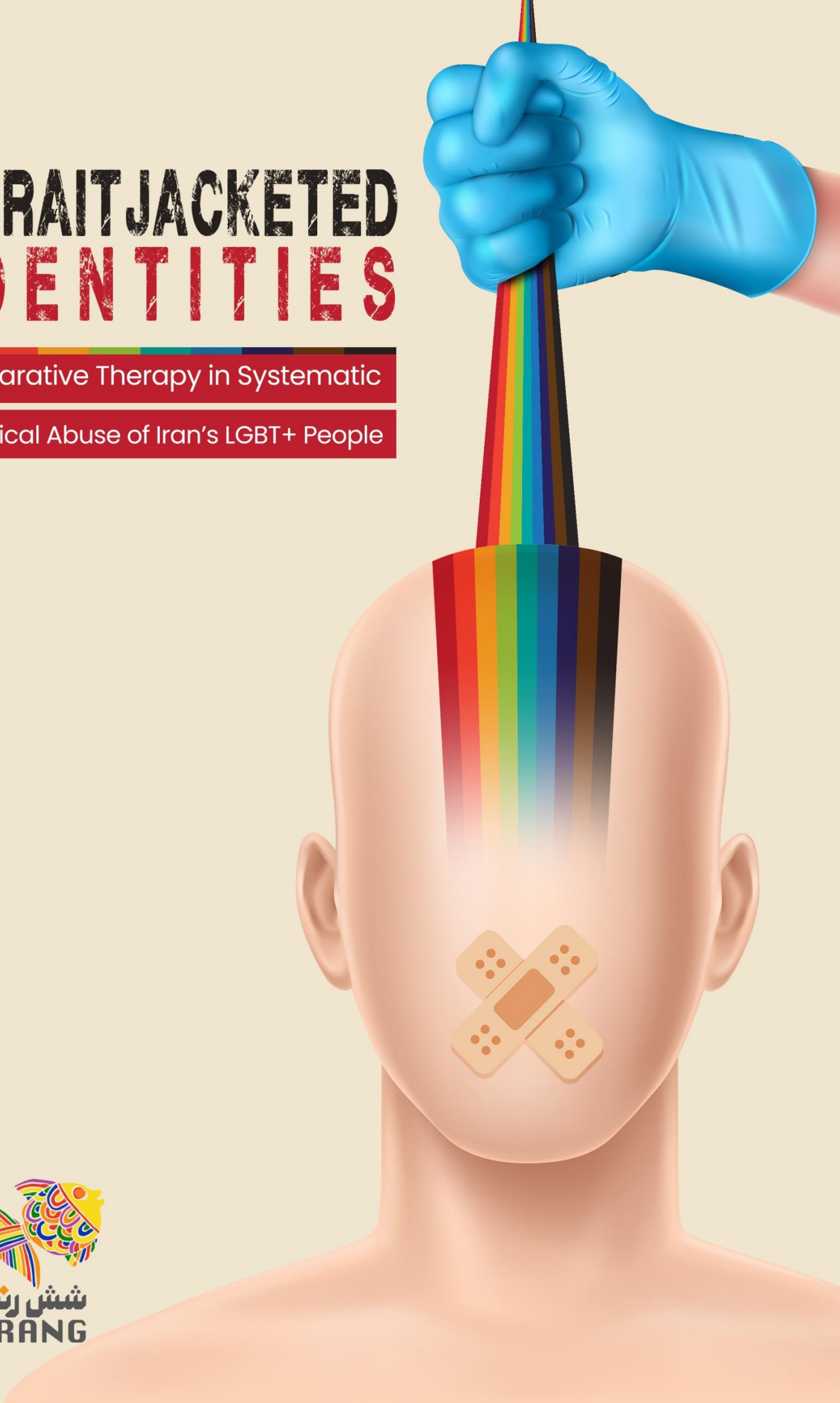
STRAITJACKETED IDENTITIES

Reparative Therapy in Systematic Medical Abuse of Iran's LGBT+ People



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Straitjacketed Identities

reparative therapy in systematic medical abuse of Iran's LGBTI+ people

Introduction

Conversion therapy (also referred to as reparative therapy, sexual reorientation therapy [SRT], sexual orientation change efforts [SOCE], ex-gay therapy, or gender identity change efforts [GICE] when directed toward gender minority individuals) occurs when a formal group of people, usually religious or mental health professionals, attempts to change someone's sexual orientation to "heterosexual" or their gender identity to "cisgender".[1] Most proponents of reparative therapy hold conservative views and are often from highly religious backgrounds[2].

Research has shown that reparative therapies are harmful[3] and amount to medical abuse – they have been viewed as torture in many cases[4]. The American Psychiatry Association (APA) has recommended that psychiatrist refrain from using these methods, as well as ceasing referrals for conversion therapy when treating LGBTI+ patients.[5] Many countries have completely banned the use of reparative therapies.[6]

While reparative therapy is not banned in Iran, 6Rang's previous research has confirmed that the government is actively encouraging its use.[7] Many Iranian clinicians view non-hetero and cis-normative identities as pathological, whether due to lack of education or existing prejudice. Reparative therapy has become normalised in society due to lack of up-to-date teaching at universities, lack of independent media, governmental pressure, existing societal prejudice, the misperception of queer people being diseased. These factors have led to families sending their queer children to conversion therapy facilities.

6Rang sought to shed a light on the prevalence of conversion therapy in Iran and people's experiences of it through a survey. 6Rang was also curious to know the methods used in these facilities. This report is an extension of 6Rang's previous research into the area.[8]

Methodology

The main methodology used to carry out this study was a voluntary survey. The survey consisted of 22 questions designed to gain a better understanding of the experience of LGBTI+ people with conversion therapy. The survey was disseminated on 6Rang's social media in May 2022. 6Rang collected data from 240 respondents with their consent.

Although 6Rang endeavoured to collect data from a wide and diverse group of respondents, it was limited in doing so due to several factors. Firstly, this survey was disseminated on social media,

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[1] American Medical Association. (2019). LGBTQ change efforts (so-called "conversion therapy"). American Medical Association. Retrieved from https://www.ama-assn.org/system/ files/2019-12/conversion-therapy-issue-brief.pdf

[2] Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. Professional Psychology: Research and Practice, 33(3), 260–264. doi:10.1037//0735-7028.33.3.260

[3] Bradshaw, K., Dehlin, J. P., Crowell, K. A., Galliher, R. V., & Bradshaw, W. S. (2015). Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with the church of Jesus Christ of latter-day saints. Journal of Sex & Marital Therapy, 41(4), 391–412. doi:10.1080/0092623X.2014.915907

[4] https://www.ohchr.org/en/stories/2020/07/conversion-therapy-can-amount-torture-and-should-be-banned-says-un-expert

[5] Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts, American Psychological Association, at: https://www.apa.org/about/policy/sexual-orientation

[6] https://www.stonewall.org.uk/about-us/news/which-countries-have-already-banned-conversion-therapy

[7] https://6rang.org/3313

[8] https://6rang.org/11121

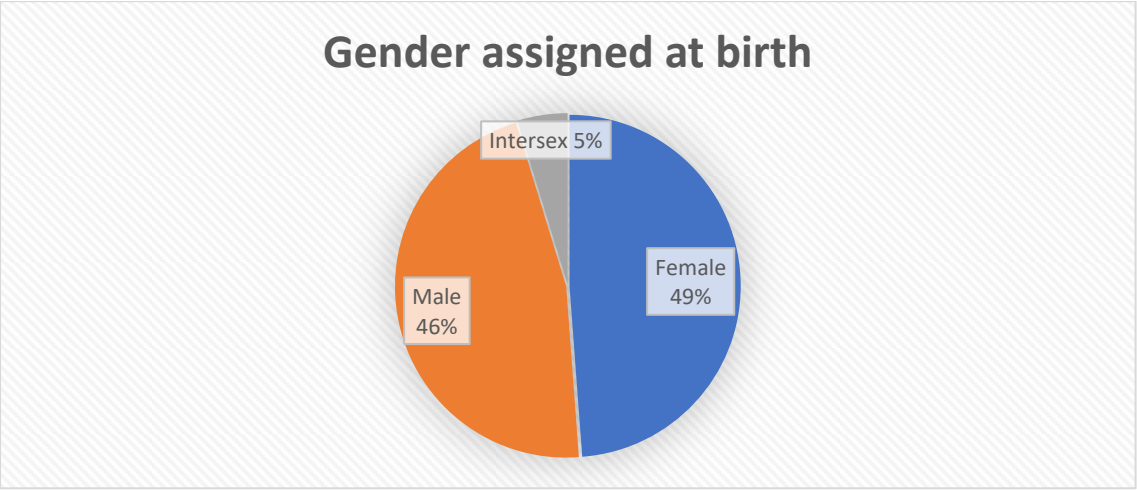
naturally skewing the age group towards younger people. Moreover, not all LGBTI+ people in Iran are familiar with 6Rang, especially in rural and provincial areas where access to the internet is not as readily available. Lastly, due to the real danger of exposing one's sexuality in Iran, many LGBTI+ people may not have felt comfortable enough to answer the survey. Some, who are not familiar with 6Rang, may not have trusted the questionnaire as an investigation independent from the Iranian government.

However, 6Rang was still able to gather data from 240 respondents, making this the biggest independent research endeavour into the use and experience of conversion therapy in Iran, to date. Please note that 30 respondents had to be removed from the data as they reported being cisgender and heterosexual, and thus not eligible for participation in this study.

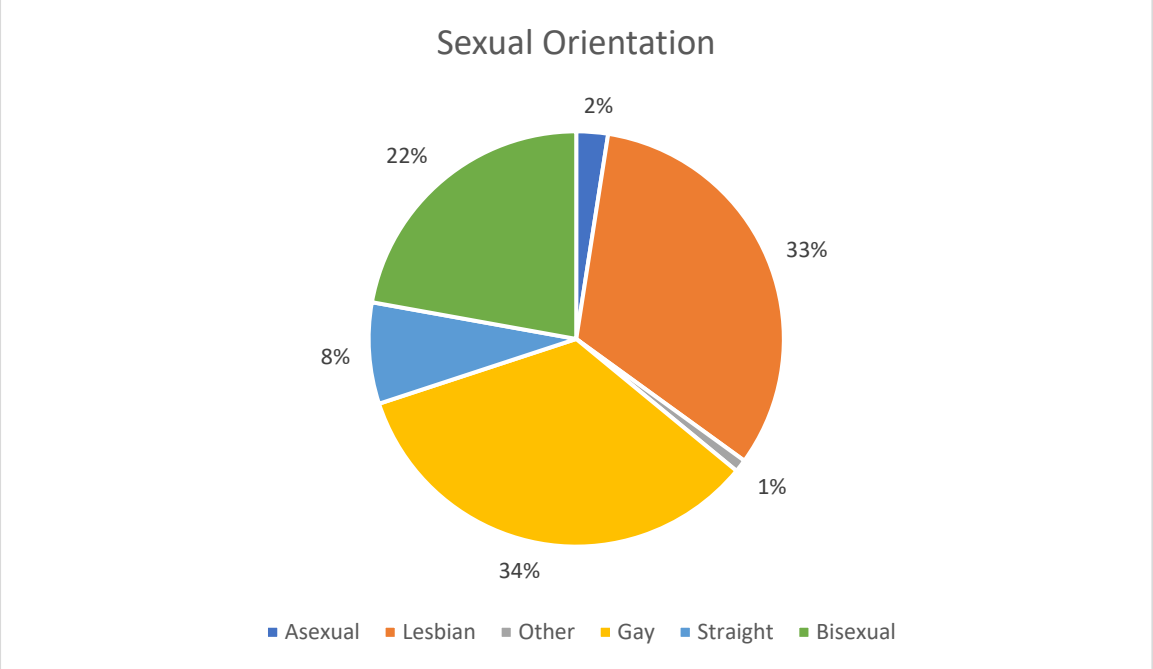
Demographics

Out of 210 respondents, 16% (34) were children under 18. No respondents reported being above the age of 50.

103 respondents reported being female, 97 male and 10 intersex, when asked about their sex.



The majority of respondents identified as lesbian or gay, followed by bisexual, heterosexual, asexual, and other.



6Rang managed to amass data from 25 out of 31 provinces[9]. The majority of respondents were from Tehran and Isfahan, followed by Fars, Gilan, Khorasan Razavi and Khouzestan. 21 participants lived outside Iran.

Results and Discussion

The results of the survey correspond to the theory that reparative therapy is used against LGBTI+ people in Iran.

105 participants, or 50%, were found to have undergone reparative therapy or were offered reparative therapy. 39% of them were under the age of 18 at the time. These people lived in 20 different provinces at the time.

43% (45) of those who were offered reparative therapy agreed or were forced to agree, 33% of whom were under 18. 60 participants were able to refuse reparative therapy. In fact, 61% of those who underwent reparative therapy claimed they had no choice in the matter.

It can be deduced that reparative therapies, which are inhumane and amount to medical torture, are being used in a systematic way against LGBTI+ people in Iran. It also seems that adolescents are in the greatest danger of being subjected to it. The survey results suggest that reparative therapy is suggested to LGBTI+ people most often in their youth.

It must be noted that due to the lack of financial, social and emotional independence from parents, young people are more susceptible to suggestions of reparative therapy. Furthermore, the effects of such treatments are often more pronounced and harmful on younger people and adolescents. This shows that families have a big influence on whether or not their children receive reparative therapy.

Many respondents reported being pressured to uptake reparative therapy by multiple sources and/or institutions. The most prominent influence was that of family (57 instances), followed by health institutions and services (51 instances), friends and acquaintances (37 instances), educational institutions (18 instances), religious institutions (15 instances), romantic or sexual partners (11 instances), judicial or military institutions (10 instances), and employers or colleagues (7 instances).

The goals of these institutions in suggesting or offering reparative therapy have been to 'convert' LGBTI+ people into fitting the hetero and cis-normative Iranian society.

According to survey results, 59% of gay men were offered or suggested reparative therapy, and 35% underwent one or more treatment (58% of those who were offered). Similarly, 59% of lesbian women surveyed were offered or suggested reparative therapy, however, only 15% underwent reparative therapy (26% of those who were offered). In comparison, 31% of bisexual respondents reported having been offered or suggested reparative therapy, and less than 1% (4 instances) underwent at least one type of treatment.

Out of 16 trans and non-binary respondents, 7 people (44%) were offered or suggested reparative treatments, and 25% of trans respondents underwent at least one type of treatment.

Evidently, homosexual people (gay and lesbian) are more likely to be pressured into receiving reparative therapy for their sexual orientation than trans people for their gender identity. However, 6Rang is aware that the sample size for trans respondents is smaller than desired. This conclusion is not definitive. Furthermore, gay men are more likely to undergo treatment than lesbian women, even though they are offered reparative treatment at the same rate.

[9] East Azerbaijan, West Azerbaijan, Isfahan, Ilam, Alborz, Bushehr, Tehran, Razavi Khorasan, Khorasan, Zanjan, Semnan, Sistan and Baluchestan, Fars, Qazvin, Kurdistan, Kerman, Kermanshah, Golestan, Gilan, Lorestan, Mazandaran, Markazi, Mashhad, Hormozgan, Hamedan.

6Rang's previous research has found that some medical practices assign other psychiatric diagnoses to patients who deviate from heterosexual and cisgender norms, and often misdiagnose these patients. For example, homosexuality is often diagnosed as a mood disorder and treated with anti-psychotics; homosexuality has also been diagnosed as obsessive-compulsive disorder (OCD) and treated with medication and behavioural therapy. These practices see transgender patients as experiencing delusions that force them to believe they belong in the wrong body, and they are often treated with electroconvulsive therapy or anti-psychotic drugs.

Some medical practices in Iran specialise in conversion therapy. They believe that homosexuality is due to a lack of positive experiences with the opposite sex and low self-esteem. They encourage their patients to form relationships with people of the opposite sex as a way to convert their sexuality. These practices enforce control over sex and sexual desires, and tell their patients that they failed to respond to treatment due to a lack of discipline and willingness. Treatments at these facilities include electric shock to the hands and genitals, ingestion of emetic drugs while watching pornographic material depicting same-sex intercourse, masturbation while watching pornographic material depicting heterosexual intercourse, and other inhumane treatments.

Another school of thought adopted by some practitioners in Iran sees homosexuality as a fault in the subconscious due to early childhood trauma. This is often treated through hypnosis and psychoanalysis to find the root of the trauma by exploring interactions with important figures, such as parents. These techniques often result in high time and financial strain, and only serve to confuse patients about their feelings.

Other facilities use the patients' displeasure with themselves against them. They frequently use their religious beliefs and guilt, while stirring fear of the consequences for their families should they not choose a 'desirable' sexual orientation. These types of treatment include emphasis on prayer and a return from satanic influence.

Based on 6Rang's earlier research, this survey asked participants to select which of the following treatments they underwent:

1) Pharmaceutical therapy
2) Electroconvulsive therapy
3) Hypnosis
4) Talk therapy
5) Religious and faith-based treatments
6) Behavioural therapy

The majority of participants who had undergone reparative therapy selected at least one of the methods presented by the survey. Talk therapy, behavioural therapy and pharmaceutical therapy were the most frequently reported methods. 20% of respondents were subjected to electroconvulsive therapy, whilst the Islamic Republic of Iran has condemned the use of electroconvulsive therapy or electric shock against homosexual people, internationally.

The most common suggestions given to participants who underwent reparative therapy were having relationships with their undesirable gender (i.e., homosexual participants were encouraged to have relationships with people of the opposite sex), changing their way of dress, and changing their behaviours in society. They were also encouraged to cease relationships with desired partners, marriage to people of opposite sex, and to distance themselves from friends.

Advising patients to distance themselves from friends, to step back from their preferences, such as music, and to consume pornographic material, are methods unfound in evidence-based practice. No current scientific precedence exists for such treatments. Furthermore, such advice is a direct violation

of human rights on the international level, as it can be incredibly harmful to patients, especially young people and adolescents.

Due to the goal of reparative therapy being changing sexual orientation and gender identity, it is often a tool of abuse and repression used against LGBTI+ people.

Nearly 90% of the respondents who underwent reparative therapy reported experiencing verbal and psychological abuse during treatment, and more than 60% of them (22 people) were subjected to coercion and control. Over a third of participants also experienced violence and physical abuse. Other violations included disclosing clients' sexual identity, sexual abuse, and deprivation of education.

Depression was the most commonly experienced side-effect of these treatments (82%). The other reported adverse reactions included lethargy (62%), sleep disorders (60%), memory loss, disordered eating, muscle weakness, and verbal stutters. One participant reported having attempted suicide as a result of reparative therapies.

Of the 210 participants, 64% agreed that reparative and conversion therapies should be prohibited. Of the 45 participants who underwent these treatments, 84% agreed to prohibition.

In their own words

- ✓ "I was 17 when at the insistence of my family I went to a practitioner who claimed he could change my sexuality through hypnotherapy. He told me that after the treatment I would still be attracted to men, but I would also be sexually attracted to women. During the therapy sessions, he humiliated me and verbally abused me."
- ✓ "I stopped seeing Dr. X for psychotherapy because I recognized that he was ruining my life. I will never forget the notebook he had where his [LGBTI+] patients would write that they feel fine, as if they were confessing!"
- ✓ "My uncle pushed me to do this. I didn't want [to], but he threatened to tell my family that I'm gay; he told everyone that I had a hormonal imbalance and took medication. My family still makes fun of me for this supposed problem a decade later. Even after three years of living outside of Iran, I still can't trust any doctor or psychologist due to my experience of conversion therapy."
- ✓ "It was very bad. I received electroconvulsive therapy. I've lost almost 70% of my memory, especially my short-term memory. I lost 10kg after being put on medication and I still don't have the appetite I once did. I have no drive to eat or to have sex. I feel like I've lost all my energy. It drives me crazy every day and I can't even talk about it."
- ✓ "The side effects I experienced from undergoing conversion therapy were drowsiness, suicidal ideation and depression."
- ✓ "It was a difficult experience. The doctor treated me horribly and was completely incompetent and unprofessional."
- ✓ "[Conversion therapy] had no effect on my sexuality because sexuality is not changeable. The only effect was losing my self-esteem because I was frustrated from my sexuality remaining unchanged. This led to my depression and sleep disorders. I've been on psychiatric medication for years."
- ✓ "I hate suicide, but I recognized that these treatments were pushing me towards suicide. Feelings of guilt, emptiness and stupidity were killing me."
- ✓ "The treatment was not successful and drove me to suicide. My mother stopped it from going further."

Political, social and legal context

International human rights bodies have all prohibited all methods of torture and humiliation which are inhumane and harmful. According to principle 10 of the Yogyakarta Principles, every person has the right to be free from torture and from cruel, inhuman or degrading treatment or punishment, including

for reasons relating to sexual orientation or gender identity. [10]This principle calls on states to take steps to repeal any laws and policies that prevent protection from torture. Principle 18 of the Yogyakarta Principles requires states to provide, "full protection against harmful medical practices based on sexual orientation or gender identity." According to many modern psychological and medical approaches, conversion therapy and the use of methods such as electroconvulsive therapy and medication to alter sexual desires amounts to torture.

The Islamic Republic of Iran has not signed the Convention Against Torture and is not accountable to the Yogyakarta Principles. However, Iran is a signatory to the Convention on the Rights of the Child. Thus, the Islamic Republic of Iran must be held accountable internationally for its inhumane treatment of LGBTI+ people, particularly children under the age of 18, who are made to undergo reparative therapy.

The legal and political system of the Islamic Republic of Iran does not recognize any gender identity other than cisgender male or female. Any intimate relationship between two members of the same sex is criminalised. Thus, it is not surprising that this regime resorts to medical abuse to marginalize people and groups who do not fit into its defined categories. In Iran, reparative therapy is performed with the approval and support of the government in public health centres, while it is banned and condemned around the world.

Governments are obliged to ensure their citizens' right to the highest attainable standard of health, a right which is stipulated in several international human rights documents, including the Universal Declaration of Human Rights and the Yogyakarta Principles. It is obvious that the use of outdated and discredited treatments, such as conversion therapies constitutes a violation of this right. In accordance with Article 24, paragraph 2, of the Convention on the Rights of the Child, state parties undertake to take all necessary and appropriate measures to eradicate all harmful practices based on tradition and superstition regarding children's health. The results of the research conducted by 6Rang indicate that 39% of the respondents under the age of 18 have been offered or forced to have conversion therapy, which is in violation of the right of a child to their destiny, body and mind.

The fact that 57% refused to undergo reparative therapy suggests an increase in the awareness of Iranian LGBTI+ people who, regardless of social pressure, government propaganda, and the complicity or silence of responsible medical and psychological organizations, are going beyond the dominant discourses of sin, deviance and pathology to achieve their fundamental rights and human dignity. This growing awareness is partly owing to the expansion of the Internet and the efforts of the LGBTI+ activists. However, it is important to note that conversion therapy is generally forced on individuals by their families or other social institutions and is not easily avoidable. Therefore, people's consent to receive such therapy does not necessarily imply their ignorance.

It is important to take into account the widespread violation of the right of access to information (Article 19, of the International Covenant on Civil and Political Rights) in Iran, and be aware that many people may be obliged to go through these therapies in order to maintain their jobs and academic positions, or to avoid rejection by family. In such a situation, the first obligation of healthcare professionals is to avoid causing harm to their clients (non-maleficence principle) and the second is to inform them about the nature of the service they provide and the harmful consequences it may incur (informed consent). It is clear that the practice of conversion therapy in Iran does not meet the minimum standards of healthcare as set by medical ethics.

On the other hand, social stigmatisation and associating homosexuality and differing gender identities with pathology and deviance in Iran leads to the self-stigmatisation of teenagers and young adults. In the absence of progressive and supportive discourse, they develop their identities by exploring their surroundings and referring to accessible sources, such as teachers, doctors, psychologists and clergy. Considering such circumstances, even if someone voluntarily asks for conversion therapy, healthcare professionals must ensure that they are aware of the falsity of the prevalent pathologizing discourse

[10] https://6rang.org/74409/

which revolves around hetero-cis–normativity and is propagated by individuals and groups with particular political and religious orientations.

Conclusion and Recommendations

The Islamic Republic of Iran has denied the use of conversion therapy. The findings of the survey conducted by 6Rang suggest the prevalence and geographical extent of the outdated practice of conversion therapy in Iran. As results were gathered from 20 provinces and from all age groups, it can be concluded that conversion therapy is used in a widespread and systematic manner. Over 21% of those who underwent reparative therapy were forced or pressured to do so by influential institutions, from family to health services and educational, judicial and social institutions. A fifth of this study's participants were pathologized due to their 'abnormal' sexual orientations or gender identities, and were subjected to abuse, harassment, humiliation and violence at the hands of medical professionals.

More than anything, the results highlight how LGBTI+ people are pathologized in a country where their feelings and identities are criminalised. Medical professionals, who are indicated as safe and trustworthy for LGBTI+ people, have become a source of violence and abuse in Iran.

As mentioned in the introduction, the negligence and poor knowledge of healthcare professionals are due to several factors – most importantly, the lack of up-to-date educational materials in the field of gender and sexuality, restricted access to information, and the primacy of religious ideology over experimental knowledge in teaching psychology and psychiatry in Iran. Moreover, there are no independent, non-governmental scientific organizations in Iran to monitor and evaluate the performance of specialists working in this field, and the responsible institutions comply with the political aims and rules of the Islamic Republic.

6Rang makes the following recommendations.

To international organizations:

- Increase pressure on the Islamic Republic of Iran to ensure that it repeals laws criminalizing consensual same-sex acts and gender expressions
- Urge the regime to establish and enforce laws and mechanisms for protecting sexual minorities against discrimination and violence.

To the Psychological Organization and the Medical Council of Iran:

- All types of conversion therapy must be stopped and banned immediately.
- The competencies of conversion therapists should be reassessed.
- Establish procedures for filing complaints against religious and spiritual leaders involved in these therapies.

To Higher Education Authorities (Ministry of Health and Medical Education and Ministry of Science, Research and Technology):

- Ideological and non-evidence-based discussions, including pathologizing and othering approaches toward sexual and gender minorities, should be studied critically and only as parts of history of psychology.
- Teaching and promotion of such approaches at university should be considered discrimination, spreading hatred and promotion of torture.

To NGOs:

Changing the status quo and stopping conversion therapy in Iran requires structural modifications in the responsible institutions such as the Medical Council, Physiological Organization and Higher Education system. Since all the appointments in these institutions are made by the government and they are in the service of propagating the state's dominant ideology, such a change may not occur as long as the current regime is in power.

Thus, short-term goals for change should be focused on educating and informing people within the present system, revising outdated therapeutic methods and developing new high standard treatments by the help of independent professionals, holding conversion therapists accountable, providing the new generation of medical and psychology students with training other than ones offered by the official educational system, making efforts to empower and raise awareness of the LGBTI+ community and their families, supporting the knowledgeable therapists in Iran, collaborating with media and producing online educational materials.

To healthcare professionals:

In many parts of the world, the progress of the LGBTI+ rights movement leads medical and psychology institutions to align their positions with goals such as equality and social justice. This is not the case with official institutions in Iran. Although there are professionals who despite pressures both from the state and due to cultural intolerance adhere to professional and ethical standards and support the LGBTI+ community, a collective will is required to bring change in broader levels. Healthcare staff should take steps to improve their professional knowledge and skills and compensate for insufficient training provided by the educational system of Iran.

Learned professors and professionals can teach groups of peers or students through independent networks and provide sexual minority groups with supportive treatment. Refusing the contribution of conversion therapy advocates and promoters to scientific conferences and seminars and denying them a platform, avoiding cooperation with them or referring clients to them are the other ways of supporting the LGBTQI+ community.

To the media:

By producing info-educative programmes and inviting professionals to explain scientifically about diverse sexual orientations and gender identities, the media can contribute to the better understanding of sexual and gender differences, and to the removal of the taboo associated with this subject.

6Rang (Iranian Lesbian and Transgender Network)

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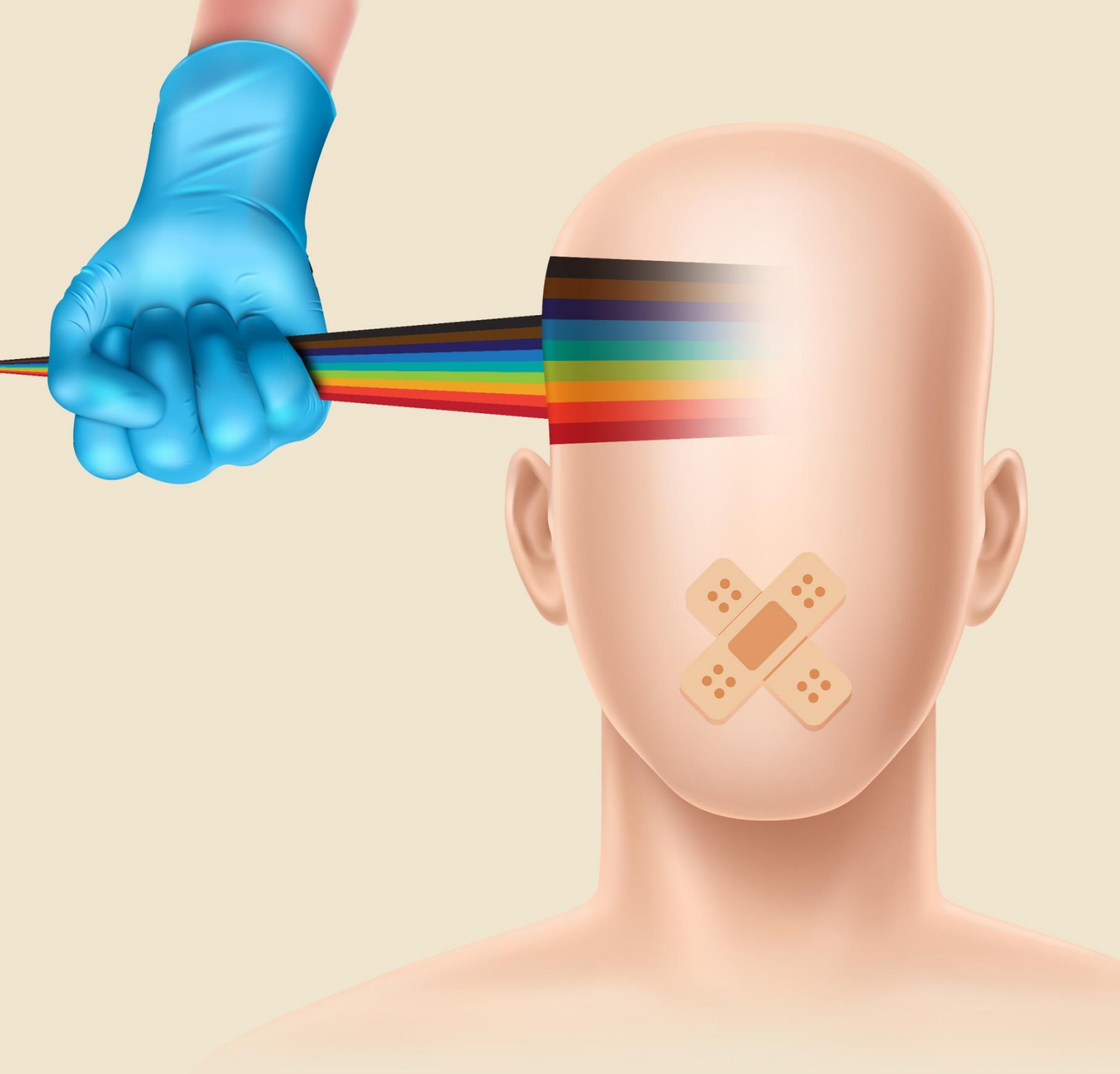

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