



## **UN Consultation ‘Conversion Therapy’ – Geneva (Palais des Nations) – 5 February 2020**

*by Wielie Elhorst (advocacy volunteer of the European Forum of LGBT Christian Groups)*

### ***Colofon***

The European Forum is a member of the International NGO Conference of the Council of Europe and has an observing status with the European Governmental LGBTI Focal Points Network. In his daily life Wielie Elhorst is a Reformed minister in two parishes, one of which is in Amsterdam. He is also officially appointed as the LGBTI minister by the Protestant Church of Amsterdam. He represents the European Forum as one of its advocacy volunteers.

### ***Personal tragedies***

In many of the forty groups that the European Forum of LGBT Christian Groups represents in more than twenty countries there are people who have been subject to some kind of therapy, treatment or practice that tried to heal, repair, control or suppress their differing sexual orientation or gender identity. In many cases these practices have affected the lives of these people deeply. Some have taken many years to recuperate from the therapy or treatment that was offered to them, only to find out that a homo- or bisexual orientation or transgender identity cannot be altered. Moreover the personal cost of these therapies or treatments is very high, looking at the risks for physical and mental health and the spiritual wellbeing of the people concerned. Even though some people managed to grasp some of the issues they were grappling with, - we know of these testimonies as well -, on the whole these therapies of treatments must be considered very harmful for all people that undergo them. Two of my best friends in The Netherlands suffered a therapy to in some way ‘control’ their homosexuality. It took them many years to find their way to LGBTI Christians and their groups that affirmed their sexuality, and to therapy that helped repair the wounds caused by the so called therapists for conversion. For this reason, the unjust therapies or justments or whatever they are called and the personal deep sorrow inflicted upon people, the European Forum strongly condemns any kind of therapy or treatment that denies people’s sexual orientation or transgender identity as an essential part of their being, whether a therapy or treatment is offered by an independent Christian organization of faith or within churches or the realm of the churches.

## *Statistics*

Unfortunately it is still difficult to provide with statistics from the larger community of LGBTI+ Christians as we do not have the capacity until now to do research under our members. Reports though of people having undergone this therapy keep reaching us. To give a little statistical insight, a survey from the United Kingdom conducted in 2017 by the Equalities Office of the UK Government shows that 2.640 respondents, 2 percent of the totality of respondents, have undergone some kind of treatment, ranging from pseudo-psychological treatments to, in extreme cases, surgical interventions and ‘corrective’ rape. Respondents were homosexual people, bisexual people and transgender people. In 51% of these cases the treatments were offered by faith organisations or groups. In 19% of the cases they are offered by a health care provider or a medical professional, which is of course even more astonishing and worrying given the official standard appreciation and definition of a homosexual orientation and a transgender identity by the World Health Organisation.

From the UK Survey:

### **Conversion therapy**

Five percent of respondents had been offered so called ‘conversion’ or ‘reparative’ therapy (but did not take it up) and a further 2% had undergone it. We did not provide a definition of conversion therapy in the survey, but it can range from pseudo-psychological treatments to, in extreme cases, surgical interventions and ‘corrective’ rape. These figures were higher for trans respondents (e.g. 9% of trans men been offered it and 4% had undergone it). Faith organisations were by far the most likely group to have conducted conversion therapy (51% of those who received it had it conducted by faith groups), followed by healthcare professionals (19% of those who received it had it conducted by healthcare professionals).

### **Who conducted the so called ‘conversion’ or ‘reparative’ therapy?**

Note: respondents could select multiple responses. Percentages shown are of the 2,640 survey respondents who had received ‘conversion’ or ‘reparative’ therapy to cure them of being LGBT.

Prefer not to say	11%
Person from my community	9%
Any other individual or organisation not listed above	14%
Parent, guardian or other family member	16%
Healthcare provider or medical professional	19%
Faith organisation or group	51%

Source: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report>

### ***Defining ‘conversion therapy’***

It is quite difficult to get a grip on what we call ‘conversion therapy’ or ‘reparative therapy’. There are many definitions, for example: “it is the ‘pseudoscientific practice of trying to change an individual’s sexual orientation from homosexual or bisexual to heterosexual using psychological or spiritual interventions”, in this case leaving out the attempts of some

treatments to also eradicate a transgender identity. An important reason why it is so difficult to define is that we deal with a multitude of practices, which are not only offered in separate organisations that consider converting homosexuality or a transgender identity as their main aim, but also inside the realm of churches and church services where these practices will be labeled or can be labeled as for example an 'exorcism, a 'healing ministry' or simply 'prayers' and are predominantly seen as religious practices. Another important reason for the difficulty of definition is the constant change in how faith organizations label these practices themselves, being very aware of the public concern these treatments may raise. By doing so they avoid being trapped in a definition that renders their offered treatment or practice as harmful, unethical or potentially illegal from the perspective of law. We have seen a very clear example of this in The Netherlands in 2012. The organisation Different, a faith based organisation, was accused of unrightfully benefiting from insurance money for offering a treatment that could only be defined as very harmful to LGBT people, according to both secular as well as Christian LGBTI organisations. Although Different in the end was denied insurance coverage, the Dutch Inspection for Healthcare in first instance was not able to report any wrongdoing on the side of the organisation, because of this specific evasive labeling. This example goes to show it is not easy to get a grip on the practices at hand. Although insurance coverage has been taken away, the organisation still exists and still offers counseling with the aim to 'find the origin of homosexual feelings' as they say in 'trauma' and if located and defined to 'bleach' those feelings and even work towards a life with a heterosexual partner starting a family.

### ***'Location'***

In the case of 'conversion therapy' or 'reparative therapy' it is important to consider where it is located so to say. The term of 'conversion therapy' is a term that is imported from the United States of America where this practice is mainly executed by independent faith organisations, mainly Christian, the term 'therapy' referring to a mental health context. In the United States there are dozens of these organizations, formerly brought together under the umbrella organisation Exodus International that no longer exists after its director Alan Chambers admitted the offered therapy did not bring sustainable change in people's sexual orientation or transgender identity (2013), which does show that also within this movement there is no absolute consensus on the 'success' of this therapy or treatment. In the Netherlands and also elsewhere in Europe the therapy or treatment at hand is also offered or conducted in churches or in the realm of churches. Given the right to freedom of religion and the separation of church and state, it is much harder to confront these practices with an interdiction, if not impossible. This is why the European Forum supports to forbid offering 'conversion therapy' at least to minors, but also would like to insist on identifying affirming organisations of LGBTI Christians or LGBTI people of faith in general in helping them to build their capacity so they can become adequate, equipped and steady partners in dialogue with churches and faith communities as informants or even advisors. In the Netherlands we have already seen the use of this specific role of LGBTI people of faith and their organisations. Only prohibiting 'conversion therapy' or however we choose to label or define this practice will not help as we will see organisations and also churches conducting these practices go underground and become invisible and unreachable for any kind of dialogue. This would only harm more

people and be counterproductive to what we wish to realize: a society and faith communities that are welcoming to everyone and affirm people's differing sexuality and transgender identity.

### *Social context*

Apart from focussing on 'conversion therapy' or any similar treatment directly, it is important to look at the specific context in which any inclination towards undergoing these therapies might arise. Therapies, other treatments or specific practices in churches might not find users, if a homosexual orientation or a transgender identity was not discovered and explored in a context that is unaware or that has held a traditional normativity on sexuality and gender high without any knowledge or consideration of alternatives. Especially parents, but also teachers and pastors are a very apt target for a strategy that tries to offer cultures and specific communities knowledge about sexual orientation and gender identity that is up to date and that tries to disseminate the life stories of LGBTI+ people (of faith) there. LGBTI+ organizations are perfectly equipped to do so but now lack capacity and funding nor do they have a proper and acknowledged place in relevant alliances to be of real significance. LGBTI+ people of faith and their organizations can be a strong force for prevention in for example developing educational material and in story telling and as partners in dialogue that are 'close to home'. It is an indirect way to further abolish the practice of conversion therapy or any other similar offer that cannot be dismissed.

W. Elhorst  
Amsterdam, Netherlands  
4 February 2020