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Fight Against "Reparative Sexual Therapy" in Ecuador

By Martina Guglielmone, Research Associate at the Council on Hemispheric Affairs

Ecuador legalized all same-sex activities in 1997 and legalized civil unions between same-sex couples with the implementation of the new Ecuadorian Constitution in 2008. In theory the 2008 Constitution grants same-sex unions the same rights and obligations as married couples. Even before that, the Constitution of 1998 banned discrimination based on sexual orientation, making Ecuador the first country in Latin America to do so. ii However, the clash between relatively progressive laws and conservative widespread beliefs has incentivized clandestine activity among Ecuadorian communities -especially remote areas and small towns. In 2008, the Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM) published a report uncovering violence against lesbian, bisexual, transsexual, transgender, and intersex individuals in Ecuador. Specifically, the report addressed the existence of clandestine "reparative therapy" clinics, whose purpose is to "cure" people of homosexuality, based on religious principles.ⁱⁱⁱ The report claimed that the centers had been running for over ten years, and that the treatment the patients received is considered torture under the Convention Against Torture, which the Ecuadorian government has ratified. iv Ecuadorian society was moved when, in 2011, a series of cases of young women exposing the private clinics in which they had been held with the purpose of "dehomosexualizing" them started rocking the media. Cases like those of Paola Ziritti, Paola Concha, and Zulema Constante became well known, and provided a platform for other young people who had undergone this brutal practice but have managed to escape – the "unfixed." The descriptions of the victims' dehumanizing "sex therapy" experiences were consistent: they were forcefully confined in isolated locations to undergo "rehabilitation," many times receiving electric shocks, battering, ice-cold showers and, of course, "frequent prayers to bring about spiritual correction."vi This is a reality that hundreds of people are still experiencing in Ecuador: El Mundo, the second-largest Spanish language newspaper, reported in October 2011 that Ecuadorian authorities had closed down around 30 clinics just that year, and that an estimated 200 more still operated clandestinely across the country.vii Even though the "therapy centers" treat gay, lesbian, bisexual, and transsexual individuals, the main group targeted has been lesbian women.viii

These so-called reparative therapy clinics are run privately, so their funding comes mostly -if not entirely- from patients and their families, and are usually disguised as alcohol and drug rehabilitations centers. Many of the methods utilized in the therapy process are kept from the victims' families, who are often the ones submitting them to

the programs. Ziritt, one of the Ecuadorian victims who endured two years of torture, penned a letter to her mother, who had been the one to admit her to the clinic, telling her about the constant, inhumane physical and psychological abuse to which she was being subjected. After a change of heart, it took her mother over a year to get Ziritt released from the clinic, "and another six months of "real psychological treatment... to try to recover from [the] 'cure against homosexuality.'"ix As Nuria Segura explained in her article for *El Mundo*, published in 2011:

[She] was admitted in one of these centers for two years, where she progressively lost the will to live," after suffering different abuses, even sexual insults and tortures, like being handcuffed, days without eating, beatings or the guards splashing urine at her or ice-cold water on her. (...) "It was degrading, humiliating, horrible" stressed Ziritt, who spent three months alone, handcuffed in a room known as "la sauna," since there was nothing in there other than tubes, where she was tied and deprived of light. **

In 2011, CNN conducted a report based on Paola Concha's case. Concha, who is and has always been open about being lesbian, was sent to the Bridge to Life center by her family in 2006, at age 23, as part of efforts to "fix her identity dysphoria." She was released after a year and a half of abuse and shortly afterward became an activist and spokesperson for the movement against clinics that claim to cure homosexuality. CNN talked to Luis Zavala, the coordinator for Bridge to Life, prior to its shut-down, and he described the center's aim "to modify all inadequate behaviors that are causing a particular individual to take inadequate attitudes." The clinic was submitted to an investigation in 2011, but the authorities were only able to gather enough evidence to close the women's area of the clinic by finding expired medical products. Juan Moreira, the then-Ecuadorian Undersecretary of Health, told CNN: "That's not really the most serious violation. What concerns us is that we have reports about their methods to change a person's sexual orientation in treatments that include torture and human rights violations." Shortly after CNN's visit to the clinic, two raids were conducted in which over 40 people who were held against their will were liberated. Bridge to Life was closed down on charges of human rights violations.xi

Even though these stories are not included in statistical records, they are a significant and indeed troublesome part of Ecuadorian society and, ultimately, history. The Ecuadorian government has been fairly inactive in addressing this problem, adopting a rather passive approach and, while implementing policies to delegitimize this deeply disturbing activity, not investing enough resources to combat it. In the face of unresponsiveness by the Ecuadorian state, the report published by CLADEM in 2008 called for law enforcement bodies to "investigate the complaints made regarding cases of torture and mistreatment of lesbian women in private clinics, and to "apply the appropriate procedures and sanctions." xiii

In 2011, the Ministry of Public Health of Ecuador stated that it had closed 30



"dehomosexualization" centers in the most populous province in Ecuador, Guayas. Both the Defensor del Pueblo del Ecuador and the Defensoría del Pueblo de Guayas, which provide public legal services to Ecuadorian citizens, denounced these clinics as illegal according to the Constitution of 2008: "Homosexuality is not a pathology nor a disease, and [therefore]... there is no place for any kind of treatment to heal or cure it. This would be unconstitutional, illegal and anti-scientific, even."xiii A year before, the Ministry of Public Health took a significant step with the implementation of Acuerdo 543, which states that "any center that violates human rights and attempts to change the sexual identity of its patients will be shut down indefinitely." xiv*

Despite the numerous laws and public statements the Ecuadorian government has released to combat this problem, the impact has been far from sufficient. Paola Paredes, an Ecuadorian photographer and activist, shared with COHA: "I feel that as of now, the Ministry of health has become more active in controlling these centers. However, (...), it's the web of corruption and mafias that keep the Ministry of Health from conducting their job. I have heard even that the corruption comes from inside the Ministry of Health. The day I interviewed the Ministry of Health, the two subjects I interviewed were (...) gay and very much devoted to the cause. They assured me that there is no corruption exists in the Ministry, only outside. It's hard to know what is the truth at times."xv Moreover, activist Cavetana Salao shared in her interview with El Mundo that homosexuals in Ecuador "do not feel protected by the state," and that numerous activist groups had organized a lawsuit against the government, judging it for its poor efforts in addressing this problem. During the trial, assemblywoman Maria Paula Romo expressed that "even though the law and other regulations prohibit the existence of these clinics, the application of the legislation is totally deficient."xvi Although several governmental organizations have claimed to be diligently working to track and close down these clinics, the impact has been almost insignificant because there are too many loopholes that allow the centers to run. xvii Tatiana Cordero from the Urgent Action Fund told The Guardian in 2016 that "clinics make up to \$140,000 per month and some are even owned by government officials. Corruption ... is therefore a major obstacle and she calls for an in-depth investigation into the problem."xviii Many of the clinics operate similarly to organized crime groups, or mafias (as Ms. Paredes explained), and are greatly motivated by profit-making and not by the welfare of the community and, more importantly, the individuals they claim to treat. Even though this practice has been illegal in Ecuador for years, governmental and law-enforcement bodies have been "long absent from enforcing existing regulations in these spaces." Despite the government's promises, "definitive state action thus far has been largely limited by intractable delays and a continued inability to reign in rogue clinics" due to the remoteness of their location and secrecy of their operation.xix While several centers have been closed, some have reopened along with other new centers. "In the last interview I had with Causana" continued Ms. Paredes, "they mentioned they believe the clinics have now become even more clandestine and more remote, given the media attention in 2011-2012. Some activist groups mentioned they are now conducting therapy in churches."xx

In most of Ecuador, there is a common view that religion must be a guide to those who



are lost or struggling with "sinful temptations." In an interview with *The Times*, the Auxiliary Bishop of Guayaquil said that "homosexuality is against natural law and "can of course be cured." He added, "the homosexual tendency is not a moral evil but to practice this tendency is a sin. The church can offer psychological help."xxi These beliefs further incentivize religious and political debates that infiltrate families, reinforcing the deep-rooted disfavoring of the LGBTQ community in Ecuador. The policies and initiatives already in place are meant to battle the concept and application of "reparative therapy" in particular, but fail to address the foundation of the problem: widespread societal homophobia. "The deliberate diffusion of the argument that homosexuality can and should change, spread in public discourse by the ex-gay movement and its supporting religious institutions (including in the United States) fuels and supports the continuation and perceived legitimacy of sexual orientation change efforts, whether they take place in ex-gay ministries, churches, psychologists' offices, or rehab centers."xxii

Both governmental bodies and social organizations that fight to eradicate this brutal practice must not only condemn the centers and their underlying bigoted values, but also invest enough resources and efforts in prevention campaigns and punishment of noncompliant individuals and organizations. It is important to note that this phenomenon is almost completely unrelated to any particular government or political ideology in Ecuador, and no Ecuadorian administration has condoned the existence of this practice nor the belief behind it, as unsuccessful as their efforts to combat it may be. Moreover, it is the responsibility of those persons and groups that have the greatest influence over society, including the government, civil and human rights groups, and of course, religious institutions, to develop initiatives and projects to educate people and eliminate homophobia from society. Influential entities such as the government and resourceful NGOs have the inescapable responsibility of fighting against violations to human rights at a great scale, but civilians bear this enormous responsibility as well; every single individual has to decide, if not to wholeheartedly accept, to at least respect every individual's human dignity, privacy, and intimate life. There are still many of these clinics in full-function today, and the supply of the "cure" will most likely not stop until the demand for it does; the problem undoubtedly needs to be attacked at its roots, through education and understanding.

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