**Call for Inputs**

**Deadline 21 December 2019**

**Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity with focus on practices of so-called “conversion therapy”**

**21 November 2019**

In accordance with my mandate as Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, pursuant to Human Rights Council resolutions 32/2 and 41/18, I intend to present a thematic report at the 44th session of the Human Rights Council, which will focus on practices of so-called “conversion therapy” on lesbian, gay, bisexual, trans and gender diverse people around the world.

The report will explore the human rights implications of these practices and interrogate their relationship with violence and discrimination based on sexual orientation and gender identity. It will discuss the forms and scope of “conversion therapy” (hereinafter, “C.T.”) as it is practiced across the globe, its impact on the persons that are subjected to it, measures adopted to prevent its practice and to penalize or prosecute those who perform it, and remedies provided to injured parties. Finally, the report will formulate recommendations.

This call for inputs will serve as one of the channels through which the Independent Expert will collect information to inform the preparation of his report to the Human Rights Council. The information-gathering process will also include a literature review and expert meeting, a consultation, and possibly a survey.

**Background**

“C.T.” refers to any purported treatment having the objective or presenting itself with the objective to change a person’s sexual orientation or gender identity. “C.T.” might also be referred to as gay cure, reparative therapy, ex-gay therapy or sexual orientation change efforts. Nowadays, these denominations appear to encompass a wide range of practices, from religious and spiritual interventions to smartphone app-sponsored programs offering a 60-day “gay cure”. Some licensed medical professionals, including psychologists, administer cognitive-behavioural therapies, drugs and, physical interventions such as electric shock treatment or aversion techniques. Recipients of these treatments include lesbian, gay, bisexual, trans and gender diverse people, ranging from children to adults.

These practices appear to be based on the assumption that seeking to change a person’s sexual orientation and/or gender identity deviating from what is seen as the norm in a particular time and a particular place is an acceptable societal, community, family and personal objective.

Forms of “C.T.” have been condemned by world health associations[[1]](#footnote-2), United Nations entities[[2]](#footnote-3) and human rights mechanisms such as the Committee against Torture, which have expressed that the practice can amount to torture, cruel, inhumane or degrading treatment.[[3]](#footnote-4) It appears to produce long-lasting negative effects on individuals subjected to the practice, as it can lead to physical and deep psychological harm, such as depression, anxiety, drug use, homelessness, and suicide.[[4]](#footnote-5) It also appears that children under legal age are especially vulnerable to it.

There is currently a trend, in certain parts of the world, to ban “C.T.” This has been witnessed in a handful of countries around the world. When addressed, it appears to apply only to registered health professionals (for example, in Argentina, Brazil, Fiji, Samoa and Uruguay).[[5]](#footnote-6) In a few countries, such as in Malta and Ecuador,[[6]](#footnote-7) it is considered a criminal practice.

Even though “C.T.” seems to be widespread, information on the subject is insufficient. There is little systematized knowledge on:

* The different practices related to conversion therapies, the range of techniques applied and their prevalence across the globe;
* The social norms, beliefs and systems that underlie the practice;
* The consequences of these practices on victims; and
* Good and best practices in legislations, jurisprudence and public policy in relation to these practices.

The consultation process aims at gathering information on the above mentioned areas through input from all relevant stakeholders, for the ultimate goals of raising awareness and supporting effective State measures through identifying best practices in legislations, jurisprudence and public policy, as well as shortcomings and discrepancies with human rights norms, in relation to “C.T.”

**Call for input**

To inform my report, I am seeking inputs with information, data and views from all relevant stakeholders (Member States, civil society organizations, including medical and religious associations, National Human Rights Institutions, United Nations agencies, regional institutions, corporate entities, etc.) and I kindly invite you to consider the following questions:

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1. What different practices fall under the scope of so-called “conversion therapy” and what is the common denominators that allow their grouping under this denomination?

* The practices of so-called “conversion therapy” in South Korea have diverse formats: counseling or psychotherapy (individual, group, and family, etc.), medication therapy, inpatient therapy, electric shock treatment, and religious and spiritual intervention(religious rituals, exorcism, church camp retreat). The common denominators are that those practices are based on the theory, model or approach pathologizing sexual and gender minorities, regarding their identity as an abnormal and temporal state, and considering typical SOGIESC(usually cisgender heterosexual) as a superior and appropriate form, attempting to change or suppress their SOGIESC.

1. Are there definitions adopted and used by States on practices of so-called “conversion therapy”? If so, what are those definitions and what was the process through which they were created or adopted?

* There are no official definitions adopted and used by the South Korean government on practices of so-called “conversion therapy”.

1. What are the current efforts by States to increase their knowledge of practices of so-called “conversion therapy”?  Are there efforts to produce information and data on these practices?

* There are no efforts by the South Korean government so far to increase their knowledge of practices of so-called “conversion therapy”. Conversion Treatment Extermination Network, a coalition of 12 civic groups, conducted the survey in 2017, focused on the LGBTIQ+ individuals’ experience of psychotherapy/counseling targeting the practices of so-called “conversion therapy”. Conversion Treatment Extermination Network has also been distributing the guide to self-defense against the attempt of so-called "conversion therapy" since 2017, including three parts: medical institution/counseling center, religious institution, and family/school.

1. What kinds of information and data are collected by States to understand the nature and extent of so-called “conversion therapies” (e.g. through inspections, inquiries, surveys)?

* In the 2017 survey of Conversion Treatment Extermination Network, a total of 1,072 LGBTIQ+ individuals participated through the online survey. To debrief the results of the survey, firstly, regardless of their experiences of psychotherapy/counseling, 21.8% (n=233) was never heard of the word, “conversion therapy” before the survey. 75.2% (n=806) said that they have seen the advertised propaganda about so-called “conversion therapy” through the online postings (70.5%), religious events (60.9%), promotional materials (33.3%), and mass media (23.7%). 16.1% (n=172) were asked to try the practice so-called “conversion therapy” by their family (51.7%), religious and spiritual leaders (37.8%), friends (30.2%), teachers (12.2%), and counselor/psychotherapist (11.7%). 28 participants (2.6%) had the experiences of the practice so-called “conversion therapy”, involuntary (39.3%), voluntary (25.0%), misinformed (21.4%), persuaded (7.1%), or incompetent (3.6%). The practice so-called “conversion therapy” was conducted by counselor/psychotherapist (57.1%), religious and spiritual leader (46.4%), health care provider/psychiatrist (28.6%), and school counselor (10.7%), at the religious institution (46.4%), medical institution (35.7%). private counseling center (28.6%), middle and high school (14.3%), public institution (10.7%), and college student counseling center (3.6%), in the format of individual therapy (82.1%), religious rituals (39.3%), camp/retreat (10.7%), medication (7.1%), inpatient therapy (7.1%), group therapy (3.6%), and electric shock (3.6%) during one session (19.2%), 2~3 sessions (30.8%), 4~10 sessions (19.2%), or more than 10 sessions (20.8%). The starting age was 13~15, middle school years (30.8%), 16~18, high school years (42.3%), 19~24 (23.1%), or 25~29 (3.8%). The total cost of the practice so-called “conversion therapy” was diverse, less than 30,000 Korean Won (25.88 USD) to more than 30,000,000 Korean Won (25,875.68 USD).

1. Has there been an identification of risks associated with practices of so-called “conversion therapy”?

* In the 2017 survey of Conversion Treatment Extermination Network, 26 LGBTIQ+ individuals who experienced the practice so-called “conversion therapy” participated in the survey to the end, and 65.7% of them reported it was harmful: psychological harm (94.1%), misinformation (48.8%), harm to personal relationship (41.2%), economic harm (23.5%), physical harm (23.5%), health problem (23.5%), and interrupting schooling and career (17.6%). 57.7% reported that they are still affected by the experiences of so-called “conversion therapy”.

1. Is there a State position on what safeguards are needed, and what safeguards are in place to protect the human rights of individuals in relation to practices of so-called “conversion therapy”?  This question includes the following:
   * 1. Safeguards to protect individuals from being subjected to “conversion therapies”.

* The South Korean government has no official position on what safeguards are needed, and what safeguards are in place to protect the human rights of individuals from being subjected to “conversion therapies”.
  + 1. Broader statutory rules or administrative policies to ensure accountability of health care and other providers.
* There are no statutory rules or administrative policies in relation to practices of so-called “conversion therapy” because there are no government regulations on psychological/counseling services or mental health practices in South Korea. But the person who is unreasonably admitted to the facility can utilize the Protection of Personal Liberty Act.

1. Are there any State institutions, organizations or entities involved in the execution of practices of so-called conversion therapy? If so, what criteria have been followed to consider these as a form of valid State action?

* The ex-gay conference was held in the conference hall of the National Human Rights Commission in 2015, and the National Assembly building in 2016. UN Human Rights Council recommended avoiding the practice of so-called “conversion therapy” in the 2017 Universal Periodic Review (UPR). But the South Korea government unaccepted its recommendation (132.63), responding that it’s impossible to ban ‘conversion therapy’ which is conducted in the private area.
* In 2016, the 17-years-old lesbian, Miseong reported her experience at the cyber 1388 which is an online counseling center for adolescents run by the Korea Youth Counseling and Welfare Institute under the Ministry of Gender Equality and Family. She asked her counselor how to deal with her depression after bullying because of her lesbian identity, and the counselor of 1388 told her to get counseling to decide whether to live a "homosexual" life or not.
* In the 2017 survey of Conversion Treatment Extermination Network, 28 LGBTIQ+ individuals had the experiences of the practice so-called “conversion therapy”, and 14.3% (n=4) were conducted at Wee centers and Wee classes in middle and high school, the student counseling centers under the Ministry of Education. 10.7% (n=3) were conducted at the public institution under the Ministry of Gender Equality and Family and the Ministry of Health and Welfare.
* There are no policies about the training or education of LGBTIQ+ counseling on the mental health providers working in the public institution such as youth counseling centers and healthy family support centers under the Ministry of Gender Equality and Family, mental health welfare centers and centers for suicide prevention under the Ministry of Health and Welfare, and Wee classes and Wee centers under the Ministry of Education.

1. Have any State institutions taken a position in relation to practices of so-called “conversion therapy”, in particular:
   1. Entities or State branches in charge of public policy;

* The Ministry of Education has announced the standard for sex education since 2015, but the information related to LGBTIQ+ is still excluded despite of civic groups' recommendation.
  1. Parliamentary bodies;
* Some members of the National Assembly are using the anti-gay propaganda to garner more votes from conservative Christians, trying to verify opposition parties' position on “homosexuality” during public hearings. In 2018, a candidate of the Justice Party for Gwangyang-si city council promised to support the center for “gay cure”, and he was suspended because he provoked controversy.
  1. The Judiciary;
* In 2015, a 21-years old transwoman, Yunhee claimed to be a victim of abuse under the practice of so-called “conversion therapy”. She was coerced into various treatment sessions by her father, a priest. She also claimed to have been abused in four churches: “Exorcists” hit her in the genitals, threatened to cut them off, and beat her body to drive the transgender ghost out of her. Civic groups helped her to take legal action against the churches. Her father was found guilty of domestic violence, but the church members weren’t charged because her family supported their innocence. So, the case was closed as just domestic violence, unsuccessful in charging both her father and church members. Also, South Korea has neither the part of hate crime in Criminal Law nor Anti-Discrimination Law.
  1. National Human Rights Institutions or other State institutions;
* National Human Rights Commission investigated discrimination against SOGI in 2014. Some participants reported that they were told to get therapy to cure their sexual identity by a psychiatrist at a medical institution. Also, 31% of teachers said ‘Yes.’ on ‘Same-sex attraction can be healed.’ in the same survey. But there is no official position of the National Human Rights Commission concerning practices of so-called “conversion therapy”.
  1. Any other entities or organizations.
* There is no official position statement and relevant literature made by the associations and academia concerning the practice of so-called “conversion therapy” in South Korea.
* In 2018, the code of ethics was revisioned to include SOGI as a part of client's rights to diversity in Korean Counseling Psychological Association (Division 2 of Korean Psychological Association): enhancing the self-awareness of bias and prejudice on SOGI, making any efforts to overcome them, respecting the client's SOGI, and not involving in the discrimination on SOGI. And there was the first case that the counselor, who attempted to conduct the practice so-called “conversion therapy”, was expelled from Korean Counseling Psychological Association because of the violation of the Code of ethics. After being published that news, anti-gay organizations distributed the hate mails to the committee members of the Korean Counseling Psychological Association, and the Korean Counseling Psychological Association announced that the recent case of expulsion was not about the association's position on “homosexuality”.
* Korean Clinical Psychology Association (Division 1 of that) and the Korean Psychological Association are not describing the details on the client's rights to diversity in the Code of ethics, not including SOGIESC. Korean Counseling Association includes ‘sexual preference’ as a part of a client's rights to diversity, not updated to SOGIESC. Korean Neuropsychiatric Association does not even have the code of ethics.
* As a coalition of 12 civic groups, Conversion Treatment Extermination Network was established in 2016 after Yunhee's case. It held its first press conference in March 2016. There was an announcement in April 2018 denouncing the practice so-called “conversion therapy” after the undercover report on so-called “conversion therapy” by .face. In February 2019, Conversion Treatment Extermination Network made an announcement welcoming the first expulsion case of a counselor who attempted to conduct so-called “conversion therapy” in the Korean Counseling Psychological Association. After the announcement of Korean Counseling Psychological Association saying that the expulsion case was not about their official statement on “homosexuality”, Rainbow Action Against Sexual-Minority Discrimination, a coalition of 16 LGBT organizations, issued a statement urging Korean Counseling Psychological Association to clarify their position on so-called “conversion therapy”.

Responses to the questions above can be submitted in English, French or Spanish, and in Word format.

**If you wish your submissions to be kept confidential, you are kindly requested to make an explicit request in your submission. Otherwise information will be published in the mandate’s document repository, and may be referenced in the report.**

I would be particularly grateful to receive the information requested at your earliest convenience, and preferably by 21 December 2019 at the latest. Responses may be addressed to the Independent Expert at the Office of the UN High Commissioner for Human Rights and can be submitted by email ([ie-sogi@ohchr.org](mailto:ie-sogi@ohchr.org)).

For any further question or clarification, please do not hesitate to contact me through the Office of the United Nations High Commissioner for Human Rights (Ms. Catherine de Preux De Baets, telephone: 022 917 93 27, email: [cdepreuxdebaets@ohchr.org](mailto:cdepreuxdebaets@ohchr.org) or Ms. Alice Ochsenbein, telephone: 022 917 32 98, [aochsenbein@ohchr.org](mailto:aochsenbein@ohchr.org)).



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Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

1. World Medical Association, *Statement adopted by the 64th General Assembly*, 2013; World Psychiatric Association, *WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours*, 2016. [↑](#footnote-ref-2)
2. United Nations Joint Statement, *United Nations entities call on States to act urgently to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) adults, adolescents and children*, 2015. The Pan American Health Organization also issued a statement identifying purported therapies aimed at changing sexual orientation as ethically unacceptable and lacking medical justification. See *“Cures” for an illness that does not exist*, 2012. [↑](#footnote-ref-3)
3. Committee against Torture, *CAT/C/ECU/CO/7 and CAT/C/CHN/CO/5; SPT: CAT/C/57/4*. See *also CCPR/C/KOR/CO/4****;***  *CCPR/C/ECU/CO/6; CRC/C/RUS/CO/4-5; CEDAW/C/ECU/CO/8-9; and CESCR General Comment No. 22 (“regulations requiring that LGBTI persons be treated as mental or psychiatric patients, or requiring that they be ‘cured’ by so-called ‘treatment’, are a clear violation of their right to sexual and reproductive health.”) and CRC General Comment No. 20 (“the rights of all adolescents to freedom of expression and respect for their physical and psychological integrity, gender identity and emerging autonomy” and condemned “the imposition of so-called ‘treatments’ to try to change sexual orientation”).* Other Special Procedures mandate holders than the mandate of the Independent Expert on SOGI have also addressed the issue, including the Special Rapporteur on Torture (A/HRC/22/53, para. 76 and 88; A/HRC/31/57, para. 48 and 72(i)); the Special Rapporteur on the Right to Health (A/HRC/14/20/2010, para. 23 and A/HRC/35/21, para. 48-49. [↑](#footnote-ref-4)
4. ILGA, *Input to General Comment on the implementation of article 3 of the Convention against Torture*, 2017. [↑](#footnote-ref-5)
5. Respectively, Law 26657, Art 3C; CFP Res 01/1999; Mental Health Decree 2010; Mental Health Act, 2007; Law 19529 (Ley de Saude Mental). [↑](#footnote-ref-6)
6. *Malta’s Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act*, 2016; Art. 151, Ecuador’s Penal Code. For a critique on actual implementation seeGuglielmone, Martina. *Fight Against “Reparative Sexual Therapy” in Ecuador*, Council on Hemispheric Affairs, 2017. [↑](#footnote-ref-7)