaheqeh is committed when “a woman places her sexual organ on another woman’s sexual organ”.

In Iran, there is no specific focus on the needs of LGBT people for mental health care. Many LGBT individuals suffer social isolation, distorted self-image and emotional anguish as a result of being stigmatized and criminalized for their expressions of gender variance and same-sex attraction. This leads some of them to self-present to health care professionals in order to discuss the uncertainty and emotional distress that they experience regarding their gender identification and sexual orientation. However, they frequently find that medical professionals lack knowledge about issues related to sexual orientation and gender identity and are prejudiced against gender identities and sexual orientations that challenge socially constructed gender expectations. This lack of knowledge reinforces homophobia and transphobia, leading to distress and poor mental health in LGBT individuals.

Many medical professionals in Iran still believe that homosexuality is a form of mental illness, and gender variance is a pathological condition. Accordingly, instead of supporting their clients in identity exploration and development without pursuing predetermined outcomes, they prescribe treatments that are focused on “curing” homosexuality, cross-dressing and other gender variant expressions.

6rang has documented the cases of several lesbian, gay and transgender persons, including teenagers, who have been subjected to pseudo-medical interventions such as psychiatric interventions, hormone therapy, unnecessary medication and electroshock therapies in order to control or modify their sexual arousal patterns and gender expressions. They consistently told 6Rang that such reparative therapies caused them to experience mental impairment, physical pain, depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. They complained that doctors failed to disclose the risks and harms associated with such conversation and aversion therapies and offer alternative treatments aiding self-awareness and self-acceptance.

Mehrad, a seventeen-year-old female-to-male transsexual, was given psychoactive medications when he was fifteen years old in order to eliminate his “homosexual tendencies”. He slipped into depression within a month of using them.³

Kia, another female-to-male transsexual, was similarly prescribed large doses of psychoactive medication because of his same-sex desires and gender variant expressions. He told 6Rang:

I was a happy, healthy seventeen-year-old. I was into sports and did not suffer from any severe depression. I just had [this condition] that they call Gender Identity Disorder. The pills that I was given are normally prescribed to people with severe mental conditions who require hospitalization. I was given such pills just because I had expressed a sense of dissatisfaction with my assigned gender. The

³ Interview with Mehrad, August 2012.

pills turned out to be a heavy substance for my teenage body that had never consumed any narcotics or alcohol. They numbed my entire body... to the point that I became incontinent. I burst into tears when I found myself to be wet in the morning.⁴

Polina, a twenty-three year-old lesbian woman, told 6Rang that she was given medication and electroshocks at the age of fourteen after her parents took her to a psychiatrist to address her anxiety, depression and suicidal thoughts, which they believed was caused by her sexual orientation. Polina explained to 6Rang that her distress was linked to isolation, stigma, shame, and her deteriorated relationship with her mother, who controlled her every movement, prevented her from developing friendships with girls, and subjected her to hostile remarks. However, she said her doctor did not discuss the impact of this hostile family and social context on her mental health, and only prescribed her drugs to change her sexual orientation:

My doctor did not usually talk in our sessions. He would only listen and take notes and then hand me a prescription... During that period, I cried day and night. I did not study and could not do much. I had grown so tired of the tensions and conflicts at home that I accepted to take all the drugs that he prescribed. The drugs caused weight gain and my body swelled. I slept all night and most of the day and did not understand life anymore. Meanwhile, my mother constantly teased and taunted me about how this straight girl whom I was friends with had left me and how these kinds of affairs cannot continue anymore. Getting bombarded with these comments over and over, I started to feel that there is no point to life anymore... I was disgusted with myself.

Polina told 6Rang that when she shared her self-hatred and suicidal thoughts with her doctor, her doctor expressed disappointment that she still had feelings for women and recommended that she receive 12 sessions of electroshock therapy:

The doctor told me that he has prescribed me “ECT” [electroconvulsive therapy]. This was his exact phrase. I did not know what ECT meant. He said that in his opinion I should be hospitalized for 20 days and remain under his care because I was at risk of committing suicide... His theory was that if I had not lived the past I had and if my father had not treated me the way he had, I would have grown up a straight girl. He said he wanted to help me solve this problem and put the past behind me. He believed that with ECT I could forget the past, my sexual orientation would get corrected, and I could begin to lead a ‘normal’ life.

Polina subsequently received six courses of electroshock therapy, which she said resulted in extreme confusion and memory loss for about six months. In the years following the treatment, her speech became slurred and her eyebrows kept shaking in tense situations.

⁴ Interview with Kia, October 2013.

Farnaz, a lesbian woman, was also prescribed electroshock therapy when she was 22 years old in order to address the distresses associated with her same-sex sexual attractions:

My psychiatrist diagnosed me with severe depression related to Gender Identity Disorder. She prescribed electroshock therapy instead of medication... I went to one shock therapy session and refused to go again, because my cognitive faculties got entirely disturbed. My memory stopped functioning correctly: I would forget everything. I would try to study, but would fail to make sense of what I was reading. It was like nothing I had experienced before. It felt as if part of my memory had been completely erased... I was told that the therapy is aimed at eliminating my depression and Gender Identity Disorder. My identity was considered to be pathological and my doctor presumed that it could be corrected with electroshock therapy.⁵

Hormone therapy is another form of “reparative” therapy to which Iranian lesbian, gay, and transgender individuals are subjected. Mental health professionals claim that this treatment is “helpful” for individuals who have “a disordered gender identity” but do not want to undergo sex reassignment surgery. They argue that hormone therapy causes the return of feminine characteristics in women with “masculine tendencies” and helps “effeminate” men to remain in their original sex.⁶

Pegah, a male-to-female transsexual, was put on “testosterone” when she was twenty-one years old in order to be cured of her homosexual desires. She said the following about the physical pain she experienced following the treatment:

I shared the fact that I am attracted toward members of the same sex with my neighbor who was a doctor and asked him if there was a way I could solve this problem. He referred me to an endocrinologist to help me. At that time, I had no idea that I could change my sex and become a woman... The endocrinologist I went to wrote me a prescription for testosterone... The idea was to boost my testosterone levels.

I think it was after he gave me the first or second injection that I began to feel agitated, as if I was trembling on the inside. My groins began aching, and I began grinding my teeth... When I complained about the effects of the hormones on my body, my doctor said: “your body did not accept the hormone because you were mentally resistant.”⁷

⁵ Interview with Farnaz, May 2012.

⁶ See, for example, “goft-o goo ba doctor Fariba Arabgol darbare-ye ekhtelal-e hoviat-e jensi [Discussion with Dr. Fariba Arabgol about Gender Identity Disorder]” *Paygah-e Ettla’h Resani-ye Iranian: Shayad Bakhti Digar* (3 May 2008), online: <http://www.salamatiran.com/NSite/FullStory/?Id=1572&Type=2> (Retrieved March 21 2014).

⁷ Interview with Pegah, September 2013.

The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment has raised concern about reports indicating that lesbian, gay, bisexual and transgender persons are “subjected to forced treatment on grounds of their sexual orientation or gender identity, including electroshock therapy and other “aversion therapies”, reportedly causing psychological and physical harm.”⁸

In 2013, the Special Rapporteur reiterated his concerns about “homophobic ill-treatment on the part of health-care professionals”⁹ and called on states to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, “reparative therapies” or “conversion therapies”, when enforced or administered without the free and informed consent of the person concerned.

6Rang believes that reparative therapies to which lesbian, gay and transgender individuals, including those with psychosocial disability, are subjected to in Iran are not on the basis of informed consent as these therapies take place in a context of social stigma and parental rejection, lack of access to resources that would aid self-awareness and self-acceptance, and inadequate disclosure of the risks and benefits associated with reparative therapies.

The Iranian authorities are complicit or otherwise responsible for this situation as they not only fail to exercise due diligence to prevent and punish such harmful procedures in health-care settings but also encourage and promote them. In an interview with Channel 2 of the Islamic Republic of Iran Broadcasting in March 2013, the head of the High Council for Human Rights in Iran Mohamamd Javad Ardeshir Larijani said:

Homosexuality is an illness, a very bad illness... Homosexuals are sick people who must be treated. They have to be put under psychiatric care and sometime even biological and physical care. We need to adopt a clinical and medical approach toward this issue. The West intends to introduce [homosexuality] as a normal social behavior and we are completely against this notion.¹⁰

3. Forced and substandard sex reassignment surgeries

In Iran, transgender persons are required to undergo sex reassignment surgeries, including sterilization, in order to attain legal recognition of their preferred gender and obtain identity documents matching their appearance. This deviates from International standards of care for the health of transgender, transsexual and gender-nonconforming people which recognize that not all transgender people necessarily need or want “the

⁸ Report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment, A/56/156 (3 July 2001), para. 24.

⁹ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/22/53 (11 February 2013), para. 76.

¹⁰ Mohamamd Javad Ardeshir Larijani, Channel 2 of the Islamic Republic of Iran Broadcasting, available at: <https://www.youtube.com/watch?v=8Wh0snjDCX0>, accessed 18 June 2014.

complete therapeutic triad [of] ... real-life experience in the desired role, hormones of the desired gender, and surgery to change the genitalia and other sex characteristics.”¹¹

The Iranian authorities do not recognize diverse sexual orientations and gender identities. Individuals who do not conform to stereotypical models of femininity and masculinity are divided into two distinct yet inter-related categories: “transsexual-patients” and “homosexual-perverts”. The first label is applied to those who seek gender “normalcy” through sex reassignment surgeries and the second to those who transgress socially constructed gender expectations without seeking treatment or professing themselves to be a “transsexual”.

As the UN Special Rapporteur on the Situation of Human Rights in Iran has noted with concern, information received from transgender persons who underwent such surgeries indicates that “the quality of healthcare they received was at times clearly substandard and not in line with professional norms or the right to adequate and attainable health... surgeries often led to serious complications, including severe bleeding, severe infection, scarring, chronic pain, and rectovaginal fistulas. Transgender Iranians also reported that their operations resulted in abnormally shaped or located sexual organs and vaginal stenosis.”

Farzam is a female-to-male transsexual who underwent mastectomy when he was twenty-two years old. He told 6Rang about the health complications that he has experienced in the years following his surgery:

Unfortunately, the doctor turned me into a bit of a lab rat, because I was paying her a low fee for the surgery. I had no money of my own, and what I was paying her was the sum given to me by the State Welfare Organization, which was around 5 million Tomans.

My breasts felt very stiff after the operation, and the stiffness worsened as time went by. I asked her why my breasts were swollen and were getting bigger rather than smaller. She assured me that the swelling is due to suctioning and will go away. But the swelling stayed on: one month, two months, three months, four months, and in the meantime my breasts were getting stiffer, and they had swollen all the way up to my neck. I would try to visit her for this problem, but she would not give me an appointment...

¹¹ World Professional Association for Transgender Health, “Standards of Care for Gender Identity Disorders,” Sixth Version (2001), online: www.wpath.org/Documents2/socv6.pdf, p. 3 (Retrieved on 4 May 2014). See also World Professional Association for Transgender Health, “Standards of Care for the Health of Transsexual, Transgender and Gender Non Conforming People,” Seventh Version (2012), online: http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf (Retrieved on 4 May 2014).

The problem persisted for a year and damaged my entire back and body... She eventually agreed to perform another operation. This did not, however, eliminate the stiffness and fatty tissues and excess skin were left behind. So I went through a third unsuccessful surgery, and I now have to undergo an operation on my breasts for the fourth time. I have got severe scarring as a result of all these operations and my nipples have been removed altogether. So I can never go for swimming without wearing a T-shirt. I had no one to support me throughout this process. My doctor, therefore, felt free to experiment on my body, subjecting it to operations she had not tried on anyone else before.

I currently have enormous pain in my chest and back. The pain wakes me up in the middle of the night. In order to remove the stiffness in my chest, she removed the surrounding muscles, and in the process she damaged my muscular tissues and the cartilaginous part of my sternum. I have been to a renowned specialist in Canada and he said he cannot do anything to rectify the damage because my chest muscles have been removed and my ribs have been damaged.

Today, Farzam lives as a refugee in Canada and is on Ontario's Disability Support Program. He suffers from chronic back pain, which prevents him from working.

According to 6Rang's research, surgeons who perform sexual reassignment surgeries in Iran often fail to discuss with their patients the different surgical techniques available, the limitations of each technique to achieve the desired results, the inherent risks and possible complications of the various techniques, and the surgeons' own complication rates with each procedure.

These issues, however, are at the very core of the informed consent process. According to the Standards of Care for the Health of Transsexual, Transgender and Gender Non Conforming People, surgeons must provide patients with all of this information "in writing, in a language in which they understand, and in graphic illustrations."¹² They must further provide "a full range of before-and-after photographs of their own patients, including both successful and unsuccessful outcomes."¹³ The Standards of Care emphasize that patients should receive this information in advance and be given ample time to review it carefully.¹⁴

Kia, a male-to-female transsexual who has undergone bilateral mastectomy in Iran, told 6Rang:

¹² World Professional Association for Transgender Health, "Standards of Care for the Health of Transsexual, Transgender and Gender Non Conforming People," Seventh Version (2012), pp. 56-57, online: http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf (Retrieved on 4 May 2014).

¹³ *Ibid*, at p. 56.

¹⁴ *Ibid*, at p. 56.

I should not have received a formal bilateral mastectomy because I was small-breasted. I now realize that liposuction in combination with hormone therapy and exercise could have given me the desired presentation. The doctor, however, failed to give me advice about various available procedures. He gave me wrong advice, operated on my body, and damaged it forever just to benefit himself.

I have prayed to God to heal my injuries but this might never happen. The pain of this operation will always stay with me... It was the responsibility of the doctor to provide me with accurate information. I was only a seventeen-year-old, full of distress and excitement... But he did not do that because he was not fair and responsible... My body would not have had to ache with every sneeze today if things were done differently back then.¹⁵

Mojdeh, another male-to-female transsexual who has undergone genital reassignment surgery in Iran, told 6Rang: "If I knew that surgery would have had such outcomes, I would have never gone through with it, or I would have done it in a foreign country." Mojdeh suffers from severe pains in her lower stomach and vaginal area and has experienced various health complications such as rectovaginal fistulas and vaginal stenosis.

6Rang's research shows that surgeons sometimes give patients a "discounted" rate for surgeries that depart from standard procedures. These budget operations are performed outside operating rooms, with limited anesthesia and post-operation care, and sometimes without genital reconstruction. Transsexual people are drawn to these "discounted" surgeries due to insufficient state subsidies and lack of access to costly surgical care.

The testimony of Pegah, a male-to-female transsexual, is emblematic:

The surgeon I went to is known for having the attitude of a businessman. He said he would operate on me as an outpatient so that we do not have to pay the hospital for general anesthesia. He said, "I will put you to sleep and then transform you into a woman, but a woman without a vagina." I said, "OK, but for how much?" He asked for four hundred thousand Tomans. His plan was to cut off the penis and shape the organ's external appearance into a vagina. However, he was not going to reconstruct the vulvo-vaginal complex from the inside, as that required that I be put under general anesthesia and be cut open. He performed the operation with the assistance of his daughter who was attending this kind of an operation for the very first time and an operating room technician. They put me to sleep with medication and used localized anesthesia but I could still feel a lot of pain.

After the surgery, I went to my aunt's house. Luckily she was a nurse because my surgical wounds had got infected and I had no money for their treatment. The

¹⁵ Interview with Kia, October 2013.

doctor had told me that if my infection persisted, I would have to check in at Mehr Hospital but this was a very expensive hospital and I could not afford it.¹⁶

6Rang has also identified several cases where surgeons recommended to squeeze several complicated operations into one session in order to cut costs. Leila, a male-to-female transsexual, accepted her doctor's recommendation to have her orchiectomy, penectomy, vaginoplasty, clitoroplasty, labiaplasty and breast reconstruction surgery all at once. She told 6Rang: "I thought this course of action could reduce my pain and save me both time and money. However, this was a huge mistake. My upper and lower parts were deformed simultaneously and the pain was absolutely horrendous."¹⁷

Leila complained that her doctor did not give her any meaningful preoperative surgical consultation about post-operative care and follow-up:

I did not have anyone to take care of me and had nowhere to go after I got dismissed from the hospital. I got into the backseat of a taxi and went to a hostel. I was in a state of coma for three days, and during this period, the hostel staff did not even bother to check up on me and see whether I was dead or alive even though they had been told that I had been through a demanding surgery. I remember waking up from the sound of the phone, only to find myself drenched in blood. My breasts had severely swollen. I immediately went to the hospital. As soon as they saw my condition, they cancelled the operation of another patient who had already been prepared and took me into the operation room. I was told that if I had waited a few more hours, infection would have reached my heart and I would have died.¹⁸

6Rang knows of least three transsexual individuals who passed away post operatively due to significant lack of post-surgical care and follow-up.

Recommendations

6Rang urges the Committee on the Rights of Persons with Disability to make the following the recommendations to the Iranian authorities:

- Abolish the death penalty for consensual same-sex sexual conducts and revoke all laws that criminalize or otherwise impose punitive sanctions on consensual same-sex sexual conducts.
- End social stigma and discrimination against lesbian, gay, bisexual, and transgender individuals, including with respect to access to employment, housing, education and health care.

¹⁶ Interview with Pegah, September 2013.

¹⁷ Interview with Leila, March 2012.

¹⁸ *Ibid.*

- Remove the requirement that transgender individuals receive a diagnosis of “gender identity disorder” and undergo sterilization and genital reassignment surgeries in order to obtain legal recognition of their preferred gender.
- Outlaw forced or coerced “reparative” therapies designed to change people’s sexual orientation and gender identity.
- Ensure that lesbian, gay, bisexual and transgender people, including those with psychosocial disability, can receive quality health care, and access the treatments they wish on the basis of informed consent and free from discrimination.
- Ensure that health-care professionals meet appropriate standards of education, skill and ethical codes of conduct, when caring for lesbian, gay and transgender people, and do not assign a diagnosis of mental disorder based on stereotypical notions of masculinity and femininity.
- Conduct a prompt, impartial and thorough investigation into allegations of substandard sex reassignment surgeries and bring medical professionals responsible to account.
- Abolish mandatory *hijab* laws and other strict gendered dress codes, which expose lesbian, gay and transgender individuals to criminalization based on their appearance and gender identity.

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