

THE EXPERIENCES OF LESBIAN, BISEXUAL AND QUEER PERSONS IN SOUTH AFRICA:

Submission to the UN Universal Periodic Review – State Under Review: South Africa (4th periodic cycle)

*Jointly Submitted by
Iranti, Access Chapter 2 (AC2) and Triangle Project*

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Introduction to the authors of the submission

Iranti is a Johannesburg-based media-advocacy organisation which advocates for the rights of LGBTI+ persons, with specific focus on lesbian, transgender (including gender non-conforming) and intersex persons in Africa. Iranti works within a human rights framework raising issues on gender identities, and sexuality, through the strategic use of multimedia storytelling, research, and activism. Iranti is an organisation by and for trans, lesbian and intersex persons and was formed with the clear intention of building strategic partnerships and movements that use media as a key platform for critical engagement, mobilisation, capacity development, reframing of perceptions, and advocacy interventions across Africa. Iranti works at country, regional (Africa) and international levels. Website:

<https://www.iranti.org.za>

1. **Access Chapter 2** is a non-governmental organisation. Our vision is a world where Women and LGBTI+ people in their diversity have equal access to human rights. AC2 has four strategic areas: direct services, legal and advocacy, capacity building and awareness, research, monitoring and evaluation. Our legal services include legal advice and litigation, criminal matters, civil matters, case management and court monitoring, LGBTI+ migrant, refugees and asylum seekers support, advocacy and rights education, and coalition building. Website: www.ac2.ac.za

Triangle Project is a non-profit human rights organisation offering professional services to ensure the full realisation of constitutional and human rights for lesbian, gay, bisexual, transgender, queer, intersex, plus (LGBTQI+) persons, their partners, and families. Our three-

core services centre around Health and Support, Community Engagement and Empowerment, and Research and Advocacy. We offer a wide range of services to LGBTIQ+ communities. These include sexual health clinical care, a needle and syringe programme, nutrition support, counselling, support groups, a helpline, public education and training services, solidarity spaces, community outreach, and court support to survivors of hate crimes. This submission falls within our Research, Advocacy and Policy Programme that works to advance the inclusion and protection of the human rights to sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) within South African legislation, policy, and practices. Website: <http://triangle.org.za/>

Introduction

2. This submission is presented for consideration as part of the Universal Periodic Review (UPR) 4th Cycle Stakeholder Report to the United Nations Human Rights Council on behalf of Iranti, Access Chapter 2 and Triangle Project.
3. It focuses on the plight of lesbian, bisexual and queer persons in South Africa seeking to have their rights respected, protected, and fulfilled. The submission is based on first-hand information obtained by these organisations in their work with lesbian, bisexual and queer persons, including a report on a UPR focus group that Triangle Project conducted on 9 March 2022 with lesbian, bisexual and queer women.
4. The submitting organisations believe that the challenges faced by lesbian, bisexual and queer persons in South Africa are not adequately addressed in the national reports of South Africa and in the UPR in general. This submission provides further information to ensure that the review of South Africa is inclusive and cognisant of the rights and challenges faced by lesbian, bisexual and queer persons.
5. In South Africa's Universal Periodic Review (Third Cycle), several states recommended that South Africa develop plans and policies and information campaigns to eradicate at all levels stereotypes and discrimination against people based on sexual orientation, gender identity and expression (SOGIE) and take urgent measures for the investigation and effective punishment of perpetrators of discrimination and violence against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons.¹
6. To date, we note that despite these recommendations being accepted, violence, discrimination and intolerance directed at LGBTIQ+ persons persist. With regard to Lesbian, Bisexual and Queer (LBQ) persons, we note increases in the rates of violence, stigma, discrimination, intolerance,

¹ Matrix of Recommendations to South Africa, Chile (139.98); Argentina (139.100)

and exclusion.

7. While we note the increased violations against LBQ persons in South Africa, particular forms of violence need to be addressed as a matter of urgency.

Right to Health

8. LBQ persons are continually prevented from access to health services. Health services include mental health, and sexual and reproductive health (SRH). Some misunderstandings tend to exist about what sexual and reproductive health services entail, particularly in relation to LBQ persons. SRH services are often collated with HIV-related care, where HIV has dominated concerns around sexual health over the last few decades. This results in other health concerns being obscured – including reproductive health concerns, cancers of reproductive organs, pregnancy-related concerns, or gender-based violence.
9. Although civil society continues to lobby government to provide equal access to sexual reproductive health and health rights (SRHR), little has been done in clinics and hospitals to improve health services with respect to easy access to sexual and reproductive healthcare and services affirming and knowledgeable of LBQ women's needs and rights.
10. Health services are orientated towards a heteronormative society and have been blind towards the needs of people who have diverse sexual and/or gender identities. As such, many LGBTQI+ persons have not felt able to access health services and many of the health issues that health workers should be providing for are overlooked.
11. Attitudes of health workers towards LGBTQI+ persons are often a major barrier to seeking healthcare and/or to health workers providing healthcare in affirming or even just appropriate and respectful ways.
12. This leads to people not accessing or avoiding health care when they most need it. It is our experience that many of those that we provide services to, are very ill before agreeing to be taken to a healthcare facility. Those who do access healthcare when ill, particularly those most on the fringes because of intersecting identities, often do not receive the care or treatment they require.
13. In a UPR focus group with LBQ participants held by Triangle Project on 9 March 2022, participants had the following to say about the barriers to healthcare in government clinics and hospitals: They have to disclose their sexuality prior to receiving medical assistance. They said, "I first have to say I am sleeping with a woman for them to understand me". Another participant said that public healthcare workers insist that they do a pregnancy test even though the health

care worker knows that they are not engaging in heterosexual sex. They expressed the discomfort of the process and referred to it as a form of discriminatory behaviour. Nurses should be knowledgeable enough to not force LBQ women to do a test. Some of the participants expressed they are often berated because of their sexuality by nurses when trying to access gender affirming healthcare. Some choose not to access government healthcare institutions because there is a lack of information on the needs and the treatment of LBQ women by the nurses and doctors. Participants expressed frustration with having to educate nurses in public healthcare facilities before they can access healthcare, adding that they often do not use public clinics as they always have to educate people on their needs. They expressed the need for the state to train healthcare workers on LBQ sexual and reproductive health care, including gender-affirming healthcare to improve the experience of LBQ women in healthcare. Participants want the state to make this training mandatory for all health care workers including social workers. All participants affirmed that they use Triangle's health services (as opposed to the state clinics) because they feel safer and comfortable to discuss their medical needs with the nurse.

14. To mitigate some of these issues with access to healthcare, Triangle Project has had to advocate for LBQ women. In one case, paramedics refused to believe that a Cape Town hospital had refused to admit an LBQ woman. When eventually admitted to hospital, she died a week and a half later. A lesbian woman who was raped and became pregnant, obtained an abortion in the public health sector, but was in excruciating pain for days after the procedure. It turned out that she had an intrauterine device (IUD) fitted to prevent further pregnancies, this despite not wanting one or needing one. The IUD was incorrectly fitted which was the cause of her pain. This is common practice when cisgender women have terminations, they almost always have IUD's fitted as standard practice in the family planning clinic. This occurs in state public healthcare institutions without patient consent.

Mental Health

15. With respect to mental health, the state does not provide LBQ-specific mental healthcare different from the general population. Without this provision, implementation and monitoring of LBQ women's mental health needs are not understood by healthcare providers and others.
16. Recent research on health outcomes of lesbian women in South Africa showed that among 203 lesbian participants, 51.93% were classified as depressed, 16.28% displayed signs of moderate anxiety, 11.63% displayed signs of severe anxiety, 56.29% had suicidal ideation in their lifetime and 35.11% had attempted suicide in their lifetime. When surveying violence and health outcomes of bisexual women through 58 participants, 80.70% were classified as depressed, 22.22% displayed signs of moderate anxiety, 31.48% displayed signs of severe anxiety = 17 participants, 79.63% had suicidal ideation in their lifetime, 41.51% had attempted suicide in their lifetime. In effect, bisexual women illustrated the worst mental health outcomes. The

report concludes that the mental health and well-being of LGBTI people are not prioritised by the South African government.²

17. In the Triangle Project UPR focus group, participants mentioned that healthcare service providers (psychologists, social workers, community development workers) do not want to know/understand the needs of LBQ women and that there is a belief that homosexuality is demonic. In the instances where there is some understanding, participants mentioned that this is as a result of their family members or associates being from the LGBTQIA+ communities and therefore have a lived experience of mental health barriers for LBQ women. Participants propose that there should be stricter monitoring of mental healthcare workers by the state.
18. This will only be possible through educating the state on SOGIESC – in order for them to address the issues of discrimination, lack of awareness about the mental health needs of LBQ women and poor treatment of LBQ women.
19. A number of participants mentioned their devotion to their religion and that their sexuality becomes a barrier for them to fully express their spirituality due to discrimination. One participant mentioned the requirement for “women” to wear skirts to church causes great discomfort and impacts their mental wellness. Participants also mentioned how religious leaders and members of their church congregations would direct sermons and prayers to cure their homosexuality. During these experiences in churches participants said that they felt attacked, berated and ostracised to the extent that they no longer have a sense of belonging due to hate speech in their church.
20. Conversion therapy, particularly in religious institutions is rife and needs to be addressed as matter of urgency, if there is political will to support the mental wellness of LBQ women who belong to religious institutions in South Africa. Conversion therapy is also experienced by LBQ women who access traditional healers and more needs to be done. LBQ women in this focus group felt this situation would not improve without government intervention and therefore there is an urgent need for the Prevention and Combating of Hate Crimes and Hate Speech Bill B9-2018 to be passed into law without delay for LBQ women to have protection and to combat this occurrence in churches as a form of hate speech.

Sexual and Gender-Based Violence

21. In fatal violence cases^[1] in 2021 alone, over 15 LGBTIQ+ persons were killed, [Anele Bhengu](#) was discovered along the roadside in Kwamakhutha, Kwazulu- Natal, [Bonang Gaele](#)'s throat was

² Müller, A., Daskilewicz, K. & the Southern and East African Research Collective on Health (2019). *Are we doing alright? Realities of violence, mental health, and access to healthcare related to sexual orientation and gender identity and expression in South Africa*. Research report based on a community-led study in nine countries. Amsterdam: COC Netherlands. http://www.ghjru.uct.ac.za/sites/default/files/image_tool/images/242/PDFs/Dynamic_feature/SOGIE%20and%20wellbeing_07_South%20Africa.pdf

slashed in Sebokeng, Nonhlanha Kunene's body was found half naked in Edendale Pietermaritzburg, Sphamandla Khoza was beaten, stabbed and his throat slit in Kwamashu Durban, Nathaniel Spokgoane Mbele was stabbed in the chest in Tshirela Vanderbijipark, Khulekani Gomazi was beaten to death in Mpophomeni in Kwazulu- Natal, Andile Lulu Nthuthela was mutilated and burnt in KwaNobuhl, Kariega, Lonwabo Jack body found on a pavement in Nyanga Cape Town, Lucky Kleinboy Motshabi's stabbed and wounded body was found in a field in Dennilton Limpopo, Phelokazi Mgathana was stabbed to death in Khayeslitsha Cape town, Lindokuhle Mapu was stabbed to death in Mfuleni CapeTown, Aubrey Boshoga's body was dumped outside his house in Johannesburg. A few of these glossy atrocities make it in media yet most go unreported or undocumented. In 2022, Pinty Shongwe was stabbed to death by a man who harassed her with unwanted advances. Nongezi Methani was killed and dumped.

22. The LGBTI National Task Team coordinated by the DOJCD reported that as at 29 June 2021 that there were 42 pending cases of hate crimes perpetrated against the community:

“Out of the 42 pending hate crime cases, approximately 29 hate crime cases were reported from 2020 to date. Of these 29 hate crime cases, 16 are on the court roll with remand dates with the remaining 13 cases still under investigation. Some 14 cases have been closed as undetected due to a lack of evidence, but may be referred to the National Prosecuting Authority to review the dockets”.³

23. In research on violence against lesbian women in South Africa,

“74.01% of participants said that they had been verbally harassed for their sexual orientation and gender identity, 47.70% had experienced physical violence in their lifetime, 42.29% had experienced sexual violence, 22.09% experienced sexual violence by an intimate partner and 28.24% experienced physical violence by an intimate partner. Of 58 bisexual women in South Africa surveyed on violence and health outcomes said the following: 56.14% said that they had been verbally harassed for their sexual orientation and gender identity, 57.89% had experienced physical violence in their lifetime, 61.40% had experienced sexual violence in their lifetime, 43.86% experienced sexual violence by an intimate partner and 33.93% experienced physical violence by an intimate partner”.⁴

³ SA news. 2021. Spate of attacks on LGBTQI+ community in SA. [n.d]. Available: <https://www.sanews.gov.za/south-africa/spate-attacks-lgbtqi-community-sa> [accessed on 7 March 2022].

⁴ Müller, A., Daskilewicz, K. & the Southern and East African Research Collective on Health (2019). Are we doing alright? Realities of violence, mental health, and access to healthcare related to sexual orientation and gender identity and expression in South Africa. Research report based on a community-led study in nine countries. Amsterdam: COC Netherlands. http://www.ghjru.uct.ac.za/sites/default/files/image_tool/images/242/PDFs/Dynamic_feature/SOGIE%20and%20wellbeing_07_South%20Africa.pdf

24. Mental and physical health consequences of intimate partner violence (IPV): International research indicates that lesbian and bisexual women experiencing IPV have an increased likelihood of experiencing depression. Negative mental health outcomes for lesbian and bisexual women who experience IPV are amplified in contexts where they receive limited social support, this is often the case in contexts marked by widespread homophobia and heterosexism.

Harassment in public spaces and workplace

25. In a study on discrimination at work on the basis of sexual orientation and gender identity in South Africa,⁵ the negative impact of a stereotype of 'predatory lesbians' in the workplace were raised by respondents. They said that employers/colleagues perceived being a lesbian as a sexual menace. These respondents were excluded from team-building exercises based on their sexual orientation and other women workers were reluctant to share accommodation with lesbian co-workers.
26. With respect to safety in the workplace, participants in this study⁶ experienced sexual harassment, derogatory statements, homophobia as well as general religious and cultural prejudices because of their sexual orientation. This had a detrimental effect on the physical, mental, psychological health and well-being of workers. In summary, there are many instances of violence and bullying reported by LGBT workers.
27. Participants in the study⁷ spoke of biased employment practices such as having job duties restricted and being passed over for a promotion or not being equitably rewarded for tasks completed. These discriminations can lead to anger, low self-esteem, limited job satisfaction and emotional withdrawal from work accompanied by feelings of isolation, stress and other mental health issues.
28. South Africa has made international commitments to eliminate discrimination against LGBT persons and has spearheaded initiatives to highlight the issue at the international level. In 2011,

⁵ Benjamin, N and Reygan, F. 2016. P.13. PRIDE at work: A study on discrimination at work on the basis of sexual orientation and gender identity in South Africa. Working Paper No. 4. Geneva, Switzerland: International Labour Office.
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_481581.pdf

⁶ Benjamin, N and Reygan, F. 2016. P.18. PRIDE at work: A study on discrimination at work on the basis of sexual orientation and gender identity in South Africa. Working Paper No. 4. Geneva, Switzerland: International Labour Office.
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_481581.pdf

⁷ Benjamin, N and Reygan, F. 2016. P.18. PRIDE at work: A study on discrimination at work on the basis of sexual orientation and gender identity in South Africa. Working Paper No. 4. Geneva, Switzerland: International Labour Office.
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_481581.pdf

South Africa presented a resolution to the UN Human Rights Council calling for an international investigation into laws and practices discriminating against sexual and gender minorities. However, while South Africa had made great strides in terms of legislative reform, the country continues to be plagued by high rates of violence against LGBT people.⁸ The issue of workplace discrimination against LGBT people has not been made a priority, despite South Africa's international statements on sexual and gender diversity.

29. In the UPR focus group held by Triangle Project, participants mentioned LBQ women often experience harassment in public spaces such as night clubs, 'butch' or 'masculine' representing LBQ women are attacked for being with "pretty women" or those women would be harassed because they are with the 'masculine' LBQ women. Participants mentioned that 'butch' or 'masculine' LBQ women often get killed at these spaces because people who disapprove of them would incite unnecessary fights that would subsequently lead to their death. Participants all agreed that LBQ women are murdered by someone that is close to them and not strangers.
30. An example of the mistreatment of LBQ women in the workplace, was one of the participants sharing their experience of being a construction worker. They were often belittled by their employers and their colleagues, they also received less work in comparison to their peers. They also mentioned that LBQ women struggle to find jobs because of their sexuality.
31. Participants unanimously agreed that police officers in their communities are not helpful to LGBTQIA+ people because they are often asked many questions. Especially when it is an incident that involves women, for example, IPV between LBQ women is not taken seriously. Police would ask if there is a man present who is the perpetrator or a man that can assist in alleviating the situation.
32. 'Masculine' or 'butch' representing LBQ women are most likely to be violently attacked, especially when they are with their partners (who present as 'femme') – they are provoked by men who harass their partners and expect for them to react towards them.
33. When asked about whether they have safe spaces where they can share and express their experiences about GBV incidents, most participants stated that they do not have safe spaces. They have personal connections to share their experience but they also mentioned that they have formed a community where they support each other.

LBQ Technology Assisted Violence

34. Participants mentioned that LBQ women often get harassed on Facebook groups that are exclusively meant for them. These groups are infiltrated by men who post verbally

⁸ Benjamin, N and Reygan, F. 2016. P.15. PRIDE at work: A study on discrimination at work on the basis of sexual orientation and gender identity in South Africa. Working Paper No. 4. Geneva, Switzerland: International Labour Office. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_481581.pdf

abusive content about LBQ women using fake accounts. A participant mentioned people that they know personally create accounts using their pictures to post harmful comments on different Facebook groups and on their profiles. There also many people who advertise lesbian conversion therapy using Facebook and religious content as a means to 'cure' their homosexuality.

35. Gay men that have sex with Men who have Sex with Men (MSM) are also often targeted and shamed on social media in the LBQ women groups instead of the MSM's. There is also cyber bullying within the queer community.
36. LBQ women have to censor the content that they post on their social media accounts to avoid being attacked or harassed. Participants also mentioned that they avoid posting about their partners to protect them from possible violence from those that do not approve of their sexuality.

Lesbian, Bisexual Queer Persons and Conversion Practices in South Africa

37. Despite the State's commitment to addressing issues of violence and discrimination, unfortunately, negative, harmful, and discriminatory stereotypes and myths about LGBTI persons persist in South Africa; and harmful practices associated with such discrimination also persist. Conversion practices in South Africa are prevalent and have far reaching and harmful impacts on LGBTI+ persons in South Africa.
38. Conversion practices refers to all treatments, practices or sustained efforts that aim to suppress or change a person's sexual orientation, gender identity or gender expression. The term "conversion therapy" is most widely used to describe these harmful processes of cisnormative, heteronormative indoctrination. These practices are rooted in the rejection of lesbian, gay, bisexual, transgender, intersex, and queer persons, considering them as needing to be "cured" or "repaired" to regain their presumed heterosexual identities. It has been clearly established that these harmful practices do not work but result in significant harm to victims and survivors.⁹

⁹ Homosexuality has been removed from the International Classification of Diseases in 1990. <https://www.who.int/bulletin/volumes/92/9/14-135541.pdf> Transgender identities have been removed from the International Classification of Diseases in 2019. <https://time.com/5596845/world-health-organization-transgender-identity/> The Independent Expert on Protection Against Violence and Discrimination Based on SOGIE produced report highlighting that SOGIE change efforts inflict "**severe pain and suffering, resulting in long-lasting psychological and physical damage.**" <https://www.ohchr.org/en/calls-for-input/reports/2020/report-conversion-therapy> The UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has also stated that SOGIE change efforts "**procedures are rarely, if ever medically necessary, lead to severe and life-long physical and mental pain and suffering and can amount to torture and ill-treatment.**" <https://www.refworld.org/docid/56c435714.html>

39. These harmful practices are prevalent in South Africa and take different forms. Unfortunately, information on the nature, extent, and impact of conversion practices in South Africa is scarce and this phenomenon has not been well researched or documented in South Africa. However, a recent study by Access Chapter 2, a South African non-governmental organization, reveals that, despite South Africa’s progressive legal framework, conversion practices are prevalent in South African society and that many LGBTI persons are at risk of being subjected to these practices. 58% of 303 respondents surveyed by Access Chapter 2 stated that they had experienced conversion practices¹⁰. Of those who responded that they had experienced conversion practices, 47% stated that they experienced these practices under the age of 18 years, while 46% were between the ages of 18-24, and 6% were between 25-34. 49% of 303 respondents stated that they were forced into conversion practices, while 30% made a personal decision to seek out and undergo conversion practices due to external influences and social environments.¹¹
40. The research also indicates that conversion practices take on different forms in South Africa including sessions with a professional psychologist or a religious representative, encounters with a family member, engagement with a traditional (e.g., Sangoma) or cultural (e.g., Chief) representative, participating in a traditional ritual such as initiation school, forced marriage, so called “corrective rape,” and beatings and torture¹². 49% of 303 respondents identified family members as the most common perpetrator of conversion practices—including extended family, family friends and those close to the family—followed by religious leaders at 19%¹³. These practices against LGBTQ individuals increase in intensity from the moment of discovery, starting with family talks and conversations and escalating to counselling or prayer, and then to violence, economic duress, and/or ostracization when other methods do not work.¹⁴
41. Conversion practices in South Africa are primarily practiced by family members or individuals close to the family. They are experienced in the home environment as the first layer of discrimination that many LGBTQ people experience. External perpetrators and additional forms of conversion practices are employed as an added layer if that does not work. Most respondents said they underwent conversion practices for periods ranging between 24 hours and 12 months.
42. Conversion practices often begin when LGBTQ individuals are of school-going age, with negative consequences for their schooling.
43. Conversion practices have various psychosocial effects on LGBTI people. The research indicates that survivors experience social rejection and feel forced to hide their identity. In some instances, survivors reported that they adopt unhealthy coping processes, and their mental

¹⁰ Unpublished research entitled “InxebaLam: Conversion Practices and implications in the South African Context, March 2022.” On file with Authors – Access Chapter 2 and to be published in April or soon thereafter.

¹¹ Id

¹² Id

¹³ Id

¹⁴ Id

health was negatively impacted. Some of the impacts of conversion practices on mental health include depression, social anxiety, substance abuse, thoughts and attempts of suicide, an altered body image, and other mental health issues.

44. South Africa was called upon to strengthen the protection of LGBT persons against stigmatization, harassment and discrimination by promoting tolerance for sexual diversity and different gender identities¹⁵. South Africa was further called upon to strengthen its system of monitoring, reporting and analyzing crimes of violence and discrimination against individuals based on SOGI.¹⁶ The Special Rapporteur on violence against women recommended that South Africa consider enacting hate crimes legislation that addresses both the hate dimension of crimes and the sexual orientation of lesbian, gay, bisexual, transgender and intersex victims of gender-based violence.¹⁷.
45. South Africa accepted all the recommendations on sexual orientation, gender identity and expression in South Africa's Universal Periodic Review Third Cycle; and it was called upon to do more to combat social stigmatization and to increase tolerance and social inclusion.¹⁸
46. South Africa has not fully implemented these recommendations because, whilst the Cabinet, in October 2016, approved the publication for public comment of the Prevention and Combating of Hate Crimes and Hate Speech Bill, this Bill is yet to be enacted into law. And whilst South Africa has established the National Task Team on the Rights of LGBTI persons, this task team has not yet developed specific activities geared at addressing conversion practices in South Africa or even understanding the nature, extent and impact of these practices better.¹⁹ South Africa has also not put in place mechanisms to specific monitoring and complaints mechanisms for victims and survivors of conversion practices. South Africa has also not put in places affirmative counseling services for victims and survivors of conversion practices and has not put in place programmes for sensitization of communities that sexual and gender diversity are not a disorder to be corrected and that such notions are incorrect.

Recommendations

47. Accordingly, the following recommendations are made in order for South Africa to address conversion practices in South Africa:

¹⁵ Belgium (139.99)

¹⁶ Netherlands (138.102)

¹⁷ United Nations General Assembly, Compilation on South Africa: Report of the Office of the High Commissioner for Human Rights, A/HRC/WG.6/27/ZAF/2, para 13

¹⁸ Report of the thirty sixth session of the Human Rights council, AHRC362E, para 996

¹⁹ Whilst the National Task Team's National Intervention Strategy addresses issues of so-called "corrective rape", it does not address conversion practices in other forms, including those forms that do not necessarily amount to torture or rape. <https://www.nationalgbttaskteam.co.za/images/Resources/NIS.pdf>

48. The National Department of Health, in partnership with Civil Society Organisations, should implement sensitisation trainings which focus on inclusive practises amongst healthcare workers. This should include family planning and reproductive health services for the LGBTIQ+ community, and should address misconceptions about HIV and STI contraction, particularly amongst LBQ persons.
49. The National Department of Health should work to eradicate harmful cultural or traditional practices against women and girls by conducting educational campaigns, encouraging reporting of cases and publicly denouncing such practices.
50. The Department of Health should allocate a budget towards the implementation of key measures of the Domestic Violence Act; and by strengthening the systematic and comprehensive collection of disaggregated data related to the incidence of all forms of violence against women, including femicide and intimate partner violence, and by using this data to inform its policy responses and monitoring (Ireland).
51. The National Assembly should prioritize the immediate signing of the Hate Crimes and Hate Speech Bill and review all laws to ensure inclusive and affirming language in terms of representation and gender identity and gender expression.
52. The Department of Basic Education (DBE) and the Department of Higher Education (DHE) should develop and introduce mandatory modules on sexual orientation, gender identity and expression, and sex characteristics in the curriculum. They should partner with LGBTQ organizations that can provide sensitization training and community dialogues at the school level.
53. South Africa must ensure that the National Task Team on the Rights of LGBTI persons, as well as other institutions of government develop specific activities geared at addressing conversion practices in South Africa and gathering data on the nature, extent, and impact of these practices.
54. South Africa must put in place complaints and monitoring mechanisms for victims and survivors of conversion practices and provide affirmative counseling services for victims and survivors of conversion practices.
55. South Africa must put in place programmes for sensitization of communities that sexual and gender diversity are not a disorder to be corrected and that such notions are incorrect and discriminatory.