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HARMFUL TREATMENT

The Global Reach of So-Called Conversion Therapy

Executive Summary



OUTRIGHT
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In most countries around the world, discrimination, violence, and oppression based on sexual orientation, gender identity and expression and sex characteristics persist within families, faith communities, and societies at large.

A manifestation of this ongoing rejection is that LGBTIQ people are considered disordered and therefore need “cure,” “repair,” or counselling to regain their presumed heterosexual, cisgender identities. The term “conversion therapy” is most widely used to describe this process of cis-gender, heteronormative indoctrination—that is, attempting to change, suppress, or divert one’s sexual orientation, gender identity or gender expression. The term, however, suggests that treatment is needed for a disorder and that people can be converted to cis-gender heterosexuality through such “treatment.” Neither is true.

What is “Conversion Therapy”?

The term “conversion therapy” is most widely used to describe practices attempting to change, suppress or divert one’s sexual orientation, gender identity or gender expression.

Such practices are also called: reorientation therapy, reparative therapy, reintegrative therapy, gay cure therapy, or more recently support for unwanted same-sex attraction or transgender identities.

Key Findings of the Report

- The main perpetrators and advocates of “conversion therapy” are people acting in the name of religion or pseudo- healthcare, often with strong pressure or coercion from family.
- 22% of respondents experienced “conversion therapy” directly. 34% of those sought it for themselves. The rest were coerced.
- These practices are harmful and never work; instead, they cause deep, lasting trauma that affects every realm of life.
- Persistence of “conversion therapy” is directly related to societal beliefs about LGBTIQ people and the degree to which their lives are accepted and embraced within families, faiths, and societies at large.
- Very few countries have done anything to tackle “conversion therapy”; an outright ban exists in only four countries (Malta, Brazil, Ecuador, Taiwan).

Although the practice of so-called “conversion therapy” has been well-documented over the last five decades in North America and Australia, no study has been undertaken to characterize the nature and extent of these damaging, degrading practices globally. Drawing on data from an extensive literature review, the first-ever global survey on the topic, and in-depth interviews with experts and survivors from various countries, this report seeks to provide a global snapshot of what is known about “conversion therapy” around the world, including who is most vulnerable, what factors lead LGBTIQ people to choose or to be subjected to these harmful practices, what are the main forms of “conversion therapy,” and who are the main perpetrators.

Our findings suggest that efforts to repress, change, or “cure” diverse

sexual orientations and gender identities are occurring nearly everywhere in the world. **Religion, broadly, is the reason most frequently cited**, although there are some regional variations. **In Africa, religion, combined with family and cultural pressures**, seem to fuel the practice of “conversion therapy.” **In Latin America and the Caribbean, family and religious pressure** also appear to be the main drivers of “conversion therapy,” with perpetrators largely being either religious personnel or private mental health providers. By contrast, **in Asia, the data suggest that family “honor” and culture, more than religion**, drive families and LGBTIQ people themselves to seek out “conversion therapy,” primarily through private and public medical and mental health clinics, where it appears that physically abusive methods such as

Top Recommendations from the Report

- Local and/or national governments should ban all forms of “conversion therapy”;
- Bans should be accompanied by other measures designed to promote understanding, acceptance and inclusion of LGBTIQ people;
- International, regional and national mental health and medical associations should issue policies condemning the use of “conversion therapy”, stating that such practices are not grounded in science, are not a recognized form of therapy, they do not work, and cause lasting psychological and physical harm;
- Faith leaders and religious institutions should publicly condemn the use of “conversion therapy” and dispel the harmful, religiously-based myths which drive negative attitudes and exclusion of LGBTIQ people, and give the green light for “conversion therapy” practices.

aversion therapy are predominantly used. An additional important finding is that efforts to either curtail these practices through official policies, or ban practices altogether, appear to be minimal, or at least minimally known. This is especially striking given the apparent pervasiveness of “conversion therapy.” As found in our literature review, only four countries actually ban sexual orientation and gender identity change practices.

Finally, consistent with all scientific literature to date, our data suggest that, regardless of religious, cultural, or traditional norms and contexts, **these harmful practices never work**; instead, they often cause deep, lasting trauma that affects every realm of life for decades.

Above all, these data paint a picture of prevailing social, cultural, and

religious norms that perpetuate myths about LGBTIQ people; incite and support stigma, violence, and discrimination targeting LGBTIQ people; and fundamentally reinforce messages that being LGBTIQ is pathological or otherwise unacceptable. More worryingly still, providers of “conversion therapy” are hijacking human rights language to promote their services, claiming that those who do not want to be LGBTIQ have the right to choose to undergo “conversion therapy”.

The demand for “conversion therapy” will only diminish when social, family, and religious condemnation of LGBTIQ lives ceases, and LGBTIQ people are free to access and enjoy their full human rights. Indeed, “conversion therapy” is a manifestation of the scourge of both societal and internalized homophobia and

transphobia and is fueled by the messages that being LGBTIQ is pathological, disordered, and unacceptable. Such myths converge in a perfect storm of rejection and condemnation, leading to an ongoing demand for “conversion therapy,” both by LGBTIQ people themselves as well as by their families, faith communities, and broader society.

Additional in-depth investigation is needed at national and regional levels to more precisely characterize the nature and impact of heterosexual, cisgender indoctrination efforts and to formulate advocacy strategies to combat them. It is clear, however, that the issue of “conversion therapy” cannot be tackled in isolation.

‘Conversion therapy’ is not a single event - it is a process of continued degradation and assault on the core of who you are. There are often repeated violations in the form of psychological and sometimes physical abuse... It is not one instance—it is a continued sense of rejection. The pressure is enormous.

*- George Barasa
gay gender non-conforming
Kenyan living in South Africa,
survivor of “conversion therapy”*

*The report was written by
Amie Bishop, MSW, MPH*

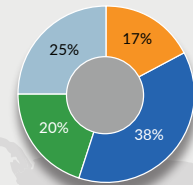
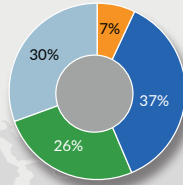
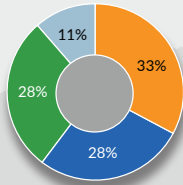
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ASIA

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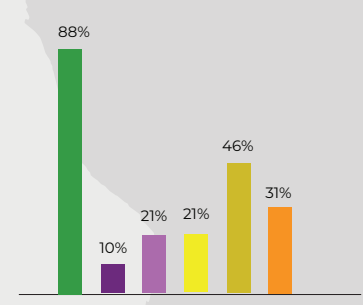
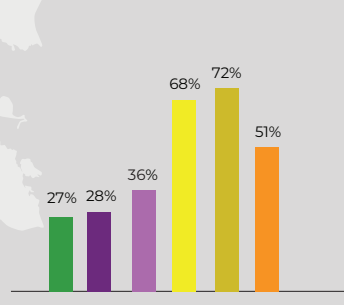
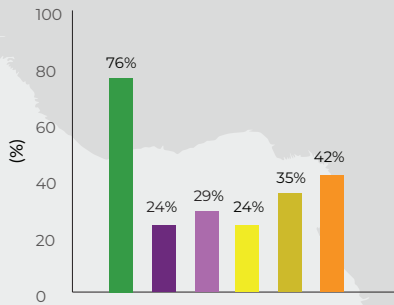
FREQUENCY OF "CONVERSION THERAPY" OCCURRENCE BY REGION

■ VERY COMMON
 ■ SOMEWHAT COMMON
 ■ NOT VERY COMMON
 ■ DON'T KNOW



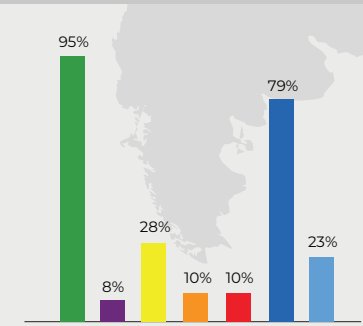
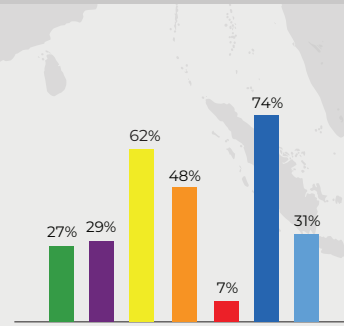
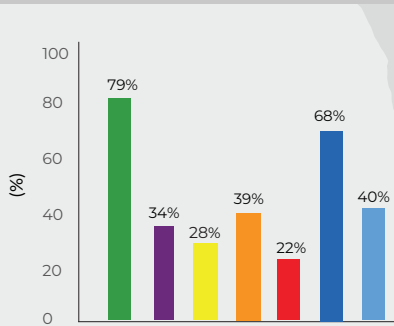
WHO PERPETRATES "CONVERSION THERAPY" BY REGION

■ RELIGIOUS LEADERS/INSTITUTIONS
 ■ PUBLIC/GOVERNMENT HEALTH PROVIDERS
 ■ PUBLIC MENTAL HEALTH PROVIDERS
■ PRIVATE MEDICAL PROVIDERS
 ■ PRIVATE MENTAL HEALTH PROVIDERS
 ■ TRADITIONAL HEALERS

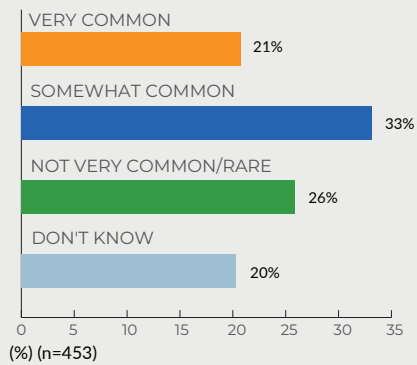


WHO PROMOTES "CONVERSION THERAPY" BY REGION

■ RELIGIOUS LEADERS/INSTITUTIONS
 ■ PUBLIC/GOVERNMENT HEALTH PROVIDERS
 ■ PRIVATE HEALTH PROVIDERS
■ TRADITIONAL HEALERS
 ■ POLITICAL LEADERS
 ■ FAMILY MEMBERS
 ■ SCHOOL PERSONNEL



FREQUENCY OF OCCURRENCE ALL RESPONDENTS



REASON FOR "CONVERSION THERAPY"

