

CONVERSION THERAPY

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CHOICE FOR YOUTH AND SEXUALITY



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CHOICE FOR
YOUTH &
SEXUALITY

In collaboration with



SUBMISSION: INPUT FOR THE REPORT OF THE INDEPENDENT EXPERT ON PROTECTION AGAINST VIOLENCE AND DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY

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1. Introduction

CHOICE for Youth and Sexuality is a professional youth-led and youth-serving organization based in the Netherlands, implementing programs on the sexual and reproductive health and rights of all young people across 9 countries in Africa and Asia, and the Caribbean sub-region.

This submission was supported by contributions from The YP Foundation in India, Equality Triangle Initiative and Rustin Times in Nigeria, Network of Adolescents and Youth of Africa in Kenya, and the Love Matters Global Network.

This submission aims to shed light on the practice of Conversion Therapy through a literature review on the subject. The submission tries, where possible, to focus on the Netherlands, Indian, Kenyan and Nigerian context, building upon academic and medical research as well as upon news and media reports.

In addition, this submission will focus specifically on the experiences of LGBT youth. Youth are often minimally discussed in the Council, with only 43% of Special Procedures reports addressing youth in more than 1 sentence in 2019. While this is a positive increase in regards to 2018, where only 34% of Special Procedures did so, there is still more to be done to recognize age as an intersecting form of discrimination throughout the UN Special Procedures mechanism. This specifically in regards to youth populations. Therefore, the objective of this report is to submit information pertaining to your call specifically from a youth perspective.

As the OHCHR does not have a consensus definition on youth, we wish to highlight that the information reflected in our submission below is in line with the CHOICE definition of youth, namely persons from 16-29 years old.

Contrary to the year prior, the 2019 HRC and UNGA reports from the UN IE SOGI included specific sections on youth vulnerabilities in the context of this mandate, in addition to several valuable press releases for example on homelessness of LGBTI youth. We hope subsequent reports in 2020 will continue this positive trend.

2. What is Conversion Therapy?

Conversion therapy (CT) originally referred to interventions aimed at changing an individual's sexual orientation; however, recent studies¹²³ highlight the inclusion of gender identity and expression as further areas of interest for conversion therapy efforts. Thus, we can define CT as the forcible process of attempting to change, suppress, or divert one's sexual orientation, gender identity or gender expression⁴. It is founded upon the false belief that LGBTQI+ identities are abnormal or an illness that needs to be cured⁵.

In 2013, Dr. Margaret Mungherera, President of the World Medical Association (WMA) stated: "Healthcare professionals encounter many aspects of human diversity when providing care, including

¹ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

² Substance Abuse and Mental Health Services Administration (SAMHSA). 'Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth'

³ National Center for Lesbian Rights. 'Ending Conversion Therapy in Child Welfare'

⁴ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

⁵ Christy Mallory, Taylor N. T. Brown, Kerith J. Conron at Williams Institute. 'Conversion Therapy and LGBT youth: Update'

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different variations of human sexuality. Homosexuality itself is not a disease. It is the stigmatisation and discrimination experienced by people with a bisexual or homosexual orientation, which can be harmful to health. So-called "conversion" or "reparative" therapies exacerbate these negative health effects and represent unethical practice"⁶.

CT often falls under the guise of different terms. For example it is also called "ex-gay therapy", "reparative therapy", or "sexual orientation change efforts (SOCE)". In some countries in Asia it is addressed as "Therapy for Healthy Sexuality", a nomenclature that, again, perpetuates the damaging notion that LGBTQI+ identities make a person "unhealthy" or "diseased"⁷.

CT is most often associated with Christian religion and its evangelical streak, although there are religious practices in Islam as well. Conversion therapy can be conducted by ministers (the "pray the gay away" motto is well known in religious circles⁸) and by licensed therapists or through a family-based "informal" approach¹⁰.

3. Different forms and practices

Conversion therapy practices can vary significantly according to cultural and geographical context, and to the institution or individual performing the practice. However, they most commonly involve various combinations of "religious co-opting of psychotherapeutic and addiction therapies, employing a combination of self-help practices, cognitive behavioural therapy and psychoanalysis, and spiritual rituals"¹¹. In the US talk therapy is the most commonly used form of CT¹².

In the global north, CT trends began to change in response to the advancement of LGBTQI+ rights recognition in the 2000s. As a result, CT practitioners have moved towards a less explicitly violent approach, both linguistically - in their public advertisement - and methodologically; now framing CT (similar to the language for human right) as an approach of healing and "achieving freedom from homosexuality".¹³ This new rights-based 'healing' approach focuses on "achieving freedom from homosexuality" and practising praying and fasting¹⁴.

Violence has been, and in many places still is, at the forefront of CT interventions, with practices ranging from castration, to electroshock, aversion therapy (associating homoerotic visual cues with

⁶ WMA. 'WMA Condemns Portrayal of Homosexuality as a Disease': <https://www.wma.net/news-post/wma-condemns-portrayal-of-homosexuality-as-a-disease/>

⁷ Sari H. Dworkin, Huso Yi. 'LGBT identity, violence, and social justice: The psychological is political.'

⁸ Bernadette Barton. 'Pray the Gay Away The Extraordinary Lives of Bible Belt Gays'

⁹ Michael Thorn. 'Confess the Gay Away? Media, Religion, and the Political Economy of Ex-gay Therapy'

¹⁰ Christy Mallory, Taylor N. T. Brown, Kerith J. Conron at Williams Institute. 2019. 'Conversion Therapy and LGBT youth: Update'.

¹¹ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

¹² Christy Mallory, Taylor N. T. Brown, Kerith J. Conron at Williams Institute. 2019. 'Conversion Therapy and LGBT youth: Update'.

¹³ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

¹⁴ Ibid.

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induced vomiting, paralysis, or pain), mandatory fasting (or starvation), flogging, bodily incision via traditional practices, beatings, forced confinement, forced marriage to 'corrective' rape¹⁵¹⁶¹⁷.

The context of CT practices and methodologies can differ according to geographical context. In Africa, religious leaders are believed to be the main perpetrators of conversion therapy. Perhaps the most notorious example is the Mountain of Fire and Miracles Ministry, a Pentecostal denomination founded in Nigeria in 1989 with ministries worldwide, implementing a program known as "Deliverance" that utilises fasting and praying in a CT framework¹⁸. In many ways, the program is similar to an exorcism process.

In Asia, studies show that the main practitioners of CT are private mental health and medical providers, followed by traditional healers¹⁹. As for Europe, France has been vocal about the issue recently: according to member of Parliament Laurence Vanceunbrock-Mialon, two main trends have arisen: religious circles enrolling young victims in sexual reorientation "stages" and licensed medical professionals prescribing anti-anxiety medication to "treat" homosexual and gender-misalignment tendencies.²⁰

4. History

Same-sex relations have played an integral and socially acceptable function across many cultures and throughout history²¹. However, especially in the Global North, such relationships have also been criminalised and labeled as diseases throughout history²². Records show that, as early as 389 AD, "Christian emperors criminalize[d] homosexual sex, with public burning as the punishment"²³. Through the 18th and 19th century medical practitioners carried out invasive and lethal procedures and experiments to change a person's sexual orientation, claiming to "'cure' a number of sexual practices seen as 'deviant', chief among them homosexuality".²⁴ Some of the practices documented by Schlatter range from the "'liberation' of adherent clitorises" in 1899, to the "transplantation of a testicle from a heterosexual man to an 'effeminate, passive homosexual man'" in 1917, to "icepick" lobotomies in 1937 – killing over 100 patients – and to testosterone capsules in 1944. While not all these practices were acknowledged to be CT at the time, they clearly fall under the definition as currently understood.

Within psychotherapeutic practices, conversion therapy had its roots in early sexuality science, "starting in the mid-nineteenth century and further bolstered by the mental disorder classifications of the 1940s through the early 1970s"²⁵. Freudian psychoanalysis was the basis for considerable SOGIE change efforts. In the 1970s, as the medical community moved away from such practices, religious institutions took over instead, becoming the primary force behind CT. In 1973, Love In Action, the first declared 'reparative therapy' ministry was started in the US. In regards to the North

¹⁵ Sam Brinton. "I Was Tortured in Gay Conversion Therapy. And It's Still Legal in 41 States.":

<http://conversiontherapysurvivors.org/survivors-statement#Blackwell>

¹⁶ Christy Mallory, Taylor N. T. Brown, Kerith J. Conron at Williams Institute. 2019. 'Conversion Therapy and LGBT youth: Update'.

¹⁷ Mark Potok. 'QUACKS: Conversion Therapists, the Anti-LGBT Right, and the Demonization of Homosexuality'

¹⁸ Christopher Romero. "Praying for torture: why the United Kingdom should ban conversion therapy".

¹⁹ Ibid.

²⁰ David Rich. France 24. 'France sees rise in conversion therapies to "cure" homosexuality':

<https://www.france24.com/en/20190327-france-sees-rise-conversion-therapies-cure-homosexuality>

²¹ Nikki Sullivan. 'A critical Introduction to Queer Theory'. New York University Press.

²² Ibid.

²³ Mark Potok. 'QUACKS: Conversion Therapists, the Anti-LGBT Right, and the Demonization of Homosexuality'

²⁴ Ibid.

²⁵ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

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American context, the Alcoholics Anonymous 12-step program holds striking similarities with CT programs such as Love In Action. As Out Right International reports, in 2004, the international coalition of ex-gay organisations (gay cure therapy groups) united in Exodus Global Alliance and is still active today²⁶.

5. Prevalence

CT practices occur worldwide. In most regions of the world, the nature and extent of SOGIE change efforts are not well documented and most documentation comes in the form of media reports, which cannot always be verified²⁷. However, below there has been made an attempt to review what is known about the prevalence of SOCE.

5.1 Worldwide

In 2019, the Williams Institute estimated that circa 698,000 LGBTQI+ adults in the U.S. have received some form of conversion therapy in their life, and approximately 350,000 received treatment as adolescents (13-17 year olds)²⁸. According to Out Right International, In Australia, 10% of LGBTQI+ individuals are still vulnerable to harmful conversion therapy practices²⁹. Especially youth under 18 face great risks³⁰. They estimated that approximately 16,000 US LGBT youth will receive CT from a licensed healthcare professional before they reach the age of 18. An estimated 57,000 US LGBT youth will receive CT from religious or spiritual advisors before they turn 18³¹. The survey conducted by Out Right found that for those who had undergone some form of SOGIE change efforts, 45.2% were between the ages of 18 and 24, with 36.9% under the age of 18. This suggests that the vast majority of people subjected to SOCE are 24 or younger³².

In regards to African and Asian contexts, surveys showed that in Africa a majority of respondents believed conversion therapy occurrence was "very common", while in Asia and in the Caribbean and Latin American region the majority of respondents believed it was "somewhat common"³³. Conversion therapy is a persisting reality in several European Member States such as Bulgaria, Czech Republic, France, Greece, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Italy, Spain, and the UK,³⁴ however, the numbers are still not clear due to lack of targeted research.

5.2 Netherlands

Currently in the Netherlands, there is a lack of statistical evidence on the practice of conversion therapy³⁵. According to the Minister of Health it is difficult to make conversion therapy practices more visible, as the responsibility for reporting lies with the people who undergo CT, while some

²⁶ Ibid.

²⁷ Ibid.

²⁸ Christy Mallory, Taylor N. T. Brown, Kerith J. Conron, at Williams Institute. 2019. 'Conversion Therapy and LGBT youth: Update'.

²⁹ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Nigel Sherriff and colleagues. 'Co-producing knowledge of lesbian, gay, bisexual, trans and intersex (LGBTI) health-care inequalities via rapid reviews of grey literature in EU Member States'.

³⁵ COC. 'COC is blij met voorstel tot bescherming tegen LHBT genezing' : <https://www.coc.nl/homepage/ook-kamer-wil-verbod-op-homogenezing>

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might actively be pursuing the therapy and do not want to report it³⁶. There is, however, proof of religious institutions practising conversion therapy operating in the region (*i.e.* the Mountain of Fire and Miracles Ministry). In addition, a christian organization called 'Tot Heil des Volks' publicly displays information on their website pertaining to various support methods available to those interested in changing their sexual orientation.³⁷

In 2019, two mini-documentaries have attempted to unpack the scope, methods, and prevalence of CT in the Netherlands³⁸³⁹. The documentaries reaffirm that religious narratives regarding homosexuality being against the will of god form the dominant framework for CT in the Netherlands. While people generally admit themselves voluntarily, they are subjected to various deprivations of liberty. For example, contact with friends and family is often prohibited, and they are subjected to 'voluntary' confinement. For example, male gay subjects were not allowed to leave an assigned house for four months, not even to go to the gym across the street, as they would be in largely male presence which would 'put them at risk'. In other instances, subjects are requested to fast for 7 days and only read the bible, before visiting the church for a process similar to an exorcism.

In addition, the documentary shares information on 'Rokya / Roqya', a 'cleansing practice that aims to rid the body of impurities and evils'. Rokya is a CT method that is practiced in Dutch Islamic circles. It involves a forceful physical examination for 'points of evil'. Mini-incisions are made on these points with razor blades, and then a suction device 'rids' the body of 'dirty blood' to 'cure the evil'. This CT is practiced while preaching the Quran. (Screengrab of the documentary showing the survivor's body post-'treatment' on the right). The actor that voluntarily went undercover and submitted himself for the purpose of this documentary described the process as a highly traumatic experience, and sought therapy after for support.



5.3 India

Several recorded incidences of CT or RT in India feature in media reports⁴⁰ and Individual studies. However, the state at present does not record any data on the same and has failed to address the issue that continues to devastate the lives of thousands of SOGIESC individuals across the country.

Last year the India Psychiatric Society reiterated its position on homosexuality stating that "It (homosexuality) is not a psychiatric disorder". It further went on to state that homosexuality is a normal variant of human sexuality much like heterosexuality and bisexuality and that "there is no scientific evidence that sexual orientation can be altered by any treatment and that any such attempts may in fact lead to low self-esteem and stigmatisation of the person."⁴¹

³⁶ Rijksoverheid. 'Beantwoording Kamervragen over het bericht 'Jacques werd 2 jaar lang opgesloten om te "genezen" van zijn homoseksualiteit.': <https://www.rijksoverheid.nl/documenten/kamerstukken/2019/03/04/beantwoording-kamervragen-over-het-bericht-%E2%80%98jacques-werd-2-jaar-lang-opgesloten-om-te-genezen-van-zijn-homoseksualiteit%E2%80%99>

³⁷ Different. 'Wie zijn wij'. <https://www.thdv.nl/projecten/1/identiteit/15/different>

³⁸ https://www.youtube.com/watch?v=DjjXPI_PaY

³⁹ <https://www.rtl.nl/video/999abdc3-624d-3e67-bfc6-be9e8a7881a2/>

⁴⁰ Sangeeth Sebastian, India Today. <https://www.indiatoday.in/mail-today/story/homosexuality-cure-delhi-doctors-exposed-conversion-therapy-254849-2015-05-27>

⁴¹ Orin. Indian Psychiatric Society reiterates need for decriminalisation of homosexuality <http://orinam.net/ips2018-decriminalisation-support/>

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In India, while there is no legal definition of CT many practices which fall under this ambit are illegal under the Indian Penal Code or other policies and acts. These practices include so-called psychiatric therapies including electroshock therapy, corrective rape, counselling, medical treatments which involve the prescription of unnecessary and often harmful medications, forced marriage and even forced surgeries. The common denominator among these practices is the need for conformity, practitioners of such therapies often cite LGBTQIA+ individuals themselves who have sought their services. These individuals know the violence that befalls those who do not conform to the expectations of heteropatriarchal culture.

This cultural inertia is reflected in the fact that many godmen and religious “healers” offer services which seek to “treat” LGBTQIA+ individuals, including children, of their “mental illness”. Baba Ramdev is one such godman who has in the past claimed that he can “cure” homosexuality through yoga.⁴² There have also been many reports of religious healers selling Ayurvedic medicines which claim to tame the “wayward behaviours”⁴³ of LGBTQIA+ individuals. Such snake oil salesmen prey on the fears of parents and individuals and operate without any fear of legal repercussions.

LGBTQIA+ individuals still face legal and judiciary systems which are unwilling to recognise the violence that they endure. Given that there is no legal recognition of conversion therapies and their detrimental effects in Indian law, it is extremely difficult for individuals to take any legal steps against practitioners who have caused them long-term, often irreparable harm.

Practices such as corrective rape, which are illegal under Indian law are not considered the heinous crimes that they are. A much publicised case⁴⁴ of a lesbian couple from Gujarat who committed suicide in 2018 pointed a spotlight on the practice of corrective rape. The common place nature of such practices, even though they are criminalised under the Indian law, show the unwillingness of the Indian state to protect the rights of LGBTQIA+ individuals and showcase the perception of the necessity of these practices even when faced with legal repercussions.

5.4 Nigeria

In Nigeria, the continued criminalisation of homosexuality (Criminal Code, Section 215-217) and state sanctioned violence (Same Sex Marriage Prohibition Act, 2014) on LGBTIQ bodies means that CT is supported and practiced widely. Whilst there are no specific data on the practice of CT in Nigeria, reports from LGBTQ persons assert that religious houses are the main perpetrators of CT. Practices such as flogging, dry fasting (in which an individual is only allowed only water for an extended period) is commonly applied to cure LGBTQ persons of their homosexuality. For lesbians and bisexual women, corrective rape and other forms of gender based violence, perpetrated by family members as well as communities, armed by the plethora of criminal laws, are used as a form of therapy to change LBQ women orientation.

The criminality accorded homosexuality means there are no efforts by the State to increase its knowledge of CT. The lack of separation between the church and the state also impacts on any efforts to entrench human rights protections in this context. The non-existence of a formal reporting structure on human rights protections based on sexual orientation and gender identity by the National Human Rights Commission complicates the issue and further enhances unethical practices,

⁴² Deccan Chronicle, ‘Homosexuality is a disease, yoga can cure it: Ramdev’
<https://www.deccanchronicle.com/131211/news-current-affairs/article/homosexuality-disease-yoga-can-cure-it-ramdev>

⁴³ Vaibhav Jha, Hindustan Times, ‘Noida quacks claim they can ‘cure’ homosexuality with tantra, ayurveda’
<https://www.hindustantimes.com/noida/noida-quacks-claim-they-can-cure-homosexuality-with-tantra-ayurveda/story-qq8JOI3bVapmneXyeY5ZEN.html>

⁴⁴ Annie Banerji, Reuters. <https://in.reuters.com/article/india-women-lesbian/lesbian-couples-suicide-notes-reveal-stigma-they-face-in-india-idINKBN1J90VE>

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which promote and support stigma and discrimination within the healthcare sector towards LGBTQ persons. Reduced health care seeking behaviour is the consequence of such.

5.5 Kenya

In Kenya, there's very limited information on conversation therapy. However, there are several incidences that point to a pattern of conversation therapy. Due to the perceived criminalization of homosexuality, incidences of conversation therapy are often broadly included as homophobia. Despite the prevalence and effects of conversation therapy, not much efforts have been placed in addressing various forms of conversation therapy, or on awareness and sensitization efforts as well as in legal protection.

In Kenya, there have been reported incidences of sexual assaults and corrective rape particularly targeting gay men. In 2017, a gay man was gang raped by other men in Mombasa County. Due to the Penal Code provisions that criminalizes consensual same sex conducts, survivors are often afraid of seeking legal address, thus further emboldening perpetrators. Further, there's no particular definition of conversation therapies and thus no systematic surveys or inquiries on the subject. Such violations are thus just recorded when reported to police generally under degrading or inhumane practices.

6. Effects

There is no scientifically accurate evidence that CT succeeds in changing the sexuality or gender identity of an individual⁴⁵. There is ample evidence, however, that the effects of CT are intensely damaging to the psyche and mental state of the individual forced to endure the destructive practice. The American Psychological Association has found that CT causes depression, social withdrawal, high risk sexual behaviours, substance abuse, intimate relationship issues, and suicide⁴⁶. According to Out Right International, many who have been subjected to conversion therapy have manifested feelings of self-hatred, shame, and internalized homo- and transphobia⁴⁷.

Research shows that LGBTQI+ individuals who have suffered CT, are 8.4 times more likely to have attempted suicide, have a 5.9 times increased chance to have high levels of depression, are 3.4 times more likely to use illegal drugs, and have an increased risk contracting HIV and STDs of 3.4 times⁴⁸. Thus, CT affects various aspects of a socially-functioning life, hindering wellbeing and self-care, across multiple domains, and is condemned by all the major health organizations worldwide.

Attempts to change SOGIE among children and youth are associated with multiple indicators of poor health and adjustment in young adulthood, such as depressive symptoms and suicidal behaviour and lower levels of life satisfaction, social support and socioeconomic status⁴⁹. CT is oftentimes initiated by parents or primary caregivers, who might believe they are helping their child; however, CT remains a deep form of rejection, which in turn increases a person's vulnerability to mental distress⁵⁰. Caregivers pressuring a child to adhere to specific gender expressions, identities, or

⁴⁵ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'

⁴⁶ National Center for Lesbian Rights. 'Ending Conversion Therapy in Child Welfare'.

⁴⁷ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁴⁸ Caitlin Ryan and colleagues 'Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment'.

⁴⁹ Ibid.

⁵⁰ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

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sexual orientations reinforce harmful gender and sexual stereotypes⁵¹, which negatively impacts how the youth acts within society and their future relationships.

7. Why does it happen?

According to respondents to the Out Right survey, protection of family honour and cultural reasons were used as the main justification for CT⁵². Both are closely tied to religion, as in both Africa and Latin American Countries religious leaders and institutions are most likely to be perpetrators of conversion therapy⁵³. Conservative religious groups promote the notion that, because homosexuality is considered 'immoral', to adhere to one's religious identity, one must have the 'correct' sexual identity⁵⁴. The risk of familial rejection via religious condemnation helped CT to prosper, as parents did not want or were afraid of the shame or dishonour of having an LGBTQI+ member in the family⁵⁵. Moreover, Christian right-wing political groups have made their services more easily accessible by advertising CT directly to consumers; in 1998 groups including the American Family Association and the Family Research Council spent \$600,000 promoting CT through advertisements⁵⁶⁵⁷.

Another major reason for CT practices is the medical stigma attached to sexual orientation and gender identity. There has been a long lasting association of homosexuality and "deviant" gender expressions to mental illnesses, and LGBTQI+ individuals are treated consequently. The argument that homosexuality is not innate, and can therefore be 'unlearned', serves as the reasoning behind treating LGBTQI+ identities as illnesses that need to be reversed⁵⁸.

A third major reason behind the facilitation of CT is family honour and social conforming⁵⁹. Parental-initiated/enforced SOCE are typically motivated by apprehension over whether their child will 'fit in', and are thought of (by the parent) to be a means of ensuring their child conforms to the societal and religious norms and beliefs⁶⁰. Especially gender non-conforming children were more likely to be forced into CT⁶¹, which demonstrates the pressure to conform to a heteronormative society, where a woman is expected to behave feminine and a man is expected to behave masculine. Discomfort with gender non-conformity may be at the root of many parents' and caregivers' motivation for SOCE⁶²

⁵¹ Substance Abuse and Mental Health Services Administration (SAMHSA). 'Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth'.

⁵² Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁵³ Ibid.

⁵⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). 'Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth'.

⁵⁵ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁵⁶ Jonathan Merrit. the Atlantic 'How Christians turned against gay conversion therapy'.: <https://www.theatlantic.com/politics/archive/2015/04/how-christians-turned-against-gay-conversion-therapy/390570/>

⁵⁷ Zoë Schlanger and Elijah Wolfson. Newsweek. Ex-ex-gay pride <https://www.newsweek.com/ex-ex-gay-pride-249282>

⁵⁸ Caitlin Ryan and colleagues. 'Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment'.

⁵⁹ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁶⁰ Caitlin Ryan and colleagues. 'Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment'.

⁶¹ Ibid.

⁶² Ibid.

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8. Legislation

8.1 Worldwide

As of halfway through 2019, only four UN Member States have nationwide bans on conversion therapy: Brazil, Ecuador, Malta, and Taiwan. In March 2018, the EU approved a resolution that welcomes initiatives prohibiting LGBTQI+ conversion therapy practices and strongly urged member states to outlaw such practices⁶³. The Mediterranean island nation of Malta has since become the first European country to criminalize therapeutic methods that purport to change a person's sexual orientation or gender identity nationwide. In Spain, conversion therapy is banned in the autonomous communities of Madrid and Valencia⁶⁴. Germany is also planning on an official ban of the practice and some members of Parliament in France have been showing concern as well. Other countries have sub-national, municipal, or criminal bans, as well as medical or mental health policies that prohibit the practice⁶⁵, such as North America where, as of June 2019, 18 states, the District of Columbia, and others banned licensed professionals from using conversion therapy on youth (13-17 year olds). Religious institutions can still work even under state statutory bans (an estimated 57,000 LGBT youth across all states)⁶⁶.

8.2 The Netherlands

Even though the European Parliament adopted a resolution in 2018 condemning CT and urging countries to prohibit the practice, the Netherlands has not yet done so⁶⁷. However, CT cannot legally be a healing-oriented procedure as homosexuality is not considered an illness. For a long time costs for CT could be reimbursed as a medical procedure from the national health insurance, however since 2012 this is no longer possible⁶⁸. Practices that deprive a person of their freedom, such as forced admittance for CT, can be sanctioned under the criminal code⁶⁹. Furthermore, when the health inspection receives a report of CT, steps will be taken accordingly⁷⁰. This has not led to the end of the practice of CT, as, according to the National Organisation for Christian LGBT, the LKP, SOCE is still practiced in religious circles, especially in Evangelical and Pentecostal churches, as a 'tactic'⁷¹. This has enticed the House of Representatives to work towards a ban on conversion therapy⁷²

8.3 India

The past decade has seen some monumental advances in the rights of LGBTQIA+ people In India. In 2017, the Indian Supreme Court struck down Section 377, a remanent from India's colonial past

⁶³ ILGA World. 'State-Sponsored Homophobia report'.

⁶⁴ Liam Stack. The New York Times. 'Malta Outlaws 'Conversion Therapy,' a First in Europe'. <https://www.nytimes.com/2016/12/07/world/europe/malta-outlaws-conversion-therapy-transgender-rights.html>

⁶⁵ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁶⁶ Christy Mallory, Taylor N.T. Brown, Kerith J. Conron. 'Conversion Therapy and LGBT Youth Update'.

⁶⁷ COC. 'COC is blij met voorstel tot bescherming tegen LHBT genezing': <https://www.coc.nl/gezondheid/coc-is-blij-met-voorstel-tot-bescherming-tegen-lhbt-genezing>

⁶⁸ COC. 'COC verheugd over einde vergoeding homotherapie': COC verheugd over einde vergoeding homotherapie'

⁶⁹ Rijksoverheid. 'Beantwoording Kamervragen over het bericht 'Jacques werd 2 jaar lang opgesloten om te "genezen" van zijn homoseksualiteit.': <https://www.rijksoverheid.nl/documenten/kamerstukken/2019/03/04/beantwoording-kamervragen-over-het-bericht-%E2%80%98jacques-werd-2-jaar-lang-opgesloten-om-te-genezen-van-zijn-homoseksualiteit%E2%80%99>

⁷⁰ Ibid.

⁷¹ Sander van Mersbergen. AD. 'Christelijke koepel: 'homogenezing' komt voor in Nederland en moet verboden worden'

⁷² COC. 'Ook kamer wil verbod op homogenezing.' <https://www.coc.nl/homepage/ook-kamer-wil-verbod-op-homogenezing>

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which made consensual sexual relations between adults of the same gender illegal. The 2017 ruling specifically mentions the advances that still need to be made to fully protect the rights of LGBTQIA+ individuals. Before the ruling, cases of CT which individuals attempted to register were dismissed because Section 377 outlawed homosexuality and were therefore “the conversion treatment was not against the law”⁷³

While there has not been much legal discourse on CT, 2019 saw the state of Tamil Nadu banning medically unnecessary “normalizing” surgeries on intersex children⁷⁴. This landmark ruling provides a sound foundation for other states to do the same. While the ruling was opposed by the Indian Association of Pediatric Surgeons, the state has ignored it until now. Such surgeries encroach on the autonomy of individuals and violate the rights set out by the Supreme Court of India.⁷⁵

In 2019, India saw a regression in its efforts to enshrine the rights of transgender individuals with the Transgender Persons (Protection of Rights) Bill, 2019. In 2014 India guaranteed trans individuals the right to self-identify their gender, the 2019 bill subjects them to a committee which “assigns” them as transgender.⁷⁶ This Bill therefore asks trans individuals to prove their gender to the government. Such regressive legislations therefore do not offer any protection to those who are not deemed transgender by the government.

According to the UN Special Rapporteur on Torture, CT is tantamount to “torture”⁷⁷, and has called for states to ban such therapies and give LGBTQIA+ individuals specific protections against such practices. Although the Supreme Court has insisted that an individual sexual orientation is protected under the Right to Privacy enshrined in Article 21⁷⁸, the lack of specific legislation against CT has made it significantly more difficult for individuals to seek legal recourse against the practitioners of these therapies.

8.4 Nigeria

There are no specific laws that addresses CT in Nigeria. This again is due to the existing criminal laws on homosexuality. However, there exists the Patients Bill of Rights that specifically lists rights at patients are entitled to. The right to be treated with respect and to decline care could provide the foundation for addressing unethical practices within the context of conversion therapy. The Violence against Persons Prohibition Act, 2015, which addresses violence robustly does not take into context violence in the framework of conversion therapy.

8.5 Kenya

Whereas Article 25 (a) of the Kenyan constitution and the Prevention of Torture Act 2017 affords all Kenyans the freedom from torture and cruel, inhuman or degrading treatment or punishment and imposes penalty on those who commit or induces another person to commit cruel, inhuman or

⁷³ International Commission of Jurists. ‘Living with Dignity: Sexual Orientation and Gender Identity - Based Human Rights Violations in Housing, Work, and Public Spaces in India’, pp 49.

⁷⁴ Kyle Knight, Human Rights Watch, <https://www.hrw.org/news/2019/08/29/indian-state-bans-unnecessary-surgery-intersex-children>

⁷⁵ Supriya Subramani, ‘Patient autonomy within real or valid consent: Samira Kohli’s case’. <https://ijme.in/articles/patient-autonomy-within-real-or-valid-consent-samira-kohlis-case/?galley=html>

⁷⁶ PRS, <http://prsindia.org/billtrack/transgender-persons-protection-rights-bill-2016>

⁷⁷ Juan E. Méndez, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, UN Doc. A/HRC/22/53, (2013), para. 48

⁷⁸ Indian Express, Right to privacy judgment: SC says sexual orientation essential attribute of privacy and must be protected. <https://indianexpress.com/article/india/right-to-privacy-judgment-supreme-court-says-sexual-orientation-essential-attribute-of-privacy-and-must-be-protected-4811358/>

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degrading treatment or punishment; or cooperates in the execution of cruel, inhuman and degrading treatment or punishment, there's still no legal or policy provisions to address conversion therapy. The criminalization of consensual same sex conduct among adults by section 162, 163 and 165 of the Kenyan penal code, further embolden perpetrators of conversation therapies.

9. Nexus Conversion Therapy and Youth

Youth are a prominent target of CT. Since many are still forming their identities they are vulnerable to the influence of the authority figures around them, and thus are more at risk to bow to social pressures. Additionally, children and adolescents often lack the legal authority to make medical decisions on their own behalf. Many families of LGBTQI+ youth that are at a loss for what to do with a child who comes out often turn to "trusted professionals" for help on "fixing" their child⁷⁹.

As such, young people are forced to either hide their identity or risk their livelihood, as SOGIE change efforts maneuvered through religion often encourage punishment (in the form of "helping") by the family. CT, coupled with threats of being forced from their home, physical abuse, withholding fees for education, restricting the social aspect of the young person's life, or even forced institutionalization or incarceration, are all forms of punishment LGBTQI+ youth face⁸⁰. These punishments have detrimental effects on the mental and physical health and wellbeing of LGBT youth.

With social media becoming a common companion for young people around the world, means of reaching vulnerable LGBTQI+ youth have become easier for the CT industry. As recently as March 2019, Apple, Amazon, and Google removed a conversion therapy app from their store⁸¹ which was built by the religious group, Living Hope Ministries.

The paradox of identifying as a member of the LGBTQI+ community and thus facing the social discriminations that come with said identities, while simultaneously being ostracised and attempted to 'convert' by one's own family, religion, and medical authority figures, has a lasting and traumatic effect on the mental health of young people. For many, conversion therapy takes place under the age of 18 years old, through coercion and force⁸², but according to Out Right International's study, 33.5% of their respondents stated that they voluntarily sought out treatment⁸³. This brings attention to a further aspect of conversion therapy: the real and urgent danger of internalised homo/bi/trans-phobia of young LGBTQI+ people⁸⁴.

10. Recommendations

Conversion therapy practices have been condemned by most of the important mental health and medical organizations worldwide, having been linked to depression, substance abuse, and suicide. However, there is an alarming lack of legislation. Due to the lack of information on prevalence and reports, the majority of studies that report on SOCE prevalence are US focused. The National Center for Lesbian Rights' "Born Perfect Campaign" to end conversion therapy has created a toolkit to assist

⁷⁹ National Center for Lesbian Rights. 'Ending Conversion Therapy in Child Welfare'.

⁸⁰ Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁸¹ Chaim Gartenberg. The Verge. 'Google removes conversion therapy app from Play Store'. <https://www.theverge.com/2019/3/29/18286906/google-conversion-therapy-app-play-store-remove>

⁸² Amie Bishop at OutRight Action International. 'Harmful Treatment: The Global Reach of So-Called Conversion Therapy'.

⁸³ Ibid.

⁸⁴ "When lesbian, gay men [trans and gender diverse people] and bisexual people are considering and accepting heterosexuality [and being cis-gender] as the correct way of being and living." Ilga. 'Ilga Europe Glossary'.

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state child welfare agencies in developing policies to protect LGBTQI+ individuals, with a particular focus on young adults⁸⁵. Substance Abuse and Mental Health Services Administration⁸⁶ worked along the same lines and produced a similar report aimed at providing guidance for families, providers and educators of LGBTQI+ youth and conversion therapy survivors.⁸⁷

This present report highlights the lack of intersectionality in the studies that are currently available on conversion therapy practices: we recommend implementing considerations at minimum on age, race, class, and disability in future studies of CT in order to gain a better understanding of the intricacies of such practice and effectively individuate target groups that might be at a higher risk of exposure. Furthermore, as some reports highlight - especially in the US context - nationwide regulations targeting only state health services providers and leaving out religious institutions are not enough to combat conversion therapy practices.

The report also recommends that measures be adopted by the states to address conversation therapy through clearly classifying conversation therapies as a human right violation and cruel and degrading practices and develop appropriate measures to curb the various practices including through policy and legal measures as well as sensitizations.

Finally, the prevalence of CT and the challenge to address it in many countries are deeply rooted in the criminalization of consensual same-sex relationships. Without changing the law on one, it will be impossible to address the other. Decriminalization is the first of many important steps that states need to take to ensure the respect, protection and fulfillment of human rights of sexual and gender-diverse persons.

⁸⁵ National Center for Lesbian Rights. 'Ending Conversion Therapy in Child Welfare'.

⁸⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). 'Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth'.

⁸⁷ Ibid.

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Appendix

In recent years the practice of conversion therapy has undergone increasing scrutiny either by media and individual storytellers or by (few) governmental institutions legislating upon it. Because of this reason, providers of conversion therapy often recur to different terminology in order to avoid being detected⁸⁸. Thus, we underline the importance of being aware of CT language and its instrumentalisation. Following, a few examples of such terminology gathered during research in the hope of building a glossary of sorts for future reference. Some terms have already been introduced in the present report and are more well known; others are less frequent and may seem relatively harmless.

- Sexual Orientation Change Efforts (SOCE)
- Sexual Attraction Fluidity Exploration in Therapy (SAFE-T)
- Eliminating, reducing or decreasing frequency or intensity of unwanted Same-Sex Attraction (SSA)
- Reparative therapy
- Sexual reorientation efforts
- Ex-gay ministry
- Promoting healthy sexuality
- Addressing sexual addictions and disorders
- Sexuality counseling
- Encouraging relational and sexual wholeness
- Healing sexual brokenness

American non-governmental media monitoring organization for LGBTQI+ individuals GLAAD found that conversion therapy providers often “intentionally conflate the attempted altering of sexual orientation, gender identity or gender expression with the treatment of an actual condition such as sexual addiction. Some claim they are helping clients explore their “sexual fluidity,” or they emphasize that their clients struggle with “unwanted same-sex attractions” or “gender confusion”⁸⁹

⁸⁸ GLAAD. ‘Conversion Therapy’: <https://www.glaad.org/conversiontherapy>

⁸⁹ Ibid.