*Victor Madrigal-Borloz Independent Expert   
Office of the UN High Commissioner for Human Rights   
(ie-sogi@ohchr.org).*

*Reply to Call for Inputs re   
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 Nov 2019*

**To Mr Madrigal-Borloz,**

I am not a counsellor or therapist of any kind, but I have made a study of academic papers, particularly population studies, in my effort to understand sexuality. The premise of the questions posed by this call for inputs is that sexuality is either one thing or the other, and is immutable. That premise is not supported by current evidence. 1

Your call for input assumes that change is not acceptable. Population studies across the world have found that people do change in their sexuality, particularly those with mixed attractions, whatever their sexual identity. 1, 2, 3 To date, no genetic determination of sexuality has been found, though there is genetic contribution. 4 Since natural change happens, it is unjust that the United Nations should deem it unacceptable. It is discriminatory to support the heterosexual attractions and relationships of some people, but not others. In Britain, we have clear evidence of LGB people marrying the opposite sex. 5 Does the UN seek to deny support to their heterosexual relationships?

Your call for input defines conversion therapy as “any purported treatment having the objective or presenting itself with the objective to change a person’s sexual orientation or gender identity”. You present a foregone conclusion of harm. The phrase “any purported treatment” is too open to interpretation, and could be used to intimidate families. This definition also assumes sexuality cannot change, contextualises change as therapist-determined not client-led, then associates it all with harm and violence. That fails to recognise the scope of human sexuality and ignores the principle of self-determination in therapy and counselling.

Your call for input refers to change from LGBT to straight and ignores the harm of trying to force people whose attractions and identity are increasingly heterosexual and biological, to instead ‘stay gay’ / transitioned. 6 Both adults and children do change in their sex identity and their sexuality – often back to a heterosexual, biological, identity. 7, 1

Detransitioners must be considered seriously. 8,9,10,11 They are paying a lifelong physical price for being advised to transition, often with minimal counselling. A common factor is failure to consider co-morbidities, and failure to consider a person holistically. Freedom in counselling to safeguard them means being allowed to acknowledge a child or adult’s biological sex and capacity for heterosexuality. This is vital if the tragedy of surgical and medical transition regret is to be avoided.

I feel your call for input recalls a long gone past. In Britain, to administer electro convulsive therapy (ECT) is exclusively by regulated psychiatrists.12 For decades no one has done ECT or aversion therapies to try change a person’s sexuality! Most counselling methods used to support change towards heterosexuality today are the same as the methods used to support homosexuality: the difference is in the objective and that is presented by the client. 13, 14   
The UN must respect the right of the client to self-determine.

Steph James  
[steph1@polopostal.eu](mailto:steph1@polopostal.eu)  
21 Dec 2019

**References**

1Diamond LM and Rosky CJ, Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities, J. Sex

Res. 2016 May-Jun;53 (4-5):363-91 DOI:10.1080/00224499.2016.1139665 https://www.semanticscholar.org/paper/Scrutinizing-

Immutability%3A-Research-on-Sexual-and-Diamond-Rosky/7a49cfc89f2a5e0bc60fc28e287b109890161b28  
Lisa Diamond is a co-editor in chief of the American Psychological Association ‘APA Handbook of Sexuality and Psychology’

2The Cut Nov 24, 2017 More Men Than You Think Identify As ‘Mostly Straight’ By Ritch Savin-Williams

https://www.thecut.com/2017/11/a-sex-researcher-explains-mostly-straight-men.html

3Geary RS, Tanton C, Erens B, Clifton S, Prah P, Wellings K, et al. (2018) Sexual identity, attraction and behaviour in Britain: The implications of using different dimensions of sexual orientation to estimate the size of sexual minority populations and inform public health interventions. PLoS ONE 13(1): e0189607. https://doi.org/10.1371/journal.pone.0189607

4Andrea Ganna et al 2019 Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behaviour. Science 30 Aug 2019: Vol. 365, Issue 6456, eaat7693 DOI: 10.1126/science.aat7693 <https://science.sciencemag.org/content/365/6456/eaat7693>  
  
5Office for National Statistics ONS: Sexual orientation, UK: 2017.

6 <https://iftcc.org/>

7Gender Dysphoria in Children American College of Pediatricians – August 2016 [www.ACPeds.org](http://www.ACPeds.org)  
  
8 <https://www.transgendertrend.com/>

9Stella O'Malley on Detransition Conference and medical ethics in the age of gender identity   
<https://www.youtube.com/watch?v=G5G-Jg6prkc>   
  
10Charlie Evans <https://news.sky.com/story/hundreds-of-young-trans-people-seeking-help-to-return-to-original-sex-11827740>  
  
11<https://www.technicalpolitics.com/articles/worlds-first-gender-detransition-conference-held-in-england/>

12Electroconvulsive Therapy Accreditation Service <https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/ectas>

13Alliance for Therapeutic Choice and Scientific Integrity <https://www.therapeuticchoice.com/why-the-alliance-supports-safe-ther>  
14IFTCC Standards https://iftcc.org/standards/