

Mandates of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on freedom of religion or belief and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

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Your Holiness,

We have the honour to address you in our capacities as Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on freedom of religion or belief and Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, pursuant to Human Rights Council resolutions 41/18, 42/16, 40/10 and 43/20.

In this connection, we would like to bring to your attention information we have received concerning the **Polish Episcopal Conference's calling for the creation of "clinics" which purportedly would offer services for people who want to regain what is perceived as their "sexual health and natural sexual orientation"**.

According to the information received:

Following the three-day Polish Episcopal Conference (*Konferencja Episkopatu Polski*; KEP, the central organ of the Catholic Church in Poland) which ended on 30 August 2020, Poland's Catholic episcopate adopted an official "position on the questions of LGBT+¹".¹ The 27-page document rejects a series of postulates associated with the lesbian, gay, bisexual, trans and gender diverse (LGBT) movement, which the bishops explained is aiming to "force moral and cultural transformation by gradually accustoming society to behaviours that until recently were considered morally reprehensible".

The statement acknowledges that "[t]he requirement of respect for all people, including people identifying with LGBT+, is entirely correct, and a democratic state with the rule of law should ensure that none of the fundamental rights of these people are violated". However, it makes it clear that the fundamental rights of LGBT persons do not include anything "clearly contrary to human nature and the common good (such as same-sex relationships or the adoption of children by such couples)". It also discards "the right of a person to self-determine their gender without reference to objective

¹ https://info.wiara.pl/files/20/08/28/609063_ZDfi_EpiskopatuPolskiwkwestiiLGBT.pdf

His Excellency Archbishop Ivan Jurković
Apostolic Nuncio
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criteria determined by their genome and anatomy”, and in particular the “radical separation between biological sex and cultural gender”.

Further, the document writes that “it is necessary to create clinics (including with the assistance of the church) to help people who want to regain their sexual health and natural sexual orientation.”

The bishops admit that this idea “stands in clear contradiction to positions regarded as scientific, as well as to so-called ‘political correctness’”. However, they claim that the clinics would help people who realize that their sexuality is “a symptom of wounds on various levels of their personality” and who wish to “regain a healthy identity and spiritual harmony”.

We are concerned that the recent statement by the Polish Episcopal Conference would promote so-called “conversion therapy” practices. Such practices are discriminatory and provoke profound psychological and physical damage on LGBT persons of all ages, and are by their nature degrading, inhuman and cruel and create a significant risk of torture.

1. Practices of “conversion therapy”

We wish to recall the recent report by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, which explores practices of so-called “conversion therapy”, including their impact on victims, their human rights implications and their connection with violence and discrimination based on sexual orientation and gender identity (A/HRC/44/53).

“Conversion therapy” is used as an umbrella term to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person’s sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what other actors in a given setting and time perceive as the desirable norm, in particular when the person is identified as LGBT (*Ibid.*, para. 17).

Diverse sexual orientations, gender identities or expressions is not an illness, disorder or sin that need to be “cured” or “changed”. The Independent Expert observed that all practices of “conversion therapy” take as a point of departure the belief that sexually diverse or gender-diverse persons are somehow inferior – morally, spiritually or physically – than their heterosexual and cisgender siblings and must modify their orientation or identity to remedy that inferiority. The opposite view, supported by international human rights law, is that LGBT persons are equal to others, that their sexual orientation and gender identity are a natural part of their development, without any detrimental qualification to their moral stature, their mental or physical health or their ability to seek and achieve fulfilment through spirituality. That recognition is fundamental to giving content to the principle of dignity, according to which there is an innate and equal value of all human beings (*Ibid.*, para. 63).

It follows that means and mechanisms that treat LGBT persons as lesser human beings are degrading by their very definition. He observed that sexual orientation and gender identity are a fundamental part of the personal integrity of such persons and part

of the furtherance of their life plans and the pursuit of happiness. All practices of “conversion therapy” however share the premise that sexual orientation and gender identity can be extricated – expelled, cured or rehabilitated – as if they were alien to the person, a most inhuman understanding of human existence (*Ibid.*, para. 64).

He further continued that the overwhelming evidence available on the psychological and physical suffering inflicted on victims, as well as its lasting effects, leads the Independent Expert to conclude that perpetrators must act on callous disregard for human suffering. The asymmetrical power relationship between an enlightened converter and a benighted convert further evokes the dehumanization, moral exclusion and delegitimizing rationale, which not only is an enabling mechanism of torture, but lies at the base of most gross human rights violations in recorded history (*Ibid.*).

2. Promoters and nature of “conversion therapy” practices

Perpetrators and promoters of “conversion therapy” practices include private and public mental health-care providers, faith-based organizations, traditional healers, State agents, family and community members, political authorities and other agents (*Ibid.*, paras. 25-34, 84). Faith-based organizations that actively promote, and often perpetrate, practices of “conversion therapy” act on the premise that there is something inherently evil in diverse sexual orientations and gender identities (*Ibid.*, para. 50).

In many faith-based settings, approaches are often aimed at treating a person’s sexual orientation and gender identity as an addiction that can be overcome by following the tenets of a spiritual advisor, but can also include practices modelled on 12-step programmes supporting the underlying premise of “sexual brokenness” or “gender confusion” (*Ibid.*, para. 51).

3. Damage

Abundant evidence shows the methods and means commonly utilized to implement practices of “conversion therapy” are conducive to psychological and physical pain and suffering (*Ibid.*, para. 55). The deep impact on individuals includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering (*Ibid.*, para. 56).

Children and young people are particularly vulnerable to the impact of practices of “conversion therapy”. In addition to suicidal tendencies, children experience a pronounced loss of self-esteem and a sharp increase in depressive tendencies, which can lead to school dropout and the adoption of high-risk behaviours and substance abuse (*Ibid.*, para. 57).

The long-term duration of many practices of “conversion therapy”, which can last for several years to more than a decade, can be particularly harmful, including chronic stress, which has been known to result in many negative health consequences, including stomach ulcers, gastrointestinal disorders, skin diseases, sexual and eating disorders and migraines (*Ibid.*, para. 58).

4. Applicable international human rights law

Non-discrimination

Practices of “conversion therapy” target a specific group on the exclusive basis of sexual orientation and gender identity, with the specific aim of interfering in their personal integrity and autonomy. In that sense, such practices are per se discriminatory, as it has been ascertained by several United Nations treaty bodies, including the Human Rights Committee (*See*, for instance, CCPR/C/KOR/CO/4, paras. 14-15) and the Committee on the Elimination of Discrimination against Women (*See*, for instance, CEDAW/C/MYS/Q/3-5, para. 21).

Right to health

Also, every person, without distinction, should be able to enjoy the highest attainable standard of physical and mental health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) and freedom from non-consensual medical treatment (E/C.12/2000/4, para. 8). Furthermore, the right to sexual and reproductive health encompasses the right of persons to be fully respected for their sexual orientation and gender identity. The Committee on Economic, Social and Cultural Rights found that regulations requiring that LGBTI persons be treated as mental or psychiatric patients or requiring that they be “cured” by so-called “treatment” were a clear violation of their right to sexual and reproductive health (E/C.12/GC/22, para. 23).

In this regard, we wish to draw attention to the Concluding Observations on Poland of 29 October 2018 of the Committee on the Rights of Persons with Disabilities, in which it was concerned at reports of so-called “conversion therapy” being conducted by public and private health entities on LGBT persons without their consent, and based upon the presumed psychosocial impairment of the person (CRPD/C/POL/CO/1, para. 30). In light of this, it urged Poland to put an end to the use of “conversion therapy” (*Ibid.*, para. 31).

Prohibition of torture and ill-treatment

Further, practices of “conversion therapy” may amount to torture, cruel, inhuman or degrading treatment. The Committee against Torture has issued explicit reproaches against the treatments that are forced, involuntary or otherwise coercive or abusive (*See*, for instance, CAT/C/CHN/CO/5, paras. 55-56, CAT/C/ECU/CO/7, paras. 49-50).

The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment concluded that, given that “conversion therapy” can inflict severe pain or suffering, given also the absence both of a medical justification and of free and informed consent, and that it is rooted in discrimination based on sexual orientation or gender identity or expression, such practices can amount to torture or, in the absence of one or more of those constitutive elements, to other cruel, inhuman or degrading treatment or punishment (A/74/148, para. 50. *See also* A/56/156, para. 24; A/HRC/43/49, para. 84 (e)). In light of this, he recommended that States explicitly

prohibit, prevent, investigate and ensure appropriate accountability and redress for forced “conversion therapy” (A/74/148, para. 75).

Right to freedom of conscience and religion and freedom of expression

The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity further noted that there is no direct correlation between religion and exclusion of sexual orientation and/or gender identity. Throughout his work, he has been encouraged to see that some churches and religious communities adopt an inclusive interpretation of religion and embrace and value diversity and welcome LGBT people – as they are – within their community and that some of those have also condemned practices of “conversion therapy” (A/HRC/44/53, para. 66).

The Independent Expert is mindful and respectful of existential dilemmas expressed by individuals experiencing conflict between deeply felt emotion and desire and their personal convictions as to what is a desirable norm in relation to sexual orientation and gender identity, and that they may wish to align their behaviour and expression to the latter. Self-determination creates the space for individuals to decide on the manner in which they wish to identify; as the Independent Expert has constantly stated, the principles of freedom and autonomy directly contradict the idea that a person is born to play a certain role in society. In processes of self-determination and addressing the existential dilemmas that may be connected to those processes, individuals may choose to avail themselves of mechanisms of support and counselling, some of which may be based on psychological, medical or religious approaches related to the exploration, free development and/or affirmation of one’s identity. However, based on the overwhelming evidence available, none of those approaches can claim “conversion” as an outcome, just as none can claim that diverse sexual orientation or gender identity is an illness or disorder requiring therapy (*Ibid.*, para. 66-70).

In a similar vein, the Special Rapporteur on freedom of religion or belief has rejected any claim that religious beliefs can be invoked to justify violence or discrimination against people on the basis of their sexual orientation and gender identity (A/HRC/43/48. Para. 69). The Special Rapporteur recommended that States combat all forms of violence and coercion perpetrated against LGBT persons justified with reference to religious practice or belief (*Ibid.*, para. 76 (d)), and that faith leaders publicly oppose expressions of hostility against, and negative stereotypes of, LGBT persons, and that they promote holistic and inclusive discussions on how practices “justified” with reference to religion or belief are causing discriminatory treatment, harmful practices and sometimes life-threatening abuses (*Ibid.*, paras. 77(a) and (b)).

Rights of the child

Children and young people are particularly vulnerable to practices of “conversion therapy”, which are extremely harmful to their well-being and development (A/HRC/44/53, para. 71). The Committee on the Rights of the Child has clarified that the right of the child to identity, which includes sexual orientation and gender identity, must be respected and taken into consideration when assessing the child’s best interests. According to the Committee, assessment of the child’s best interests must also include consideration of the child’s safety, that is, the right to protection against all forms of physical or mental violence, injury or abuse

(CRC/C/GC/13, para. 21; CRC/C/GC/14 paras. 55 and 73). In light of this, the Committee urged States to eliminate “conversion therapy” practices since those practices are in violation of the rights of all adolescents to freedom of expression and respect for their physical and psychological integrity, gender identity, and emerging autonomy (CRC/C/GC/20, para. 34).

The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity also concluded that the imposition of practices of “conversion therapy” on children runs counter to States’ obligation to protect them from violence, harmful practices and cruel, inhuman or degrading treatment, to respect the right of the child to identity, physical and psychological integrity, health and freedom of expression and to uphold the core principle of taking the best interests of the child as a primary consideration at all times (Articles 3 (1), 8, 19, 24 and 37 of the Convention on the Rights of the Child) (A/HRC/44/53, para. 73).

5. Conclusions and Recommendations

In conclusion, the Independent Expert stressed that practices of “conversion therapy”, based on the incorrect and harmful notion that sexual and gender diversity are disorders to be corrected, are discriminatory in nature. Furthermore, actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of “conversion therapy” are by their very nature degrading, inhuman and cruel and create a significant risk of torture. States must examine specific cases in the light of the international, regional and local framework on torture and cruel, inhuman or degrading treatment and/or punishment (*Ibid.*, para. 83).

In light of this, he recommended that States (i) ban the practices of “conversion therapy”, and (ii) foster dialogues with key stakeholders, including faith-based organizations, to raise awareness about the human rights violations connected to practices of “conversion therapy” (*Ibid.*, paras. 87 (a) and (e)).

In view of the aforementioned observations, we respectfully urge the Holy See to engage in dialogue with the Polish Episcopal Conference to discuss the evidence and findings of harm caused by “conversion therapy” practices on LGBT persons.

In connection with the above-alleged facts and concerns, please refer to the **Annex on Summary of the Independent Expert’s report on practices of so-called “conversion therapy”** attached to this letter which summarizes key findings of his report (A/HRC/44/53). We respectfully urge the Holy See to disseminate the summary of the Independent Expert’s report on practices of so-called “conversion therapy” among its members and followers.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, and given the Holy See’s role as the central government of the Catholic Church, we would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the information provided in this letter.

2. Please explain whether the Holy See has engaged or involved with the Polish Episcopal Conference in the creation of its official “position on the questions of LGBT+”. If so, please explain what actions have been taken by the Holy See.

This communication, as a comment on pending or recently adopted legislation, regulations or policies, and any response received from the Holy See will be made public via the communications reporting [website](#) after 48 hours. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, we urge the Holy See to engage in dialogue with the Polish Episcopal Conference to discuss the evidence and findings of harm caused by “conversion therapy” practices on LGBT persons.

Kindly note that this issue has also been raised with the Government of Poland and with the Polish Episcopal Conference. You will also find attached a summary of the report on so-called “conversion therapy” by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.

Please accept, Your Holiness, the assurances of our highest consideration.

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Tlaleng Mofokeng
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REPORT ON CONVERSION THERAPY

WHAT IS CONVERSION THERAPY?

“Conversion therapy” is used as an umbrella term to describe interventions of a wide-ranging nature, all of which have in common the belief that a person’s sexual orientation or gender identity (SOGI) can and should be changed. Such practices aim (or claim to aim) at changing people from gay, lesbian or bisexual to heterosexual and from trans or gender diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.

The term “therapy”, derived from the Greek, denotes “healing”. However, practices of “conversion therapy” are the very opposite: they are deeply harmful interventions that rely on the medically false idea that LGBT and

other gender diverse persons are sick, inflicting severe pain and suffering, and resulting in long-lasting psychological and physical damage. Conversion therapy currently happens in a multitude of countries in all regions of the world.

In 2012, the Pan American Health Organization (PAHO) noted that “conversion therapies” had no medical justification and represented a severe threat to the health and human rights of the affected persons, and in 2016, the World Psychiatric Association found that “there is no sound scientific evidence that innate sexual orientation can be changed”. In 2020, the Independent Forensic Expert Group (IFEG) has declared that offering “conversion therapy” is a form of deception, false advertising and fraud.

WHO ARE ITS PROMOTERS AND PERPETRATORS?

Perpetrators of “conversion therapy” practices include private and public mental health-care providers, faith-based organizations, traditional healers and State agents; promoters additionally include family and community members, political authorities and other agents.

Faith-based organizations and religious authorities in particular operate in a space surrounded by blurred lines, advising the family and victim and often promoting or providing the practices alone or in partnership with others.

Conversion therapy is a lucrative business for providers around the world. Marketing mechanisms operate to support the business model, and some States actively perpetrate or promote abuse through such practices.

State officials, including judges or police officers, may order “conversion therapy”, even in the absence of explicit legal provisions. It is also done through public policy. For example, Malaysia has adopted plans to curb behaviours perceived as immoral, including same-sex behaviour, and specifically promotes practices of “conversion therapy”, including through university programmes.

Young people are disproportionately subjected to practices of “conversion therapy”. A recent global survey suggests that 4 out of 5 persons subjected to them were 24 years of age or younger at the time and, of those, roughly half were under 18 years of age.



WHAT ARE THE APPROACHES USED IN “CONVERSION THERAPY” PRACTICES?

There were three main approaches identified in the practice of “conversion therapy”:

PSYCHOTHERAPY

Interventions based on the belief that sexual or gender diversity is a product of an abnormal upbringing or experience. Variations applied include psychodynamic, behavioural, cognitive and interpersonal therapies. A recurrent method used is aversion (electric shocks, nausea-inducing or paralysis-inducing drugs) through which a person is subjected to a negative, painful or otherwise distressing sensation while being exposed to a certain stimulus connected to their sexual orientation.

MEDICAL

Practices rooted on the postulation that sexual or gender diversity is an inherent biological dysfunction. They rely on pharmaceutical approaches, such as medication or hormone or steroid therapy. In the Islamic Republic of Iran, individuals who inevitably fail at “converting” their sexual orientation will often be pressured to undergo gender-affirming surgery, in the belief that it will neutralize their orientation.

FAITH-BASED

Interventions that act on the premise that there is something inherently evil in diverse sexual orientations and gender identities. Victims are usually submitted to the tenets of a spiritual advisor, and subjected to programmes to overcome their “condition”. Such programmes can include anti-gay slurs as well as beatings, shackling and food deprivation. They are also sometimes combined with exorcism.



“The degrading nature of many conversion therapy practices, including physical abuse, electro-shock therapy, pseudo-medical procedures, and the use of anti-LGBT epithets and slurs, contribute to an overall dehumanising environment towards persons with diverse SOGI.”

WHAT ARE THE CONSEQUENCES OF “CONVERSION THERAPY” PRACTICES?

The methods and means commonly utilized to implement practices of “conversion therapy” lead to psychological and physical pain and suffering. The deep impact on individuals includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder.

The application of international human rights law is guided by the fundamental principles of universality, equality and non-discrimination. Practices of “conversion therapy” target a specific group on the exclusive basis of sexual orientation and gender identity, with the specific aim of interfering in their personal integrity and autonomy. In that sense, such practices are inherently discriminatory.

All practices attempting conversion are inherently humiliating, demeaning and discriminatory. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes.

These practices also violate the prohibition of torture and ill-treatment, since they take point of departure in the belief that sexually diverse or gender-diverse persons are somehow inferior – morally, spiritually or physically – than their heterosexual and cisgender siblings and must modify their orientation or identity to remedy that inferiority. Therefore, any means and mechanisms that treat LGBT persons as lesser human beings are degrading by their very definition and may amount to torture depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted. Finally, these practices also violate the right to health, including the freedom from non-consensual medical treatment.

“The IESOGI is convinced that the decision to subject a child to conversion practices can never truly be in conformity with a child’s best interests. Parents must make decisions for their children under the premise of informed consent, which entails knowing the practice’s true nature, its inability to actually achieve “conversion”, and the mounting evidence pointing towards its long-term physical and psychological harm”.



RECOMMENDATIONS TO STATES

The IESOGI has called for a global ban on practices of “conversion therapy”, a process that must include: clearly defining the prohibited practices; ensuring public funds are not used to support them; banning advertisements; establishing punishments for non-compliance and investigating respective claims; creating mechanisms to provide access to all forms of reparation to victims, including the right to rehabilitation. He also recommends that States:

- a. Take urgent measures to protect children and young people from practices of “conversion therapy”;
- b. Carry out campaigns to raise awareness among parents, families and communities about the invalidity and ineffectiveness of and the damage caused by practices of “conversion therapy”;
- c. Adopt and facilitate health-care and other services related to the exploration, free development and/or affirmation of sexual orientation and/or gender identity;
- d. Foster dialogue with key stakeholders, including medical and health professional organizations, faith-based organizations, educational institutions and community-based organizations, to raise awareness about the human rights violations connected to practices of “conversion therapy”.

Criminalisation, demonization and pathologisation play a role in perpetuating violence and discrimination on the basis of SOGI and enable the exposure of LGBT persons to practices of conversion. Combatting such biases and prejudices requires action on the part of States, the medical community, and civil society.

↓ **Download the full report on
Conversion Therapy**

Languages available: Arabic, Chinese,
English, French, Russian and Spanish.



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