

REPORT ON CONVERSION THERAPY

WHAT IS CONVERSION THERAPY?

“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. Such practices aim (or claim to aim) at changing people from gay, lesbian or bisexual to heterosexual and from trans or gender diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.

The term “therapy”, derived from the Greek, denotes “healing”. However, practices of “conversion therapy” are the very opposite: they are deeply harmful interventions that rely on the medically false idea that LGBT and

other gender diverse persons are sick, inflicting severe pain and suffering, and resulting in long-lasting psychological and physical damage. Conversion therapy currently happens in a multitude of countries in all regions of the world.

In 2012, the Pan American Health Organization (PAHO) noted that “conversion therapies” had no medical justification and represented a severe threat to the health and human rights of the affected persons, and in 2016, the World Psychiatric Association found that “there is no sound scientific evidence that innate sexual orientation can be changed”. In 2020, the Independent Forensic Expert Group (IFEG) has declared that offering “conversion therapy” is a form of deception, false advertising and fraud.

WHO ARE ITS PROMOTERS AND PERPETRATORS?

Perpetrators of “conversion therapy” practices include private and public mental health-care providers, faith-based organizations, traditional healers and State agents; promoters additionally include family and community members, political authorities and other agents.

Faith-based organizations and religious authorities in particular operate in a space surrounded by blurred lines, advising the family and victim and often promoting or providing the practices alone or in partnership with others.

Conversion therapy is a lucrative business for providers around the world. Marketing mechanisms operate to support the business model, and some States actively perpetrate or promote abuse through such practices.

State officials, including judges or police officers, may order “conversion therapy”, even in the absence of explicit legal provisions. It is also done through public policy. For example, Malaysia has adopted plans to curb behaviours perceived as immoral, including same-sex behaviour, and specifically promotes practices of “conversion therapy”, including through university programmes.

Young people are disproportionately subjected to practices of “conversion therapy”. A recent global survey suggests that 4 out of 5 persons subjected to them were 24 years of age or younger at the time and, of those, roughly half were under 18 years of age.



WHAT ARE THE APPROACHES USED IN “CONVERSION THERAPY” PRACTICES?

There were three main approaches identified in the practice of “conversion therapy”:

PSYCHOTHERAPY

Interventions based on the belief that sexual or gender diversity is a product of an abnormal upbringing or experience. Variations applied include psychodynamic, behavioural, cognitive and interpersonal therapies. A recurrent method used is aversion (electric shocks, nausea-inducing or paralysis-inducing drugs) through which a person is subjected to a negative, painful or otherwise distressing sensation while being exposed to a certain stimulus connected to their sexual orientation.

MEDICAL

Practices rooted on the postulation that sexual or gender diversity is an inherent biological dysfunction. They rely on pharmaceutical approaches, such as medication or hormone or steroid therapy. In the Islamic Republic of Iran, individuals who inevitably fail at “converting” their sexual orientation will often be pressured to undergo gender-affirming surgery, in the belief that it will neutralize their orientation.

FAITH-BASED

Interventions that act on the premise that there is something inherently evil in diverse sexual orientations and gender identities. Victims are usually submitted to the tenets of a spiritual advisor, and subjected to programmes to overcome their “condition”. Such programmes can include anti-gay slurs as well as beatings, shackling and food deprivation. They are also sometimes combined with exorcism.



“The degrading nature of many conversion therapy practices, including physical abuse, electro-shock therapy, pseudo-medical procedures, and the use of anti-LGBT epithets and slurs, contribute to an overall dehumanising environment towards persons with diverse SOGI.”

WHAT ARE THE CONSEQUENCES OF “CONVERSION THERAPY” PRACTICES?

The methods and means commonly utilized to implement practices of “conversion therapy” lead to psychological and physical pain and suffering. The deep impact on individuals includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder.

The application of international human rights law is guided by the fundamental principles of universality, equality and non-discrimination. Practices of “conversion therapy” target a specific group on the exclusive basis of sexual orientation and gender identity, with the specific aim of interfering in their personal integrity and autonomy. In that sense, such practices are inherently discriminatory.

All practices attempting conversion are inherently humiliating, demeaning and discriminatory. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes.

These practices also violate the prohibition of torture and ill-treatment, since they take point of departure in the belief that sexually diverse or gender-diverse persons are somehow inferior – morally, spiritually or physically – than their heterosexual and cisgender siblings and must modify their orientation or identity to remedy that inferiority. Therefore, any means and mechanisms that treat LGBT persons as lesser human beings are degrading by their very definition and may amount to torture depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted. Finally, these practices also violate the right to health, including the freedom from non-consensual medical treatment.

“The IESOGI is convinced that the decision to subject a child to conversion practices can never truly be in conformity with a child’s best interests. Parents must make decisions for their children under the premise of informed consent, which entails knowing the practice’s true nature, its inability to actually achieve “conversion”, and the mounting evidence pointing towards its long-term physical and psychological harm”.



RECOMMENDATIONS TO STATES

The IESOGI has called for a global ban on practices of “conversion therapy”, a process that must include: clearly defining the prohibited practices; ensuring public funds are not used to support them; banning advertisements; establishing punishments for non-compliance and investigating respective claims; creating mechanisms to provide access to all forms of reparation to victims, including the right to rehabilitation. He also recommends that States:

- a.** Take urgent measures to protect children and young people from practices of “conversion therapy”;
- b.** Carry out campaigns to raise awareness among parents, families and communities about the invalidity and ineffectiveness of and the damage caused by practices of “conversion therapy”;
- c.** Adopt and facilitate health-care and other services related to the exploration, free development and/or affirmation of sexual orientation and/or gender identity,
- d.** Foster dialogue with key stakeholders, including medical and health professional organizations, faith-based organizations, educational institutions and community-based organizations, to raise awareness about the human rights violations connected to practices of “conversion therapy”.

Criminalisation, demonization and pathologisation play a role in perpetuating violence and discrimination on the basis of SOGI and enable the exposure of LGBT persons to practices of conversion. Combatting such biases and prejudices requires action on the part of States, the medical community, and civil society.



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