

A close-up photograph of a young person's face, focusing on their eye which is painted with rainbow colors. The person has dark skin and curly hair. The background is a solid blue color.

Call for abstracts

A reader on **the best interest
of the African queer child and
surviving conversion therapy
in Africa** (working title)

due **31**
date **MARCH**
2025

On 28 April 2008, Banyana Banyana midfielder Eudy Simelane was found in a ditch in the outskirts of her home township KwaThema, Gauteng. She had been raped, robbed and murdered. Her rape was a reaction to her sexual orientation as Simelane was an out lesbian woman. Simelane had had a successful soccer career and used her celebrity status as part of her LGBTI activism. She was out in her community and while reactions to her homosexuality were mixed, KwaThemba did have a known and celebrated LGBTI friendly sub-culture. This made Simelane's abduction, rape and murder all the more alarming. The violence against her was particularly brutal as she had been gang-raped and then stabbed over 25 times. 'Corrective' rape is a common threat to black lesbian women in South African townships, the idea being that raping a lesbian woman will 'cure' them of their homosexuality.

*Sourced from 'Banyana Banyana player, Eudy Simelane, is found raped and murdered' on South African History Online-
<https://www.sahistory.org.za/dated-event/banyana-banyana-player-eudy-simelane-found-raped-and-murdered>
(accessed 2 January 2025)*

Background

According to the Office of the High Commissioner for Human Rights (OHCHR), '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'.¹ Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and very risky to the victim's health and general wellbeing.²

Most African countries are unaccepting of and violent towards LGBTQI+ persons. One of the most recurrent forms of this violence is conversion therapy. The UN Independent Expert on Sexual Orientation and Gender Identity, for instance, in Mozambique, he recorded several stories of 'corrective rapes being arranged by the family of the lesbian woman, by the community, or being organized in the context of a 'cure' performed by some Churches or traditional healers'.³ He also reported the use of electric shocks as a form of so-called 'aversion therapy'

in African countries including Uganda and Zimbabwe.⁴ Conversion therapy, as briefly indicated earlier, comprises practices that force queer persons (especially children) and bodies to conform with widely accepted normative standards and expectations. For example, children often undergo practices of 'conversion therapy' as a result of the desire of parents or guardians to have them conform to their community's expectations. Regarding sexual orientation and gender identity, in most African countries, children and adolescents often lack the legal, cultural and moral authority to make medical or mental health decisions, and, in instances where they have the right to consent or to refuse treatment, they are prone to undue influence or coercion, particularly from family members or others in a position of authority.⁵ Indeed, most of the studies emerging from Africa have identified that family and faith rank as the highest instigators of conversion practices on their members.

Similar to families and places of worship as sources of violence towards LGBTQI+ persons, physical and virtual places of learning, work, places of physical/mental health

1 For more on this, visit <https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf> (accessed 10 November 2024).

2 OHCHR (n 1).

3 For more details on this report, visit <https://www.ohchr.org/en/statements/2018/12/end-mission-visit-mozambique> (accessed 10 November 2024).

4 For more on this, visit http://arc-international.net/wp-content/uploads/conversion-therapy-IESOGI-A_HRC_44_53_E.pdf (accessed 10 November 2024).

5 E Fokala & A Rudman 'Age or maturity? African children's right to participate in medical decision-making processes' (2020) 20 *African Human Rights Law Journal* 667-687



care, recreation/entertainment, and lawful protection are also places where violence can be meted out towards LGBTQI+ persons. These actors and their actions are forcing queer persons and their bodies to abide by widely accepted heteronormative norms. This force, in all the forms that it comes, conflicts with Africa's regional human rights framework as well as the national and global human rights commitments of most African states to protect, promote and fulfill the human rights of all its citizens. They also violate the human rights of LGBTQI+ persons

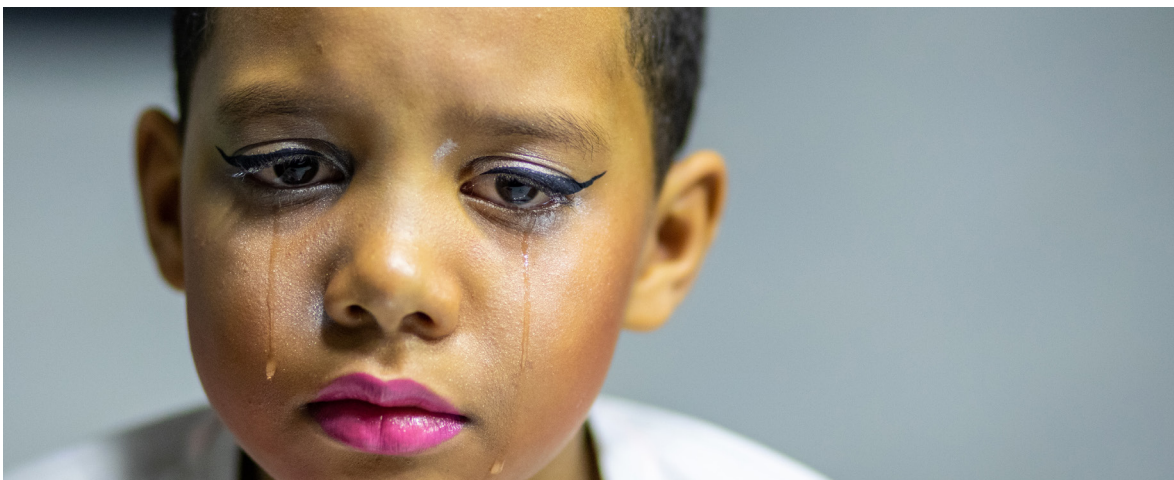
including LGBTQI+ children and adolescents. There is a growing body of research on legal protective frameworks against conversion therapy seeking to articulate legal resources and standards for eradication and prevention of conversion therapy within national, regional and global human rights frameworks.

Objective of the reader

The Centre for Human Rights is seeking a wide range of multidisciplinary submissions for the compilation of a reader on the best interest of the African queer child and surviving conversion therapy in Africa. The central objective of the proposed reader is to advocate for the eradication of conversion therapy targeted at African queer children guided by the rationality of the best interests' principle, a child's evolving capacity and a child's age. In analysing legislation

and case law, cultural, religious and societal understanding of gender identity and expression, sexual orientation and sexual characteristics the book further aims to clarify the complex issues of childhood conversion therapy, spotlight their different approaches to childhood conversion therapy and to suggest the statutory recognition of the rights of a queer child in domestic African law.





Method of the reader

The proposed reader adopts a multi-disciplinary research approach, rooted in the UN Convention on the Rights of the Child (UNCRC), African Charter on Human and Peoples' Rights (African Charter), the African Charter on the Rights and Welfare of the Child (African Children's Charter), the Resolution on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual

Orientation or Gender Identity (Resolution 275), the Resolution on the Promotion and the Protection of the Rights of Intersex Persons in Africa (Resolution 552) and the Principles on the application of international human rights law in relation to sexual orientation and gender identity (Yogyakarta Principles), as it seeks to elucidate the contested three-way partnership among queer children/ adolescent/adults, parent(s)/guardians/ family members and the other stakeholders involved in relation to most conversion therapy approaches. Stakeholders here

include physicians, therapists, faith leaders/ practitioners, employers, colleagues, law enforcement, teachers, classmates, mentors as well as other state and non-state actors that interact with queer persons, their identities and citizenship/belonging across various African contexts.

The proposed reader seeks to acknowledge that the LGBTQI+ rights crisis on the African continent is both a legal challenge as well as one that stems from widely held beliefs that frame being queer as unnatural, unAfrican, strange and an illness to be cured or delivered from. This crisis requires engagements both with the law and advocacy that addresses negative attitudes. As such legal inclusion and cultural belonging. In this vein, to complement these ongoing studies, this reader, employing a desire-based, restorative justice and law and humanities lens, engages with the issue of conversion therapy on the African continent by asking the legal, human rights and culture questions, amidst the prevalent legal and social intolerances of queerness: **‘What are the best interest of the African queer child?’** and **‘How do African queer persons embrace their cultural belonging and survive conversion therapy in the circumstance?’**

Proposed themes

- *Mapping country culture/faith/ medical/legal construction of gender and sexual orientations (masculinities and femininities) as it relates to the best interest of the African child*
- *Open letters to families/communities on conversion therapy and surviving*
- *Open letters to your African queer heroes/sheroes/icons*
- *Personal accounts on queerness and belonging in African cities*
- *Personal accounts/country reports on queerness and self-conversion in African cities*
- *Personal/ country reports on queer survival and African classrooms/ education/ curricula*
- *Personal/country accounts on surviving conversion therapy/ survival frameworks*
- *Personal/country report of best interest principle: a focus on the African queer child*
- *Personal/country reports on indigenous queerness*
- *Personal/country reports on queer survival and African livelihoods/ businesses/workplaces*
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- *Personal/country reports on Queer survival and African faith/culture/ health care/service delivery*
- *Personal/country reports on Queer survival and African families/ parenting dynamics/ nuclear family and extended family dynamics/ intergenerational dynamics*
- *Personal/country reports on Queer survival and African legal frameworks*
- *Personal/country reports on Queer survival and African marriages/ companionships*
- *Personal/country reports on Queer survival and African queer organising/counter publics*
- *Personal/country reports on Queer survival and African storytelling in film/folklore/literature/media*
- *Transcripts from conversations on surviving conversations/lectures/ speeches on surviving conversion therapy in Africa*
- *Personal/country reports on Verbalized and non-verbalised, legible and illegible African queer identities*
- *Personal/country reports on Queer survival and African queer patriarchies/hegemonies*

Target contributors

All queer human rights stakeholders including lawyers, teachers, medical practitioners, filmmakers, researchers, writers, photographers, journalists, faith leaders, family members of queer persons, and queer persons.

Guidelines for submission of abstracts (Open and anonymous)

We realise the sensitivity of this subject area and appreciate the occasional necessity for negotiated visibility. As such you are welcome to make submissions using your actual name or a preferred pseudonym. We commit, to best of our ability, to observe utmost discretion and non-disclosure should you prefer to be anonymous.

Abstracts/brief description of proposed entry should be sent in English 250 - 300 words in MS Word format. Abstracts/brief description of proposed entry must include in a single document attachment

- Title of abstract
- Abstract setting out the aim and content of the proposed contribution
- Author's name/ chosen pseudonym
- Author's affiliation
- E-mail address

**Abstracts must be sent by email, copying both
david.ikpo@up.ac.za and elvis.fokala@up.ac.za
with the subject**

'Conversion therapy reader submission:
'First name, last name, Country'.

Submission deadline for Abstracts: 31 March 2025

Authors will be notified by 30 April 2025 whether their abstract has been accepted for inclusion in the reader. Following their acceptance, the selected abstracts would have to be fully developed into the final submission, depending on what media was proposed.

**Final submission
should be made on 31 July 2025**

Length

All text-based submission should not exceed 6000 words.

Photographic entries should not exceed 4 pages

Enquiries

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