



*"Rage, pain, cruelty, abuse, I experienced them all that night in the hospital. The next morning, I told the head of the ward about my experience. He asked, "They didn't rape you, did they?" I said: "no, but they did all those other things to me." He said: "go and thank God that you weren't raped."*

Soheil, Kayseri, August 2012

Iran is one of the five countries in the world that still make particular types of same-sex sexual relations a capital offence. Iran is, however, a unique country in this group of five because it criminalizes same-sex sexual conducts while allowing for, and indeed promoting, sex reassignment surgeries. This anomaly is informed by a discourse that divides gender variant and sexual minority individuals into two distinct yet inter-related categories of "transsexual-patients" and "homosexual-perverts". The first label is applied to members of the lesbian, gay and transgender community who through hormone therapy, sterilization and genital reassignment surgery, assume gender "normalcy" while the second label to those who insist on expressing their experienced sexual orientation and gender identity without undergoing hormonal and surgical treatments.

Individuals perceived as homosexual risk being targeted for discrimination, arbitrary arrest and detention, torture and other forms of ill-treatment on account of their sexual orientation and non-conformity to socially constructed models of femininity and masculinity. Individuals labelled as transsexual have to meanwhile manoeuvre a maze of medical and legal institutions and fulfil multiple medical requirements, including sex reassignment surgeries resulting in sterility, in order to obtain legal gender recognition.

Distressed with the traumas sustained due to family and community violence, discriminated against by laws prohibiting consensual homosexual acts and transgender expressions, with penalties including flogging or even death, and deprived of access to accurate information on matters relating to sexual orientation and gender identity, lesbian, gay and transgender people feel increasingly coerced to opt for psychiatric, hormonal and surgical treatments in order to cure themselves of same-sex desires and transgender expressions. This resort to medical treatments is in turn encouraged by health-care professionals who routinely diagnose lesbian, gay and transgender individuals with Gender Identity Disorder (GID) on account of their same-sex desires and transgender expressions, and prescribe to them "reparative" or "conversion" treatments, which are frequently inconsistent with the individuals' long-term physical, psychological and emotional health.

This is a briefing from the report *Pathologizing Identities, Paralyzing Bodies: Human Rights Violations against Lesbian, Gay and Transgender People in the Islamic Republic of Iran*, prepared by Justice For Iran and Iranian Lesbian and Transgender Network (6Rang), illustrates the various human rights violations which stem from these practices, a brief summary of which is provided in this document.



Following the April 2014 resolution by the European Union on the EU strategy towards Iran, expressing concern with regards to discrimination based on religion, belief, ethnicity, sexual identity or orientation in Iran, many governmental authorities and religious extremists in Iran reacted negatively. In this photo, their young Iranian supporters are holding a sign saying: "European Union: We are concerned with human rights in Iran! Why Iran does not leave heretics, Baha'is and homosexuals alone? Should I rearrange their teeth?"

## Background: Dates and Numbers

- 1 1973: Iranian press reports on the first case of sex reassignment surgery
- 1 1976: Iran Medical Association declares sex reassignment operations ethically unacceptable, except in intersex cases
- 1 1985: Ayatollah Khomeini issues his fatwa sanctioning sex reassignment surgeries
- 1 2005: Dr. Mir-Jalali, a Tehran-based general surgeon, states in an interview with the Guardian that he has performed 320 sex reassignment operations between 1993 and 2005, around 250 of which involved male-to-female transitions. He admitted in a European country, he would have carried out fewer than 40 such procedures over the same period. “The reason for the discrepancy ... is Iran’s strict ban on homosexuality.”
- 1 2008: Iran reportedly performs more sex reassignment surgeries than any other country except Thailand, leading some Western journalists to describe Iran as “a paradise for transsexuals”
- 1 2014: In an interview with Ghanoon Daily Dr. Mehrad Baghaie, general surgeon specialized in plastic and reconstructive microsurgery, states he has performed “over one hundred” male-to-female surgeries.
- 1 2014: Dr. Soudabeh Oskouyee, a general surgeon in the field of sex reassignment surgeries, states that since 2001, she has performed between 30 and 40 surgeries every month.

Latest figures released by LMOI date back to 2012 and discuss the number of applications submitted for a sex change permit. Between 2006 and 2010 a total of 1366 applications were reportedly submitted. The figures released do not indicate how many of these were approved or resulted in sex reassignment surgeries. These numbers point to an increase in the number of sex reassignment applications from 170 in 2006 to 319 in 2010, while the total number of sex reassignment applications was 1366. The ratio of female-to-male to male-to-female applicants increased from 70/200 in 2001, to 41/59 in 2006 and 50.5/49.5 in 2010.

This is in contrast to Western European and North American countries, where the number of male-to-female transsexuals is 5 to 8 times higher than

Year	2006	2007	2008	2009	2010	Total
Number	170	297	294	286	319	1366
% of male-to-female applicants	59.41	67.67	59.52	46.50	49.52	56.22
% of female-to-male applicants	40.59	32.32	40.47	53.49	50.47	43.77

that of female-to-male candidates. Legal, social and cultural constraints experienced by women such as compulsory hijab create a strong incentive for lesbians and female-to-male transgenders to opt for sex change.

*“It is possible that there are just higher rates of Gender Identity Disorder in Iran. It may be also the case however, that patients present or are referred to psychologists more often in Iran than in other countries. In this case, the rejection of homosexual or transgender lifestyles in Iran is a key factor, which makes Gender Identity Disorder patients more inclined to choose one of the two dominant types of gender for themselves. This is because they cannot maintain their social and legal existence in Iran with an ambiguous gender identity. This matter [of identifying as either male or female] is of great legal importance in Islamic societies compared to other countries because these societies analyze their social issues through the lens of Islam”*

Dr. Mehdi Saberi,  
the head of the official Commission responsible for deciding sex reassignment applications.



Iran is a highly gendered society wherein the law determines the rights and responsibilities of people based on their sex/gender including what clothes they can wear, which courses they can take in universities, where they can sit on a bus or train, how far they can travel, and even which door they can use to enter government buildings and airports. State laws and practices are all aimed at promoting and reinforcing the stereotyped

## Criminalization

Equality & Non discrimination: “All human beings are born free and equal in dignity and rights.” (UDHR, art. 1)

Sexual orientation and gender expression are a protected characteristic under open-ended anti-discrimination provisions included in the major international human rights instruments. (ICCPR, arts. 2 and 26, ICESCR art. 2.2, CRC art. 2.1)

Prohibition of Torture and Other Ill-treatment: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.” (ICCPR, art. 7)

Right to Liberty and Security of Person: “Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention.” (ICCPR, art. 9)

Right to Privacy: “No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.” (ICCPR, art. 18)

## Prohibition of

“Everyone shall have the right to freedom of thought, conscience and religion.” (ICCPR, art. 18)

“Everyone shall have the right to freedom of expression.” (ICCPR, art 19.2.)

The right to freedom of expression also protects the right of lesbian, gay and transgender persons to give expression to their sexual identity and seeking understanding for it (Human Rights Committee, Fedotova v. Russia 2012).

## Lack of Access

“The right to freedom of expression ... shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.” (ICCPR, art. 19.2)

State must refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, as well as from preventing people's participation in health-related matters (Committee on Economic, Social and cultural Rights, General Comment 14).

## State-Enforced Reparative Therapies

Right to Health: “Everyone has the right the enjoyment of the highest attainable standard of physical and mental health” (ICESCR, art. 12).

The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation (Committee on Economic, Social and cultural Rights, General Comment 14).

Prohibition of Torture and Other Ill-treatment in Health-Care Settings: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.” (ICCPR, art. 7)

States must “repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, unethical experimentation, medical display, “reparative therapies” or “conversion therapies”, when enforced or administered without the free and informed consent of the person concerned.” (Special Rapporteur on Torture A/HRC/22/53, 11 February 2013).

## international laws

roles for men and women. Accordingly, they criminalize consensual same-sex sexual acts, prohibit trans-dressing, restrict access to accurate information on issues related to sexual orientation and gender identity, and impose sex reassignment surgery as a prerequisite for obtaining legal gender recognition, all in breach of Iran's obligations under international human rights law.



## of Homosexuality

The receptive/passive partner in *livat* (penetration of a man's genitals into the anus of another man) is sentenced to death and the insertive/active partner is sentenced to death if he meets the condition of *ishan* (married with unhampered sexual access to one's wife) and to one hundred lashes if he does not." (IPC, art. 234)

*Mosahegeh* (a woman putting her genitals on another woman's) is punishable by one hundred lashes. Conviction for the fourth time is punishable by the death penalty. (IPC, arts. 136 and 239)

Homosexual acts of a male [or female] person, in cases other than *livat*, *tafkhiz* (a man putting his genitals between the tights of another men) and *mosahegeh*, such as intimate kissing and touching as a result of lust, are punishable by 31 to 74 lashes (IPC, art. 237)

## Trans-Dressing

"Women who appear without Islamic hijab in public will be sentenced to imprisonment between 10 days and two months or payment of 50,000 to 500,000 Rials." (IPC, art. 638)

Those who engage in a conduct that is haram [religiously forbidden] or "offends public morals" may be sentenced to up to 74 lashes. (IPC, art. 101)

## to Information

The use of online and digital communications to incite the public to "participate in crimes against chastity ... or acts of sexual perversion" is punishable by an imprisonment term of 91 days to one year and a fine between 5 million and 20 million Rials (Cyber Crime Act, art.1 5.b).

Promotion of prostitution and vice, and publication of photos, images and articles found to be against public decency are prohibited under the law (Press Law, art. 6.2).

## and Sex reassignment Surgeries

Medical and administrative practices of the Legal Medicine Organization of Iran and the National Organization for Civil Registration enforce psychiatric diagnosis and medical treatments including surgeries and sterilization, as a prerequisite to obtain.

*"Homosexuality is an illness, a very bad illness... [Homosexuals] are sick people who must be medically 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. But the West intends to introduce it [homosexuality] as a normal social behaviour and we are completely against this notion"*

Mohammad Javad Ardeshir Larijani, Head of Iran's Human Rights Council, 2013

# VIOLENCE AND DISCRIMINATION AGAINST LESBIAN, GAY AND TRANSGENDER PEOPLE

## Arbitrary Arrests and Detention and Police Abuse

Human rights violations against lesbian, gay and transgender people in Iran have their foundation in the legal framework that prohibits, with penalties including imprisonment, flogging or even death, same-sex consensual sexual conduct and the perceived expression of gay, lesbian and transgender identities. The police and the paramilitary basij militia routinely arrest, detain and abuse lesbian, gay and transgender individuals not based on their sexual behaviour but rather based on the perception of their sexual orientation, as derived from their dress or demeanour. This is particularly true for lesbian women and female-to-male transgender persons who defy mandatory veiling and other restrictive dress codes imposed on women, and for gay men and male-to-female transgender persons who do not conform to stereotypical gender norms.

## Raids on Private Parties

Laws designed to forbid people from freely expressing their sexual orientation and gender identities provide an excuse for the police and other state actors to raid private gatherings, that are presumed to be attended by “homosexuals”. Since 2007, there have been at least four confirmed reports of state-led raids on private parties followed by mass arrest and detention of those suspected of “homosexuality”. Detainees are reported to have been beaten, and subjected to other cruel, inhuman or degrading treatments or punishments, including anal examinations by medical doctors without consent.



A picture from the party in the city of Esfahan in May 2007 which was raided by the police as part of a nationwide crackdown on modes of dress and conduct deemed to be “un-Islamic” and resulted in the arrest, detention, torture and other ill-treatment of 87 persons



“I often got into trouble with the authorities because of the way I dressed and styled my hair. They would stop me because of it and begin asking questions. Once, I made the police very angry because I returned their insults with insults and so instead of taking me to the police station, they took me the basement of this mosque that was next to their station in Narmak neighborhood in Tehran. There, three police officers raped me, and burned my skin with cigarettes. One could have lost his life under their beatings and torture. I begged them to kill me but they did not. I was twenty-eight years old back then and they were around the same age. They were quite a sick team. They told me that they filmed the sexual incident and they would distribute it to blackmail me... I never allowed my family to find out about the incident... Seeing the cigarette burn scars on my body still distresses me and I always have to cover my body whenever I go out.”

*Shiva Deldar, Oslo, September 2013*

## Discrimination in Education

The criminalization of sexual orientation and gender identity, together with the segregation of schools by gender, has had a deeply discriminatory impact on access to secondary education. Lesbian, gay and transgender people frequently suffer harassment and beatings by school administrators as well as rape and violence perpetrated by other pupils. They are sometimes refused admission or expelled because of their real or perceived sexual orientation

and gender identity, or forced to undergo sex reassignment surgeries as a condition to enroll. Students perceived as being lesbian, gay or transgender also experience widespread violence and harassment, including bullying and rape, from classmates, and school authorities rarely take any effective action to confront such prejudice and intimidation.

### Akan's Story

"My father would tie my hands and legs, throw me into the bathroom, and whip me with his belt, because I did not dress like a girl. I do not understand how he could justify beating me just for not being able to fall in love with boys. He beat me all the time and I could not do anything to stop that. I ultimately attempted suicide by slitting my wrists. When my father found me, he did not take me to the hospital because he did not want others to find out. He was trained in medicine and he stitched up my hand himself. Despite this, he continued to beat me and even threatened to kill me.

Towards the end of my stay in Iran, he told me that I would not be allowed to enroll in university unless I agreed to getting married. My parents were going to marry me off to an acquaintance. My father always said that I had been brainwashed into thinking that I was not a girl and that I am stop harboring these thoughts... I told him that I would set myself on fire if I was forced to marry but he did not listen and continued to go ahead with the marriage arrangement. This was when I decided to leave Iran."

Akan, Kayseri, February 2011

## Abuse and Violence in the Family

Many lesbian, gay and transgender individuals are subjected to abuse by their family members because of their sexual orientation and gender identity. These include beatings and flogging as well as forms of psychological abuse such as enforced seclusion and

and isolation from friends and society, neglect and abandonment, verbal insults and death threats. For lesbians and female-to-male transgender persons, these abuses may be accompanied by threats of being forced into an arranged marriage.

## Violence and Discrimination by Members of the Public

The laws that criminalize homosexual conduct and transgender expressions provide opportunities for abuse, rape, of lesbian, gay and transgender people by members of the public. Taunts, insults and threats are a constant reality for lesbian, gay and transgender people and are in fact so common that many of them try to isolate themselves and avoid public interaction in order to reduce their risk of being harassed and abused.

Sexual assault and other physical attacks against lesbian, gay and transgender people who do not conform to culturally approved models of femininity and masculinity are also all too common. Lesbian, gay and transgender individuals in Iran often have no recourse to justice or support for the abuse and violence they suffer in their communities, which emboldens members of the public to commit homophobic and transphobic violence with impunity.

## LEGAL GENDER RECOGNITION PROCEDURES IN IRAN

Iran has been frequently described in domestic and international media as “a paradise for transsexual people.” This might have been true in the late 80s when Iran was among one of the few nations in the world that allowed transgender individuals to change the gender marker on their identification documents upon undergoing sex reassignment surgery. However, over a quarter of century later, Iran is no longer deserving of the praise. Its existing medical and legal procedures concerning transsexuality, which were set in motion as a result of Ayatollah Khomeini’s fatwa in 1985, are wholly out of step with current best practice and understandings of Iran’s obligations under international human rights law. Most egregiously, they require transgender individuals to alter their bodies through hormones

and surgery and become permanently and irreversibly infertile in order to obtain the right to live their desired gender identity and sexual orientation, and obtain identity documents reflecting their gender identity.

Transgender people are required to secure four main processes in order to change their legal gender:

- 1 Obtain a psychiatric diagnosis of “Gender Identity Disorder”
- 1 Receive an official sex reassignment permit, provided by the Prosecutor on the recommendation of the Legal Medicine Organization of Iran (LMOI)
- 1 Undergo Hormone therapy, sterilization and genital reassignment surgeries
- 1 Apply to Court and the National Organization for Civil Registration for name change and identification

There is no legal certainty across the country as to the criteria that are applied in each of these steps. Many transgender individuals consider the processes followed by psychiatrists and government officials to be arbitrary and in many instances invasive, degrading and based on gender stereotypes.

### Mahyar’s story

“I had borrowed the motorcycle of my brother’s friend to ride around Tehran. Back then I had not received any hormone therapy and did not have a beard yet. So I looked underage and the police officer who stopped me must have thought that I did not hold a driving license. He ordered me to pull over to the side and asked how old I am. He did not believe it when I said I was seventeen years old and said I looked like a thirteen or fourteen year old...Then he tried to body search me to see if I had any weapons on me... When he touched my body, he felt my breasts, and asked: “what are these bumps? Are you a girl?” When I nodded my head, he began yelling “what are you doing here then, in the streets, without a uniform and headscarf?”

He asked the officer standing next to him to bring me a headscarf to cover my hair. He was handed a scarf from inside the police car and asked me to put it over my head. They then pushed me inside the car and began beating me severely. They hit me so much in my face and head that I started feeling numb. Only now and then I could feel the blows from the left and right... They said that I must be psychologically tested because a mentally sane woman, who knows about the country’s laws, would never come out to the streets without a headscarf. I was then arrested and taken to a detention centre. I was released 2 days later after I committed by written that I will never take my headscarf in public places.”



This is a copy of Ayatollah Khomeini’s fatwa on permissibility of sex-reassignment surgery which states, sex reassignment, if prescribed by a trusted physician, does not raise any religion concerns.



## 1. Psychiatric Diagnosis

In order to receive a reassignment permit, transgender individuals must undergo between eight to twelve psychotherapy sessions, along with hormonal and chromosomal tests, with a view to obtaining a medical statement that diagnoses them with “Gender Identity Disorder” and recommends them for sex reassignment surgery to the judiciary.

Depending on their financial situation, transgender individuals complete these psychotherapy sessions either with private psychiatrists or with publicly funded psychiatrists at the Tehran Psychiatric Institute (TPI), a clinic affiliated with the Iran University of Medical Sciences. The diagnostic process ends with an interview with a Determination Commission composed of between three to five TPI mental health professionals. Upon the completion of this process, the TPI decides whether to recommend an applicant for sex reassignment surgery to LMOI, require further tests and therapy or reject the applicant altogether.

Once the TPI or a private psychiatrist recommends an applicant for sex reassignment surgery, he or she can then present the Prosecutor to apply for an official sex reassignment permit. The Prosecutor in turn refers the applicant to the Psychiatrist Ward of the LMOI, which then takes control of the process and sets an interview with a Commission of psychiatrists and clinical psychologists working under its auspices. This Commission is charged with determining the applicant’s “affliction with Gender Identity Disorder” and confirming his/her eligibility for undergoing hormone therapy and sex reassignment surgery.

Many transgender individuals believe that the diagnostic requirement is based on unfounded gender stereotypes that do not necessarily apply to all transgender people. Female-to-male transgender persons interviewed by JFI & 6Rang felt that they had to cut their hair short, stop wearing make-up, wear baggy or stereotypically masculine clothing and act like a macho man in order to be perceived as trans. Conversely, male-to-female transgender persons felt that they had to wear excessive make-up, express an interest in household activities like cooking, sewing, ironing and cleaning, appear emotional and submissive, and enact other outdated stereotypes about femininity. Some also reported intrusive queries about their sexual orientation, sexual practices and sexual fantasies.

*“The expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative”*

World Professional Association for Transgender Health, De-Psychopathologisation Statement, 2010

“The judge reviewing my case sent me to LMOI for a physical examination... Over there, two men and five women examined me. First, they inspected my beard and asked how long I have had it. They then turned to my breasts. I was then sent to Imam Khomeini Hospital to get them the entire file on my uterus and ovaries removal operation. I did, and when I returned, they asked me to pull down my pants to inspect my genitals. I asked if it was possible for them to not go through with this inspection, but they refused, indicating that if I did not cooperate they would refuse to write me the required letter. I pulled down my pants with embarrassment. They took a look and said in a disappointed voice that my genitals are womanly. They then asked me to leave the room and pick up my letter downstairs. I tried to explain to them why I was not yet in a position to receive a genital reassignment surgery but they were much too cruel to pay my explanations any heed.

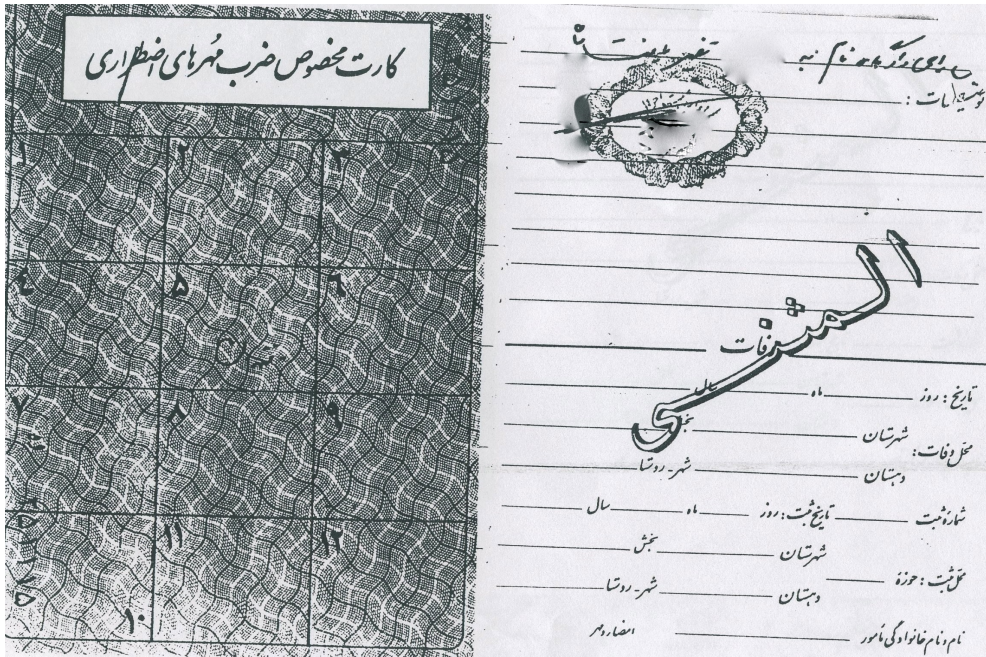
I took the sealed letter they gave me to the court. It felt like a hundred pound sledge struck my head when I realized what the letter said. It read, “Mastectomy, hysterectomy and oophorectomy have been completed but the sex organ is still feminine in appearance.” The judge ruled that all the required steps for sex reassignment have not been satisfied and new identification documents would not be issued.”

*From Nameless Trans blog*

## 2. Hormone Therapy

Many transgender people in Iran rush into hormone therapy in order to bring their body in line with an intended masculine or feminine presentation, and to circumvent mandatory dress codes. Lack of identification results in widespread discrimination in employment, education, health care and access to goods and services, and subjects them to serious risks of harassment and violence, including at the hands of state officials.

Transgender people frequently resort to self-medication or seek out unscrupulous hormone providers because they cannot locate or afford medical practitioners familiar with gender identity issues. This results in overdosing causing a range of adverse and undesirable side effects including weight gain, mood changes, high blood pressure, and liver or heart disease.



A duplicate birth certificate revealing the previous gender of the document holder

## 3. Sex Reassignment Surgeries and Change of Legal Documents

Transgender people in Iran cannot obtain legal recognition of their gender unless they undergo sex reassignment surgeries and irreversible sterilization. This entails mastectomy, hysterectomy, oophorectomy and salpingectomy for female-to-male candidates, and orchiectomy, penectomy for male-to-female candidates. Since the kind of surgical treatments required for legal gender recognition are not codified in law, courts sometimes require additional procedures such as the creation of a neophallus (phalloplasty) and testicular implant surgeries.

There is no national criterion for legal gender recognition. Some courts accept the validity of medical certificates while others require intrusive and degrading physical examinations by court-appointed examiners.

In addition to being critical of the arbitrary criteria

applied by courts, many transgender individuals are frustrated with being asked to submit to unprofessional and humiliating physical examinations by judges and government officers who are not authorized by law to conduct physical examinations.

Transgender individuals who manage to establish that they have fulfilled the required medical treatments are referred to the National Organization for Civil Registration (NOCR) to apply for a new identification documents reflecting their gender identity.

Transgender individuals who do not want to, or for health or financial reasons cannot, undergo sex reassignment surgeries are excluded from obtaining documents that correspond to their gender identity and gender expression and experience widespread discrimination.

## TORMENT IN THE NAME OF TREATMENT: HOMOPHOBIC AND TRANSPHOBIC ABUSES IN HEALTH-CARE SETTINGS

Health care professionals in Iran generally lack knowledge about sexual orientation and gender identity issues. Most believe homosexuality is a form of mental illness, and gender variance is a pathological condition. Instead of supporting their clients in identity exploration and development without pursuing predetermined outcomes, they focus on treatments that revolve around converting homosexual orientation and aligning sex, gender and sexuality in two ways:

The first model advocates a range of psychoanalytical and behavioral treatments focussed on creating a qualitative mental change involving aversion to homosexuality, and disattachment to trans-dressing and other gender variant tendencies. These treatments are accompanied by a reinforcement plan in which shaming techniques, nausea-inducing, psychoactive medications and electroshocks are used. Mental health professionals who follow this model insist on the efficacy and benefit of such sexual orientation and gender identity change efforts even though such practices are internationally denounced as unscientific, harmful and in violation of human rights.

*"Psychoanalytic technique does not encompass purposeful attempts to "convert," "repair," change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes."*

*American Psychiatric Association, Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression: Position statement, 1999.*

The second model concedes are generally without success, and advocates the body of transgender people be brought into conformity with their psyche through hormone therapy and sex reassignment surgeries. Mental health professionals who follow this model are generally inclined to assign a diagnosis of Gender Identity Disorder and take social gender

non-conformity, homosexual orientation, and consequences of social prejudice and stigma (such as depression, isolation, confusion and distorted self-image) as symptomatic of this disorder. This results in misdiagnosis and rushing into irreversible hormone therapy and sex reassignment surgeries. They are rarely provided with a meaningful opportunity to explore their same-sex desires and gender expressions, or access accurate information on sexual orientation and gender identity.

### Kia's testimony

The doctor left behind a gauze pad in my chest and because of this mistake I have had to have three operations on my breast all of which have lowered my chances of proper healing. Moreover, 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 advise me on various operative 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 because it should have never been performed in the first place. 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. He was responsible for giving me appropriate advice and helping me with the operation. 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. To this date, I cannot lift a heavy item, as that will simply exert a lot of pressure on my body

*"Medical treatments of an intrusive and irreversible nature, when lacking a therapeutic purpose, may constitute torture or ill-treatment when enforced without the free and informed consent of the person concerned. This is particularly the case when such non-consensual treatments are performed on members of marginalized groups such as lesbian, gay and transgender people because in the case of these populations, the significant power imbalance which is inherently present in the patient-doctor relationship, can be exacerbated by structural inequalities, stigma and discrimination, notwithstanding claims of good intentions or medical necessity."*

Special Rapporteur on torture, A/HRC/22/53, 1 February 2013.

## 1. Reparative Therapies

Reparative therapies generally refer to attempts to change sexual orientation and "cure" individuals. They include a wide range of pseudo-medical interventions: forced psychiatric interventions, hormone therapy, unnecessary and non-consensual medication, use of electroshock or electroconvulsive therapy (ECT), a variety of forced procedures such as sterilization and genital-normalizing surgeries often involving humiliation, psychiatric misdiagnosis and wrongful determination of mental illness.

A troubling number of lesbian, gay and transgender individuals with whom JFI & 6Rang spoke reported that their psychiatrists prescribed electroshock therapy and strong psychoactive medications such as thioridazine, citalopram, fluoxetine, risperidone, and bipyridine, in order to control or modify their sexual arousal patterns, even though such treatments are best reserved for serious mental illnesses.

Hormone therapy is another form of reparative therapy to which lesbian, gay, and transgender individuals with gender variance were reportedly subjected. In some instances, such treatments were recommended to lesbian, gay and transgender individuals, along with a range of behaviour modification techniques, all detrimental to their psychological and emotional well-being. These included instructions to wear make-up, practice the stereotypical behaviours and mannerisms of the gender assigned at birth and date members of the opposite sex.

## 2. Sex Reassignment Surgeries

Transgender people also experience negligent and substandard sex reassignment surgeries that are carried out without proper documentation of evidence of Gender Identity Disorder and the full consideration of different possible therapeutic approaches.

In fact, the Iranian health care system not only fails to recognize various expressions of gender that may not necessitate psychological, hormonal or surgical treatments, but it also engages in the administration of sex reassignment surgeries that drastically fall short of international clinical standards and result in long-lasting health complications. Health complications stemming from substandard sex reassignment surgeries include back pain, chest pain, urinary tract infections and bleeding. The pain and suffering that is inflicted is a cause for serious concern considering that transgender people are required to undergo sex reassignment surgeries as a prerequisite for enjoying legal recognition of their preferred gender.

*"My psychiatrist diagnosed me with severe depression related to Gender Identity Disorder. She prescribed electroshock therapy instead of Fluoxetine or other antidepressants. I went to one shock therapy session and refused to go again, because my cognitive faculties were entirely disturbed. My memory stopped functioning. I forgot everything. I tried to study, but failed to make sense of what I was reading. It was like nothing I had ever experienced before. It felt as if part of my memory had been completely erased... I was told the therapy is aimed at eliminating my depression and Gender Identity Disorder. My identity was considered pathological and my doctor presumed that it could be corrected with electroshock therapy."*

Farnaz, Cologne, October 2012

## Uninformed and Non-Consensual

The findings of JFI & 6Rang suggest that many health-care providers fail to provide lesbian, gay and transgender people with accurate information. They for example keep their patients unaware that

- 1 Homosexuality was removed from the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1973;
- 1 World Professional Association for Transgender Health (WPATH) has affirmed that gender variance is not in and of itself pathological and that having a cross- or transgender identity does not constitute a psychiatric disorder;
- 1 International standards of health care for transgender, transsexual and gender-nonconforming people have recognized that not all transgender people necessarily need or want “the 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.”

They are also believed to fail to discuss 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 with their patients. This is while these discussions constitute the very core of the informed consent process, which is both an ethical and legal requirement for any surgical procedure. In fact, surgeons frequently misrepresent the potential for harm when counselling individuals seeking surgical treatments:

## Substandard and Negligent

In addition to post-surgical health complications, a number of interviewees told JFI & 6Rang that they experienced sexual harassment and violence at the hands of health-care professionals during the process of reassignment.

In fact, the Iranian healthcare system not only fails to recognize the various expressions of gender that may not necessitate psychological, hormonal or surgical treatments, but it also engages in the administration of sex reassignment surgeries that drastically fall short of international clinical standards

## Farzam’s Testimony

My doctor first thought she could drain my breasts, because I used to bind them and they had not grown large. 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 getting bigger rather than smaller. She assured me that the swelling is due to the suctioning and will go away. But the swelling lasted four months, and in the meantime my breasts were getting stiffer, and they had swollen all the way up to my neck. I tried to visit her for this problem, but she would not give me an appointment, because the State Welfare Organization had not paid her. 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 severe scarring as a result of 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. So my doctor felt free to experiment on my body by subjecting it to operations she had never tried on anyone else before... I currently experience enormous pain in my chest and back and they wake 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 told me he cannot do anything because my chest muscles have been removed and my ribs are damaged.

Before I left Iran, I tried to file a suit against Dr. Oskooyi, because she mutilated my body and my back was in constant pain. But all the courts I referred to indicated that because she was a doctor, she could easily nullify my testimony... Even my own transsexual friends laughed at me for wanting to take Dr. Oskooyi to court. They said I could never touch her, not only because she was a doctor, but also because she could bribe people and obstruct my legal case. So I eventually gave up.

and result in long-lasting health complications including chronic chest pain, severe back pain, unsightly scarring, loss of sexual sensation, debilitating infections, recto-vaginal and recto-urethral fistula and incontinence. The great deal of pain and suffering that is inflicted upon transgender people through these surgeries, as indicated by the cases below, is a cause for serious concern considering that transgender persons are required to undergo sex reassignment surgeries as a prerequisite for enjoying legal recognition of their preferred gender. The accounts of those interviewed for this report show that more often than not, individuals are rushed through sex reassignment surgeries without free and informed consent, and a clear understanding of the risks that such interventions entail.

The medical abuses documented as part of this report engage the responsibility of the Iranian government, as they are being committed with the consent and acquiescence of state officials, who admittedly show a total disregard for Iran's international obligation to prevent and respond to acts of violence against lesbian, gay and transgender people with due diligence, and to ensure that individuals within its jurisdiction are protected from cruel, inhuman or degrading treatment.

### Soheil's Testimony

The first night after my surgery was the worst night I have ever experienced in life. I was left alone. My mother was not allowed to spend the night by my side because I was in the men's ward. Just imagine. I had been through the worst type of surgery... removing my breasts, ovaries and uterus all at once. I was in pain and bleeding. And then came the section's nurse, the one who was responsible for changing the urine bag. He forced the urinal tube inside my vagina and said in a sick voice, "don't you like this? Why did you have an operation? Wasn't it such a waste?" There I was, in pain, bleeding, and in need of peeing to somewhat relieve the pain, and this man would refuse to change the bag. I had crapped all over my bed, but the nurses would only come over to fondle me and say: "do you like this? Wasn't it a waste?" I felt like I was dying, and thought that I would never leave that room alive. Rage, pain, cruelty, abuse, I experienced them all that night. The next morning, I told the head of the ward about my experience. He asked, "They didn't rape you, did they?" I said: "no, but they did all those other things to me." He said: "go and thank God that you weren't raped." He saw that I was shocked, and added, "You asked for this operation yourself. You could have chosen not to have it." This was the answer he gave me. There was no one I could talk to about this. I had to keep it quiet. I did not want my mother to know about it as I was afraid that she might reject me too.

In February 2014, following what Islamic Republic officials call sex/gender determination tests, seven football players in Iran have been barred from taking part in upcoming games. Ahmad Hashemian, the Chair of Iran's Football Federation medical team, stated: "They have been banned because of gender ambiguity," he further explained, "as an Islamic country we are more adamant in these matters than other countries or FIFA. In an earlier interview with ILNA he emphasised: "If these individuals are able to solve their problems through [sex reassignment] surgery and proper medical procedures, they are then able to take part in football and futsal games."

Based on this policy all women in national leagues whose routine tests indicate a level of androgen similar to that considered normal for a man, must face additional medical examinations and submission of specific forms signed by the league's designated doctor prior to entering into a contractual agreement. Although internationally these tests are aimed to maintain fairness among all female players, in the case of Iran the tests are used as a means of gender discrimination and forced sex assignment. Furthermore, officials repeatedly refer to women players whose appearance is not typically feminine as bisexed, and subject them to harassment and ban from participation in the games.





Marjan Ahourae, a 29 year old Iranian transsexual refugee who had hoped to be resettled in Canada but never made it. She died due to lack of access to proper health services and of complications from pneumonia on April 3, 2013 in Kayseri, Turkey.



Born Hassanali Kazemi Mehmandost, Sayeh was one of the many Iranian transgendered people who have experienced the government's arrests and torture. Sayeh fled Iran to Turkey and was granted asylum status by the UNHCR in Ankara. She left Turkey for Canada in 2007. She started hormone treatments in Turkey after fleeing Iran, and hoped to complete her physical transformation in Canada. But Sayeh was broke. After a year of living in Toronto, she reportedly committed suicide. She was only 28 years old when she died.

## Recommendations

- Abolish the death penalty and repeal all laws criminalizing or imposing punitive sanctions on consensual same-sex sexual conduct.
- Abolish flogging and all other corporal punishments.
- Protect individuals from torture and other ill-treatment because of their actual or perceived sexual orientation or gender identity, whether carried out in public or in private by state or non-state actors.
- Abolish mandatory veiling and repeal all laws that criminalize or otherwise impose punitive sanctions on modes of clothing deemed to be in violation of Islamic dress codes.
- Provide explicit legal protection against discrimination on the grounds of sexual orientation or gender identity in all areas of life.
- Outlaw forced or coerced sterilization, sex reassignment surgeries and “reparative” therapies imposed without free and informed consent.
- Abolish requirements to undergo psychiatric assessment and receive a diagnosis for obtaining legal gender recognition.
- Enable transgender people to change their names and obtain legal recognition of their gender through an accessible and transparent procedure that does not infringe upon their other human rights.
- Ensure that health-care professionals meet appropriate standards of education, skill and ethical codes of conduct, when caring for lesbian, gay and transgender people.
- Undertake public information campaigns to combat prejudice and introduce school curricula as well as training for media and education professionals on sexual and gender identity diversity.
- Ensure equal access to education and protect students against discrimination, marginalization and segregation based on sexual orientation or gender identity.
- Repeal laws that ban positive or neutral statements about homosexuality in order to ensure freedom of expression, association and peaceful assembly regarding issues relating to sexual orientation and gender identity.
- Ratify United Nations CAT, CEDAW and the optional protocols to the aforementioned, the ICCPR and the ICESCR.
- Agree to a visit by the UN Special Rapporteur on the right to the highest attainable standard of health to make recommendations regarding best practice policies on gay, lesbian and transgender people’s rights.
- Give effect to the government’s standing invitation for other UN special procedures to visit Iran.

*The first Iranian lesbian and transgender gathering in Frankfurt, 2010*



The Iranian Lesbian and Transgender Network (6rang) was established following the first Iranian lesbian and transgender gathering held in 2010. Its aims eradicating homophobia, transphobia and violence against lesbians and transgenders. 6rang plans to achieve its aims through creating collaborative networks, conducting interviews, media campaigns, research, documentation, and sharing information focused on lesbians and transponders. 6rang has more than 110 active members in Iran, Turkey, Europe and North America.



[www.6rang.org](http://www.6rang.org)