

Harmful Treatment

**The Global Reach of So-Called
Conversion Therapy**

August 2019



**OUTRIGHT
INTERNATIONAL**

About Outright International

Outright International works together for better LGBTIQ lives.

Outright International is dedicated to working with partners around the globe to strengthen the capacity of the LGBTIQ human rights movement, document and amplify human rights violations against LGBTIQ people, and advocate for inclusion and equality.

Founded in 1990, with staff in over a dozen countries, Outright International works with the United Nations, regional human rights monitoring bodies and civil society partners. Outright holds consultative status at the United Nations, where it serves as the secretariat of the UN LGBTI Core Group.

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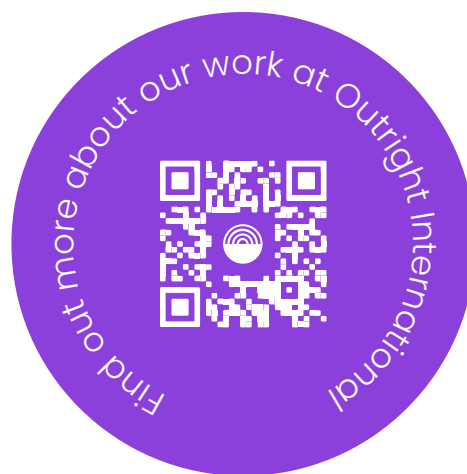
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PLEASE NOTE: All photos in this report do not represent victims of "conversion therapy"; only those people specified in the interviews section who agreed to be photographed are associated with "conversion therapy."

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Executive Summary

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 the belief 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 cisgender heterosexuality through such “treatment.” Neither is true.

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, while primarily descriptive and preliminary, suggest that efforts to repress, change, or “cure” diverse sexual orientations and gender identities are occurring nearly everywhere in the world. Religion, broadly,

“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.

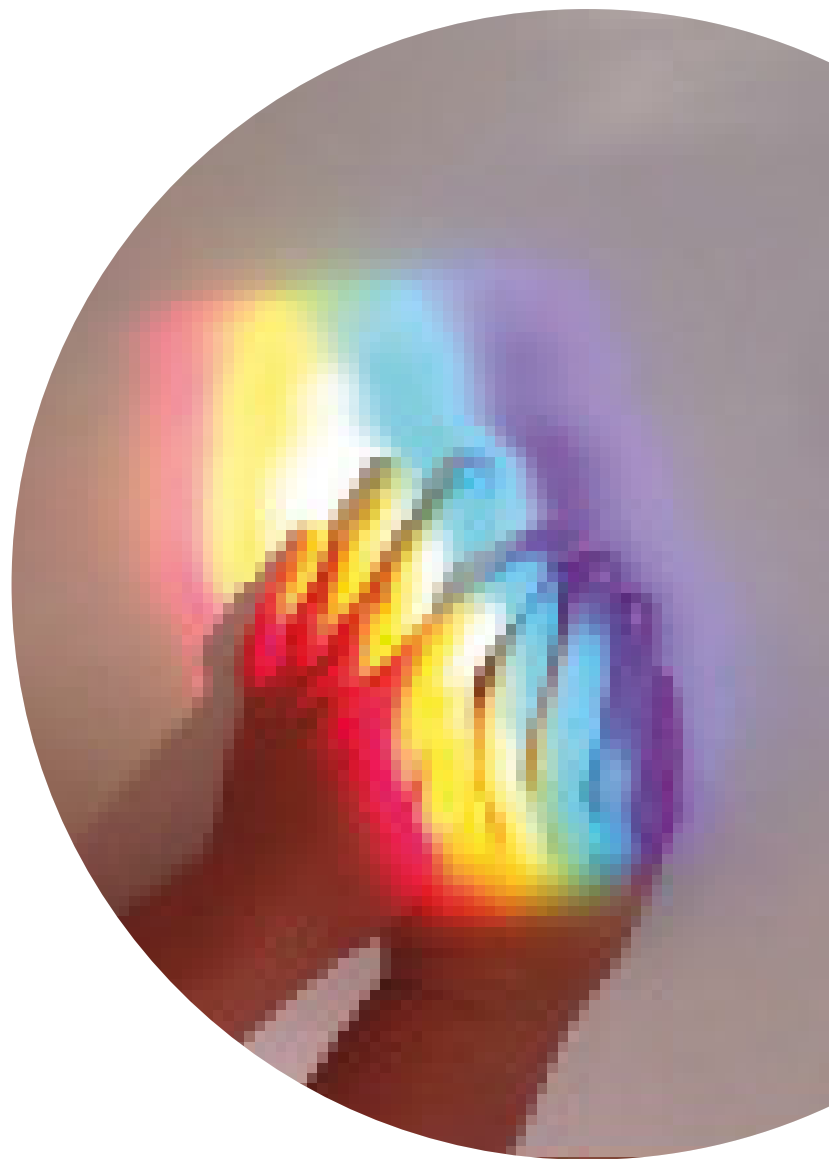
– George Barasa

Gay gender non-conforming Kenyan living in South Africa, survivor of “conversion therapy”

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 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 worrying, still, is that 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. Based on our preliminary findings, we propose the following recommendations, to be adapted accordingly at national and regional levels.

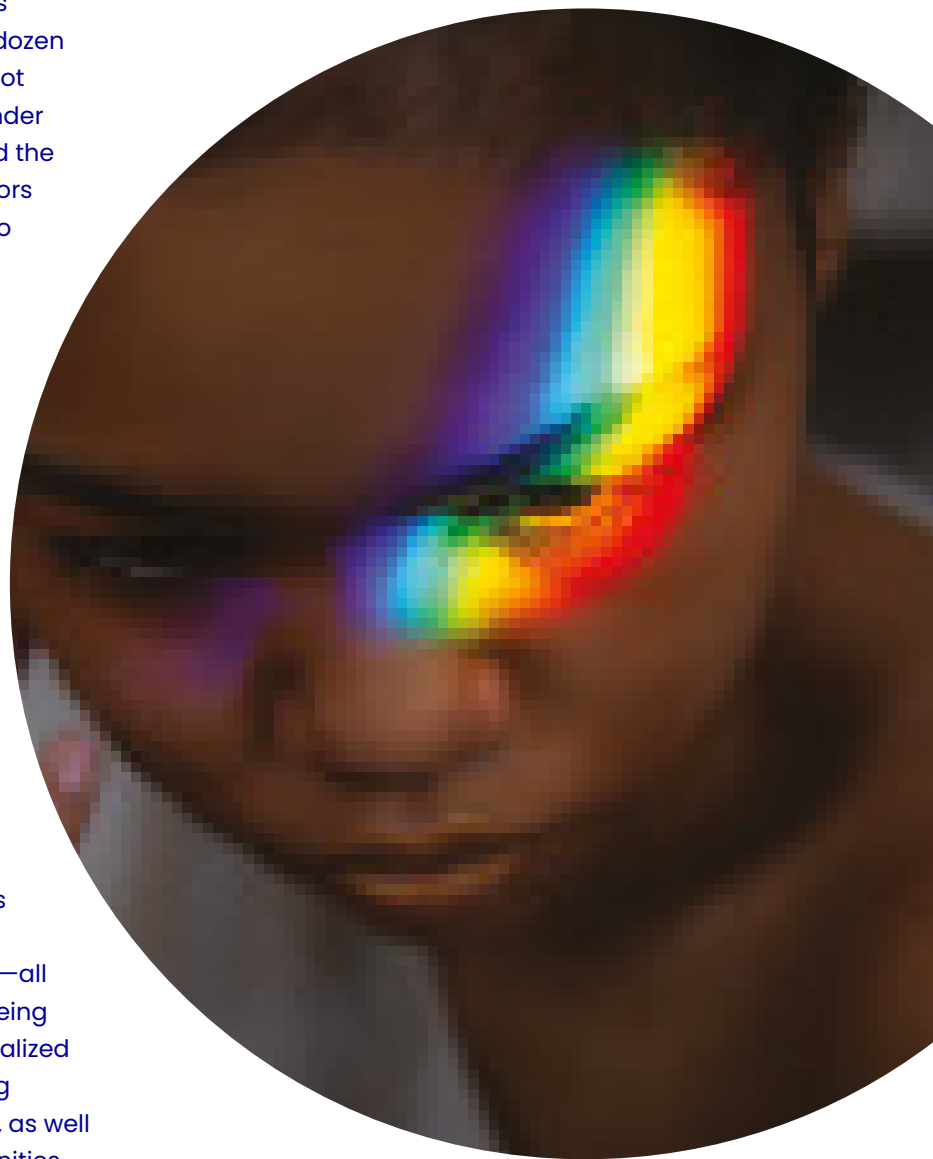


Recommendations

- 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.
- Medical licensing boards should revoke medical licenses of health professionals who offer “conversion therapy”.
- As part of ongoing efforts to promote increasing societal understanding and acceptance of LGBTIQ people, civil society should promote testimonies and documentation from people who have experienced “conversion therapy” to raise awareness about the fact that such practices never work but instead cause lasting trauma.
- Civil society should raise awareness about prevalence and forms of “conversion therapy” among LGBTIQ communities in order to identify and provide support to survivors, reach individuals who may feel pressure to undergo “conversion therapy”, and gather more testimonies about these harmful practices.
- Civil society and human rights activists should explore legal pathways for challenging “conversion therapy” practices.
- At the United Nations the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, as well as other special procedures, should gather data on “conversion therapy” and include “conversion therapy” among the many forms of discrimination and violence perpetrated against LGBTIQ people.
- The World Health Organization, the World Bank, and other multilateral agencies should condemn all forms of “conversion therapy” and ensure that no grants or loans are used to support such practices.
- Civil society, national, regional and international organizations should conduct additional research to more precisely characterize the prevalence and nature of “conversion therapy” so that more informed strategies for tackling the practices can be adopted.

Introduction

This report seeks to characterize the nature and extent of so-called “conversion therapy” globally, drawing on data from an extensive literature review, the first-ever global survey on the topic, and in-depth interviews with experts and with survivors from more than a dozen countries. Specifically, we provide a global snapshot of what is known about sexual orientation and gender identity/ expression (SOGIE) change efforts 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 are striking: first, it is abundantly clear that SOGIE change efforts occur in all regions of the world and, for the most part, they are driven by religion and family. Second, while they may vary due to 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. Third, very few countries in the world are taking action against “conversion therapy,” either through bans or policy mandates. Finally, it is clear that the 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. Where homophobia and transphobia prevail, so do stigma, discrimination, and violence—all manifestations of social norms that dictate that being LGBTIQ is unacceptable. In these conditions, internalized homophobia and transphobia also prevail, leading LGBTIQ people themselves to seek change or cure, as well as be subjected by families, schools, faith communities, and traditional practitioners to psychological and sometimes physical forms of violence.



Terminology and Definitions

Although the term “conversion therapy” is most widely used to describe the process of cis-gender, heteronormative indoctrination – that is, attempting to change, suppress, or divert one’s sexual orientation, gender identity or gender expression (SOGIE) – it has inherent contradictions and dangerous implications.

First, the term “therapy” implies treatment for a disorder. Second, it suggests that people can be converted to cisgender heterosexuality through such “treatment.” Neither is true. In addition to “conversion therapy,” other names for these damaging, often abusive indoctrination efforts include sexual orientation change efforts (SOCE), reorientation therapy, reparative therapy, reintegrative therapy, gay cure therapy, and ex-gay therapy. New terminology has also emerged, meant to disguise or soften the actual purpose of these unethical practices. For this report, we use both “conversion therapy” and “SOGIE change practices” to encompass all sexual orientation, gender identity, and gender expression change or suppression efforts, regardless of whether medical or mental health professionals, religious personnel, traditional or spiritual healers or practitioners, or other entities such as social or self-help groups, are involved.

We also include in our definition sexually violent attempts to force change, such as so-called “corrective rape”,¹ when it is part of conversion efforts. What unifies all terms are the underlying and thoroughly discredited beliefs that sexual orientation and gender identity can be changed; that being LGBTIQ is a disorder or illness that requires treatment or cure; and that cisgender heterosexuality is inherently normal and preferred.^{2,3,4}

1 Thomson Reuters Foundation. INTERVIEW-U.N. envoy wants global ban on ‘barbaric’ conversion therapies, (18 June 2018). <https://www.reuters.com/article/un-rights-lgbt/interview-u-n-envoy-wants-global-ban-on-barbaric-conversion-therapies-idUSL8NITG4NA>.

2 American Psychological Association (APA), Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

3 Anthony Venn-Brown, Sexual orientation change efforts within religious contexts: a personal account of the battle to heal homosexuals. (2015) *Sensoria: A Journal of Mind, Brain, and Culture*.

4 Christy Mallory, Taylor N.T. Brown, and Kerith J. Conron. Conversion Therapy and LGBT Youth. (January 2018.) The Williams Institute, University of California at Los Angeles (UCLA) Law School.

Brief History of “Conversion Therapy”

The rise, nature, and extent of so-called “conversion therapy” from the mid-1970s until today is fairly well characterized in the U.S., Canada, and Australia, but its evolution and various profiles in other parts of the world are less well documented.

What follows is a brief summary of the documented history of SOGIE change practices drawn from several sources.⁵⁶⁷⁸ Although dominated by evidence from the Global North and Australia, this summary provides context for the trends and practices we now see in many countries around the world. Further, SOGIE change practices in many countries are still being actively promoted by some North American, Australian, and British religious groups.

Within secular, psychotherapeutic practices, SOGIE change efforts were rooted in early sexuality science, starting in the mid-nineteenth century,⁹ and further bolstered by the mental disorder classifications of the 1940s through the early 1970s (see Mental Illness Classifications for Homosexuality and Gender Incongruence, 1948–2019 on the following page).

Much of so-called conversion or reparative therapy practice was based on Freudian concepts—that homosexuality in both men and women was attributable to arrested psychosexual development, poor parental relationships, weak attachments to the same-sex parent, and poor modeling of traditional, gendered roles.¹⁰ Although widely discredited, these theories are, unfortunately, still in circulation in many parts of the world.

5 APA, 2009.

6 Venn-Brown, 2015.

7 Timothy Jones, Anna Brown, Lee Carnie, Gillian Fletcher, & William Leonard. Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia. Melbourne: GLHV, ARCSHS and the Human Rights Law Centre, (2018).

8 Southern Poverty Law Center (SPLC). Quacks: Conversion Therapists, the Anti-LGBT Right, and the Demonization of Homosexuality. (May 2016): 6–13.

9 APA, 2009.

10 SPLC, 2016.



Mental Illness Classifications for Homosexuality and Gender Incongruence (1948–2019)

Globally, over many decades, LGBTIQ people have been subjected to unscientific, dangerous, and damaging treatments to “cure” homosexuality and gender identity “disorders.”

In the United States, whose standards generally have considerable influence globally, homosexuality was classified as a mental disorder by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM).

In DSM-1 (1952) homosexuality was considered a “sociopathic personality disturbance.”

In DSM-2 (1968) the classification was updated to “sexual deviation.”

In DSM-3 (1973) based on considerable research, it concluded that sexual orientation change was not possible and that same-sex attraction was part of the normal spectrum of human sexuality.^{1,2,3}

In DSM-5 (2018) sexual orientation was removed from the list of mental disorders. In addition, “gender identity disorder” was later supplanted by “gender dysphoria,” where it remains in the current classification.⁴

The World Health Organization publishes the International Classification of Diseases (ICD), and has classified homosexuality in the following ways:

In ICD-6 (1948) homosexuality classified as a “sexual deviation” that presumably represented an underlying personality disorder.

In ICD-10 (1992) “sexual deviation” was removed, but “ego-dystonic sexual orientation” was retained, meaning that while a person’s sexual orientation or gender identity was not in doubt, the individual wished it to be different and “may seek treatment to change it.”⁵ This notion is still used to justify SOGIE change efforts today. Gender non-conformity was classified as a gender identity disorder for the first time in ICD-10.^{6,7}

In ICD-11 (2018) homosexuality was completely removed, and gender identity disorder was reframed as “gender incongruence” and moved to a new chapter on sexual health.⁸ “Gender incongruence in childhood” remains in the ICD-11, despite significant concerns.⁹

1 American Psychological Association (APA), Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Retrieved from <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

2 Robert Spitzer. A proposal about homosexuality and the APA nomenclature: Homosexuality as an irregular form of sexual behavior and sexual orientation disturbance as a psychiatric disorder. (1973) American Journal of Psychiatry, 130, 1214–1216.

3 The APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation cites the extensive literature supporting the depathologization of homosexuality.

4 APA, 2009.

5 World Health Organization. International Classification of Diseases (ICD), 10th Revision. (1992).

6 Susan D. Cochran et al. Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11). Bulletin of the World Health Organization (2014); 92:672–679. doi: <http://dx.doi.org/10.2471/BLT.14.135541>

7 Jack Drescher et al. Gender incongruence of Childhood in the ICD-11: controversies, proposals, and rationale. The Lancet Psychiatry (2016); 3: 297–304.

8 World Health Organization. International Classification of Diseases (ICD), 11th Revision. (2018). Retrieved from <https://icd.who.int>.

9 Mauro Cabral et al. Removal of gender incongruence of childhood diagnostic category: a human rights perspective. The Lancet Psychiatry. Vol 3 (5): P405–406, (May 01, 2016).

The Rise of Faith-Based LGBTIQ “Conversion Therapy”

As medical and mental health experts moved away from SOGIE change practices in the 1970s, religious groups (predominantly Christian but also Jewish and Muslim) over the subsequent 30 years became a countervailing force promoting them.¹¹ At this time, the interests of both social and religious conservatives converged and united against the steady move towards acceptance of same-sex attraction and non-cisgender identities. During this period, a number of “gay cure” therapy groups— together known then as the ex-gay movement (meaning that one could become “ex-gay”)—emerged in the U.S., Canada, and Australia, in particular. These included Love in Action, founded in 1973; Exodus International, founded in 1976; and Restoration Ministries, which joined together several ex-gay ministries from Australia and New Zealand in 1985. Restoration Ministries, in turn, formally linked with Exodus International in 1987, becoming Exodus South Pacific.¹² In 1999, Exodus South Pacific changed its name to Exodus Asia Pacific, expanding to include ex-gay ministries in Singapore, the Philippines, Taiwan, Hong Kong, Malaysia, Indonesia, India and Sri Lanka.¹³ By 2002, Exodus International had 250 local ministries in the U.S. and Canada and over 150 ministries in 17 other countries,¹⁴ perpetrating untold damage to the lives of many thousands of LGBTIQ people around the world.¹⁵ In 2004, the international coalition of ex-gay organizations joined together as Exodus Global Alliance and remains active today, despite the dissolution of Exodus International in 2013. Other groups, which operate internationally through in-country camps or activities, as well as online, include the International Healing Foundation, Living Waters, Teen Challenge, the Reintegrative Therapy Association, and Desert Streams, among others, all continue to pose serious threats to the health and well-being of LGBTIQ people globally.

“Conversion therapy” methods promoted through the ex-

gay movement (and eventually an ex-trans movement¹⁶), reflected the religious co-opting of psychotherapeutic and addiction therapies, employing a combination of self-help practices, cognitive behavioral therapy and psychoanalysis, and spiritual rituals. Some were based on twelve-step addiction-oriented programs like ‘Homosexuals Anonymous,’ while others were grounded in individual, group and online counselling and residential treatment programs or camps, with many promoting cis-normative gender behavior and roles and addressing “sexual brokenness” in all its alleged forms.¹⁷ These, too, sought to “repair” the damage with the same-sex parent that presumably caused such deviations from normative sexual and gender development. Because these groups were predominantly religious, methods such as prayer and fasting were also used. In charismatic Christian circles, exorcism and deliverance rituals also were (and are) practiced. In an effort to defend and promote these approaches, despite increasing evidence discrediting them, the National Association of Research and Therapy of Homosexuality (NARTH) was founded in California in 1992 to generate alleged evidence in support of their agenda.¹⁸

Different Name, Same Goal

With the continued advancements on human rights for LGBTIQ people around the world into the 2000s, however, the ex-gay/ex-trans movement started to shape-shift. In response to mounting criticism of their efforts, they began to create a more palatable front, de-emphasizing their focus on “conversion” from gay to straight, and toning down language that boasted of helping people achieve “freedom from homosexuality.” Practiced in both religious and formal therapeutic sectors,^{19,20,21} these rebranded approaches ceased claiming that SOGIE change was the goal, shifting their focus instead to providing support to those individuals experiencing anguish due to their

11 Jones et al. 2018.

12 Jones et al. 2018.

13 Jones et al. 2018.

14 Venn-Brown, 2015.

15 National Center for Lesbian Rights website. Former Ex-Gay Leaders Unite in Opposition to Conversion Therapy, posted July 2014. <http://www.nclrights.org/former-ex-gay-leaders-unite-in-opposition-to-conversion-therapy/>

16 See, for example, <http://www.transchristians.org/ex-trans>.

17 Jones et al, 2018.

18 Jones et al, 2018.

19 Christopher H. Rosik, Sexual Attraction Fluidity Exploration in Therapy (SAFE-T): Creating a Clearer Impression of Professional Therapies That Allow for Change. (2018) *Journal of Human Sexuality*, Vol.9.

20 Jones et al, 2018.

21 Sarah Pilliam Bailey. Gay, Christian, and celibate: the changing face of the homosexuality debate, *The Washington Post* (August 4, 2014.) https://www.washingtonpost.com/national/religion/gay-christian-and--celibate-the-changing-face-of-thehomosexuality-debate/2014/08/04/65a73d6c-1c1a-11e4-9b6c-12e30cbe86a3_story.html?utm_term=.31edc21b2e34

unwanted same-sex attraction or gender identity. As such, they fashioned their interventions to support so-called “strugglers” to suppress their sexual desires, including living celibate lives, reclaiming their cisgender identities, and regaining social acceptance. As one well-known organization that promotes “conversion therapy” notes on its website, “Homosexual temptation may not be a choice, but homosexual behavior is.”²² Characteristic of this shift was the rebranding of NARTH in 2014, when it became an institute within its new, dubiously named Alliance for Choice and Scientific Integrity²³, which, among other services, now promotes the Sexual Attraction Fluidity Exploration in Therapy (SAFE-T) approach. They assert that their goal is to support “clients’ rights” and “therapeutic choice” by helping clients with same-sex attraction work towards “achieving a meaningful, satisfying life that is congruent with their personal values and goals.”²⁴ In the U.K, the tagline for the International Federation for Therapeutic and Counselling Choice (the NARTH Institute’s international division) is “Supporting people who want to walk a different path,” and its website is replete with language about dignity and choice, yet it also clearly states that the organization “exists to help anyone experiencing unwanted relational and sexual behaviors, attractions, and patterns.”²⁵ Among the resources available is a film called *Voices of the Silenced*, which they promote with this plea: “Find the truth that is being silenced globally...no one can force you to stay gay or transgender.”²⁶ The legitimate-sounding American College of Pediatricians (ACPeds) is another example of how campaigners against human rights for LGBTIQ people promote their extremist views under the guise of science. Designated as a hate group by the U.S.-based Southern Poverty Law Center, ACPeds strongly endorses treatment for “unwanted homosexual attraction”, claiming that studies debunking its success are flawed and that attempts to ban “conversion therapy” constitute

an “unprecedented” attack on patient rights.^{27, 28}

Indeed, it often does not take much effort to get to the actual agenda of these groups. For example, after citing long-debunked studies to justify the need for client choice in seeking therapy for unwanted same-sex attraction, Focus on the Family’s website boldly states that, “We affirm the scriptural teaching that homosexual strugglers can and do change their sexual behavior and identity.”²⁹ Meanwhile, in Singapore, a group called 3:16 Church is promoting a ministry called TrueLove.Is. With its website bathed in rainbow colors and soothing language to inspire readers to “come out and come home,” TrueLove.Is represents one of the latest attempts to rainbow-wash the utter rejection of LGBTIQ lives, urging LGBTIQ people to feel God’s love to “overcome” their attraction to sin. The reality is that in cases where individuals experience anguish due to their same-sex attraction or gender identity incongruence, every major medical and mental health authority globally promotes affirming care to help individuals accept and embrace who they are meant to be. This stands in stark contrast to a vocal minority of so-called experts who believe that such people should be supported to resist their natures, either through celibacy or through psychologically and sometimes physically abusive SOGIE change efforts. Concurrently, purveyors of “conversion therapy” continued to accelerate their reach globally, strengthening links with like-minded, conservative religious counterparts around the world. According to Dr. Kapya Kaoma, a renowned Zambian scholar and Anglican priest, the export of so-called conversion therapy based on ex-gay models to African countries started in earnest in 1998, at the Lambeth Conference, a decennial assembly of bishops of the Anglican Communion hosted by the Archbishop of Canterbury, where African Bishops and other leaders were told that

22 <https://www.livingwaters.com/coming-out-of-the-closet-on-homosexuality/>

23 In 2014, The National Association for Research and Therapy of Homosexuality (NARTH), a well-known American “exgay” organization, rebranded itself as the NARTH Institute within the new Alliance for Therapeutic Choice and Scientific Integrity.

24 Rosik, 2018. See also: <https://www.therapeuticchoice.com/why-the-alliance-supports-safe-ther> and <https://thinkprogress.org/ex-gay-therapists-attempt-rebrand-around-therapeutic-choice-and-client-rights-dfcd2c99282b/>

25 See website for the International Federation for Therapeutic and Counselling Choice. “About” section. <https://iftcc.org/about/>

26 See website for the International Federation for Therapeutic and Counselling Choice. <https://iftcc.org>

27 Southern Poverty Law Center website, accessed June 17, 2019. <https://www.splcenter.org/fighting-hate/extremist-files/group/american-college-pediatricians>

28 See website for the American College of Pediatricians. <https://www.acpeds.org>

29 Jeff Johnston. The right to counseling for unwanted same-sex attractions. Published on the Focus on the Family’s website as number 2 of its 8-part “Leaving Homosexuality” series. (no publishing date available). <https://www.focusonthefamily.com/socialissues/sexuality/leaving-homosexuality/the-right-to-counseling-for-unwanted-same-sex-attractions>

30 I am a gay ex-Christian and I attended a TrueLove.Is event. (May 3, 2019) The Medium.com. <https://medium.com/@whatistruelove/i-am-a-gay-exchristian-and-i-attended-a-truelove-is-event-8871aa331f97>

homosexuality could be cured.³¹ He contends that the position of the Anglican Church then and now constitutes the basis for LGBTIQ criminalization in Africa and “prevents governments and psychological associations from cracking down on their ‘religious liberty’ to help those suffering from unwanted same-sex attraction.” He further notes that, “The view of LGBTQ people as sinners is used to justify punishing gays who refuse the “remedies” offered by “ex-gay” organizations. Worse still, based on the conviction shared by many evangelical leaders that Christian therapy can make gays straight, some advocate policies that outlaw homosexuality and even allow forced therapy.”³² Indeed, conservative evangelicals and other religious supporters of “conversion therapy” around the world are loudly claiming that their religious freedoms are being trampled upon by those who wish to ban all efforts aimed at SOGIE change, arguing that denying therapy to people with unwanted same-sex attraction “violates their internationally recognized rights to health, self-determination, and liberty.”^{33, 34}

Today, it is clear that so called “conversion therapy” persists worldwide, with the strongest documentation coming, again, from the U.S., the U.K., and Australia. In the U.S., the Williams Institute recently estimated that 698,000 LGBT adults (ages 18–59) have undergone “conversion therapy,” including about 350,000 LGBT adults who were treated when they were adolescents. Further, they estimate that 20,000 LGBT youth (ages 13–17) will receive “conversion therapy” from a licensed health care professional before reaching 18, and 57,000 youth (ages 13–17) will receive “conversion therapy” from religious or spiritual advisors before reaching 18.³⁵ In February 2019, the UK Government Equalities Office released its summary report of the first-ever National LGBT Survey to which 108,000 people responded. Of these, 2% had undergone conversion or reparative therapy in an attempt to be “cured,” and 5% had been

offered treatment. For transgender respondents, 9% of transgender men had been offered treatment and 4% had undergone it. Among those respondents who had undergone “conversion therapy,” 51% had received treatment from faith groups and 19% had received it from health care professionals.³⁶ Based on this survey, the U.K. Equalities office developed an Action Plan, which, among other commitments, pledges to end all forms of “conversion therapy.”³⁷

Media reports also have highlighted that SOGIE change practices in the U.K. and U.S. are being perpetrated within immigrant and first-generation communities, with young people being transported back to their or their parents’ country of origin to undergo “conversion therapy.”³⁸ One case, in particular, garnered significant media attention and required intervention from the U.S. Embassy in Kenya. A young ethnic Somali gay man born in Kenya who had immigrated to the U.S. was tricked by his family into returning to Kenya during his university break, with the intent of having him taken to an Islamic religious conversion camp for Muslims who have strayed from heteronormativity. Fortunately, he was able to escape.³⁹

In Australia, the nature of SOGIE change practices over the last 30 years has been described in a number of reports. The most extensive of these, published in 2018 by La Trobe University and the Human Rights Law Center in

the state of Victoria, provides a thorough analysis of the nature and extent of SOGIE change practices in Australia, as well as specific recommendations for ridding the country of such practices.⁴⁰ The authors’ research suggests that up to 10% of LGBTQ Australians “are still vulnerable to harmful conversion therapy practices” and that, rather than receding, conversion practices and ex-gay/ ex-trans ideologies are being mainstreamed

31 Kopya Kaoma. Conversion therapy: a bigger threat to Africa than Scott Lively. (6 October 2014). Political Research Associates. <https://www.politicalresearch.org/2014/10/06/conversion-therapy-a-bigger-threat-to-africa-than-scott-lively/>

32 Kaoma, 2014

33 Family Watch International (2019) Policy brief: Laws banning sexual reorientation therapy are harmful and violate fundamental human rights. <http://familywatch.org/wp-content/uploads/sites/5/2017/10/fwipolicy-briefSOCE.pdf>

34 See also the TrueLove.is website: <http://truelove.is>

35 Mallory et al, 2018 <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>

36 UK Government Equalities Office. National LGBT Survey: Summary Report, Updated 7 February 2019. <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report>

37 Government Equalities Office. LGBT Action Plan. (July 2018). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

38 Chitra Ramaswamy. “I still have flashbacks:” the “global epidemic” of LGBT conversion therapy. The Guardian. (8 August 2019). <https://www.theguardian.com/world/2018/aug/08/i-still-have-flashbacks-the-global-epidemic-of-lgbt-conversion-therapy>

39 Mahad Olad. Escaping gay conversion therapy in Kenya. The Ithacan. (February 7, 2018.)

40 Jones et al, 2018

and promoted in the “messages and teachings of many churches, mosques, and synagogues, through print and digital media and through some Christian radio programs.”

While research on the nature and extent of “conversion therapy” is lacking in many other countries, media reports suggest that it is being practiced within conservative religious communities, in the context of secular health and mental health care, and associated with traditional practices in sub-Saharan Africa, Latin America and the Caribbean, Oceania, parts of Asia, and Eastern Europe and Central Asia.

Methods for reaching people, especially youth, are gaining ground as well, with the use of “apps” and social media. Fortunately, human rights groups are pushing back: in the U.S., after months of advocacy, Google, Apple, and Amazon.com all agreed to remove an app that promoted “conversion therapy” through the Living Hope Ministries.⁴¹ According to Living Hope’s website, they host “the largest worldwide online support groups for men and women impacted by same-sex attraction.”⁴²

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

42 See Living Hope Ministries website, “Living hope online forums” page <https://www.livehope.org/forums/>

The Science

In 2009, the American Psychological Association (APA) Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a systematic review of the peer-reviewed journal literature on sexual orientation change efforts and concluded that “the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE.”⁴³ The Task Force further noted that, on the contrary, these approaches are causing harm, such as:

...depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.⁴⁴

More recent evidence corroborates these conclusions. For example, a 2018 “Faith and Sexuality Survey,” which was administered in the U.K., found that among those respondents who had gone through some sort of “conversion therapy” (10% of the 4,613),⁴⁵ more than half reported mental health issues. Of those who sought change, nearly two-thirds said that they had been “ashamed of my desires,” while nearly 75% said they sought change because they believed that their desires were “sinful.” Less than one-third said that “they had gone on to lead a happy and fulfilled life,” and almost 50% said

that they had “found it hard to accept myself for who I am.” Nearly 20% (91 people) said they had attempted suicide, while nearly 60% (193 people) said they had had suicidal thoughts .

I am sure I am not the first person to come out and say that this is insane. You are breaking children. You are marring children for the rest of their lives. You are inflicting wounds that take years to heal, and we are still not fully healed.

**– Lesbian, Nigeria
Survivor of “conversion therapy”**

Youth under 18 face even greater risks. While parents may believe they are helping their children, insistence on SOGIE change is, in reality, a form of deep rejection, further exacerbated by societal rejection, stigmatization, and marginalization. Studies have shown that family rejection greatly heightens vulnerability to mental distress. A landmark U.S.-based study in 2009, for example, indicated that, compared to peers reporting no or low levels of family rejection, lesbian, bisexual and gay young people who report high levels of family rejection were 8.4 times more likely to report attempting suicide, 5.9 times more likely to report serious depression, and 3.4 times more likely to report using illegal drugs and to engage in unsafe sex.⁴⁶ The U.S. Substance Abuse and Mental Health Services Administration (SAMSHA), further notes that,

43 APA, 2009.

44 APA, 2009.

45 Ozanne Foundation. (2018) Faith and sexuality survey executive report. <https://ozanne.foundation/faith-sexuality-survey-2018/>

46 C Ryan, D Huebner, R Diaz, & J Sanchez. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123 (1): 346-352.

“Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation, are coercive, can be harmful, and should not be part of behavioral health treatment.”

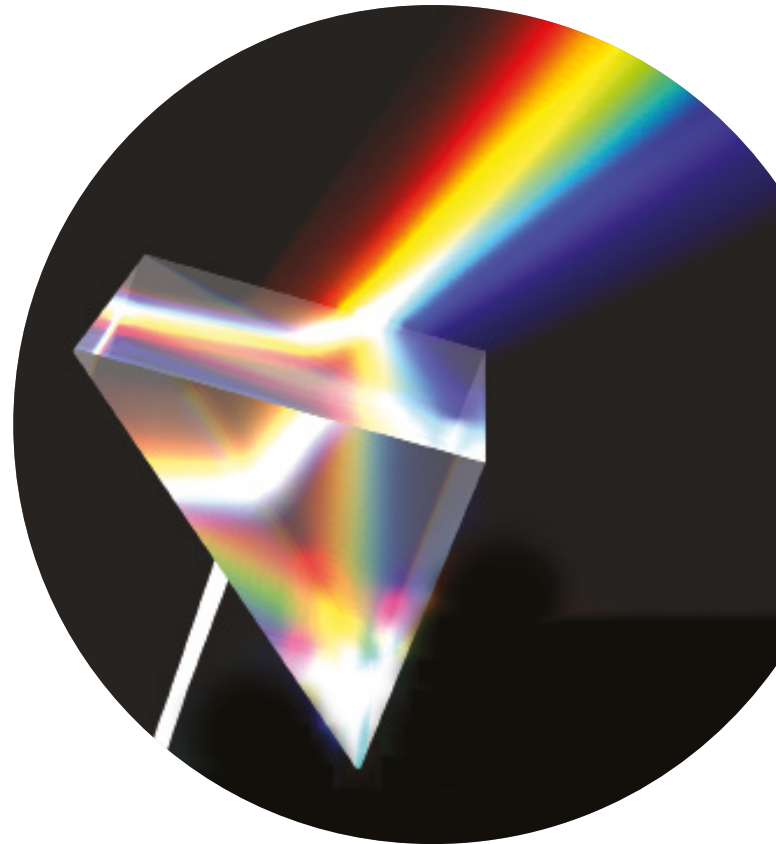
⁴⁷Indeed, research suggests that psychological distress among LGBTIQ people, termed “minority stress,” results from prejudice and discrimination, not inherent mental illness.⁴⁸

In a 2013 position statement, APA doubled-down on its earlier conclusions, reiterating that “no credible evidence exists that any mental health intervention can reliably and safely change sexual orientation, nor, from a mental health perspective, does sexual orientation need to be changed.”⁴⁹ That same year, even some of the leaders of the “ex-gay” movement renounced SOGIE change practices in an open letter. It read, in part: ...

It is abundantly clear that conversion therapy reinforces internalized homophobia, anxiety, guilt and depression. It leads to self-loathing and emotional and psychological harm when change doesn't happen.

Regrettably, too many will choose suicide as a result of their sense of failure. In light of this, we now stand united in our conviction that conversion therapy is not “therapy,” but is instead both ineffective and harmful. We align ourselves with every major mainstream professional medical and mental health organization in denouncing attempts to change sexual orientation or gender identity. We admonish parents to love and accept your LGBTQ children as they are. We beseech the church to accept, embrace, and affirm LGBTQ persons with full equality and inclusion.⁵⁰

In 2018, another group of “SOCE survivors” in Australia published a call for action that accompanied a change.org petition to “end gay cures.” Noting that “the survivors of the ex-gay/ex-trans/conversion movement have endured and survived a system which dehumanized and shamed them, despite their sense of deep devotion and connection to their faith community,” the call to action provides a detailed accounting of the core tenets, goals, and methods of SOGIE change practice based on their lived experiences. It further details how SOGIE change practices persist, often under the radar, and provides a list of specific recommendations to Australia’s elected representatives to “actively work towards curtailing” these harmful practices.⁵¹



47 Substance Abuse and Mental Health Services Administration (SAMHSA), Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, (2015). <https://store.samhsa.gov/system/files/sma15-4928.pdf>

48 Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.

49 David Scasta and Phillip Bialer. (2013). American Psychiatric Association Position statement on issues related to homosexuality. <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>

50 National Center for Lesbian Rights (NCLR). (2014) Open letter: Former ex-gay leaders unite in opposition to conversion therapy. Retrieved from: <http://www.nclrights.org/former-ex-gay-leaders-unite-in-opposition-to-conversion-therapy/>

51 SOCE Survivor Statement to accompany the change.org/endgay-cures petition. (31 August, 2018) Retrieved from <http://socesurvivors.com.au>

Global Health, Mental Health and Human Rights Expert Consensus on “Conversion Therapy”

Every major medical and mental health association in the United States, Canada, Australia, and countries of the European Union (EU), as well as in many other countries, has condemned the practice of “conversion therapy.”⁵² These include groups such as: the American Medical Association, the American Psychiatric Association, the American Psychological Organization and many others in the U.S.; the Royal College of Psychiatrists, the UK Council for Psychotherapy, and the British Psychological Society and a coalition of others in the U.K.^{53,53}; the German Medical Association; the Australian Psychological Society; The Psychological Society of South Africa; the Lebanese Psychiatric Society; the Hong Kong College of Psychiatrists and the Hong Kong Psychological Society; the Chinese Psychological Association; the Indian Psychiatric Society; and the Psychological Association of the Philippines. In March 2018, the European Parliament voted by a wide margin for an amendment to the annual EU report on fundamental rights, which, for the first time ever, condemned “gay cure” therapy and urged member states to ban the destructive practice.⁵⁴

Globally, although the World Health Organization (WHO) has not made a direct statement condemning “conversion therapy;” it has stated, since 1992, that same-sex attraction is a normal variant of human sexuality. Further, in various documents and joint statements calling for an end to LGBTIQ violence and discrimination, it has included “conversion therapy” among the list of discriminatory and abusive practices experienced

by LGBTIQ people within health care settings around the world, along with forced or coercive sterilization, forced genital and anal examinations, and unnecessary surgery and treatment on intersex children without their consent.⁵⁵⁵⁶

“...the application of so-called ‘reparative’ or ‘conversion therapies’ should be considered fraudulent and as violating the basic principles of medical ethics...”

– Pan American Health Organization (PAHO)

The Pan American Health Organization (PAHO), a regional branch of WHO, issued a position statement in 2012 condemning so-called “gay cures,” with a focus on health professionals in Latin America and the Caribbean. Noting that there have been reports from countries in the Americas suggesting that “conversion therapies” continue to be promoted by some clinics and therapists, PAHO stated that these “represent unjustifiable practices that should be denounced and subject to corresponding sanctions....Health professionals who offer ‘reparative

52 Human Rights Campaign. Policy and position statements on conversion therapy (2018). <https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy>

53 See U.K. Conversion Therapy Consensus Statement, (June 2014). <http://www.bpc.org.uk/sites/psychoanalytic-council.org/files/Conversion%20Therapy%20leaflet.pdf>

54 European Parliament’s Intergroup on LGBT Rights. European Parliament takes a stance against LGBTI conversion therapies for the first time. (1 March 2018). <http://www.lgbt-ep.eu/press-releases/european-parliament-takes-a-stance-against-lgbti-conversion-therapies-for-the-first-time/>

55 World Health Organization. Sexual health, human rights, and the law. (2015). https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1

56 ILO, UNAIDS, UNDP, UNESCO, UNHRC, UNFPA, UNICEF, UNODC, WFP, and WHO. Joint statement on Ending violence and discrimination against lesbian, gay, transgender and intersex people. (September 2015). https://www.who.int/hiv/pub/msm/Joint_LGBTI_Statement_ENG.pdf?ua=1

therapies’ align themselves with social prejudices and reflect a stark ignorance in matters of sexuality and sexual health.” PAHO further stated that “the application of so-called ‘reparative’ or ‘conversion therapies’ should be considered fraudulent and as violating the basic principles of medical ethics. Individuals or institutions offering these treatments should be subject to adequate sanctions.”⁵⁷

Also in 2012, the World Psychiatric Association issued a statement that,

“There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful. The provision of any intervention purporting to “treat” something that is not a disorder is wholly unethical.”⁵⁸

In the 2015 Annual Report of the United Nations High Commissioner for Human Rights (UNHCHR) regarding discrimination and violence against individuals based on SOGI, the section on discriminatory practices in health care notes that:

“...any intervention purporting to ‘treat’ something that is not a disorder is wholly unethical.”
– World Psychiatric Association

“There is mounting concern about so-called ‘conversion therapies’ intended to ‘cure’ homosexual attraction. Such therapies have been found to be unethical, unscientific, and ineffective and, in some instances, tantamount to torture—

leading to successful legal changes and bans in several countries.”⁵⁹



In June 2018, the UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz, issued a report in which he reiterated concerns about the perpetration of “conversion therapy:”

“The violence reported against persons on the basis of their actual or perceived sexual orientation or gender identity also includes death threats, beatings, corporal punishment imposed as a penalty for same-sex conduct, arbitrary arrest and detention, abduction, incommunicado detention, rape and sexual assault, humiliation, verbal abuse, harassment, bullying, hate speech and forced medical examinations, including

57 Pan American Health Organization Position Statement: “Cures” for an illness that does not exist. (Issued May 2012). <https://www.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf>

58 World Psychiatric Association (D Bhugra et al.) WPA position statement on gender identity and same-sex orientation, attraction, and behaviors. (March 2016). https://www.wpanet.org/detail.php?section_id=7&-content_id=1807

59 Human Rights Council, 29th Session. Agenda Items 2 and 8. Annual Report of the UN High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary General. Follow-up and implementation of the Vienna Declaration and Programme of Action. Discrimination and violence based on their sexual orientation and gender identity. 4 May 2015. A/HR/29/23

anal examinations, and instances of so-called “conversion therapy”. Considering the pain and suffering caused and the implicit discriminatory purpose and intent of these acts, they may constitute torture or other cruel, inhuman or degrading treatment or punishment in situation where a State official is involved, at least by acquiescence...Misogyny, patriarchy and gender inequalities put lesbian and bisexual women at risk of violence. They are victims of rape – targeted to punish them or, allegedly, in efforts to “change” their sexual orientation – and also of forced marriage, female genital mutilation, forcible impregnation, collective beatings for public display of affection, attacks with acid and “conversion therapies.”⁶⁰

Included in the report’s conclusions was the recommendation that, “States should ban so-called conversion therapy; forced medical exams, including anal exams; involuntary treatment; forced or otherwise involuntary psychiatric evaluations; forced or coerced surgery; and sterilization or other coercive medical procedures imposed on LGBT and gender non-conforming persons.”⁶¹



Photo: UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz.

⁶⁰ Victor Madrigal-Borloz. Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. Human Rights Council Thirty-eighth session 18 June–6 July 2018. Agenda item 3. A/HRC/38/43 <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/132/12/PDF/G1813212.pdf?OpenElement>

⁶¹ Madrigal-Borloz, 2018.

“Conversion Therapy” and Human Rights Principles

Although “conversion therapy” is widely condemned by health, mental health, and human rights experts around the world, critical questions remain regarding how countries and actors within countries can be held accountable for these damaging practices, in part because LGBTIQ people themselves may seek out “treatment” in the contexts of religious and/or professional care. The real issue, then, is how to address pervasive societal and familial homophobia and transphobia that drive people to seek these practices.

Several recent analyses strongly argue that SOGIE change practices may violate specific human rights statutes, namely the right to health, the right to freedom from non-consensual medical treatment, the right to non-discrimination, the right to privacy, and the rights of the child in cases where minors are subjected to these practices.⁶²⁶³ For example, the right to health is breached insofar as “conversion therapies” may be imposed without full consent, especially among minors. The updated Yogyakarta Principles also directly address the harms perpetrated through SOGIE change practices in Principle 18(f): “Ensure that any medical or psychological treatment or counselling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical conditions to be treated, cured or suppressed.”⁶⁴

Further, the rights to privacy and non-discrimination are presumably being violated when LGBTIQ people are being targeted for “conversion therapy” specifically because of their SOGIE status and because such so-called treatments “have the potential to diminish or impair the ability of an individual to pursue and realize their identity as an LGBT person, and to form satisfying

intimate relationships.”⁶⁵ Strong cases are also made on the basis of the best interests of the child. For example, the Committee on the Rights of the Child (CRC) has explicitly stated that it: “strongly endorses the rights of adolescents to freedom of expression and respect for their emerging autonomy, and deplores the imposition of treatments to try to change sexual orientation and gender identity, and that transgender identity and same-sex attraction are often pathologized as psychiatric disorders. It urges States to eliminate such practices, and to repeal all laws criminalizing or otherwise discriminating against individuals on the basis of their sexual orientation or gender identity.”⁶⁶

65 Jones et al, 2018.

66 Committee on the Rights of the Child: General comment on the implementation of the rights of the child during adolescence. (April 2016). https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/HRBodies/CRC/GC_adolescents.doc&action=default&DefaultItemOpen=1

62 Jones et al, 2018.

63 Ignatius Y Nugraha. The compatibility of sexual orientation change efforts with international human rights law. *Netherlands Quarterly of Human Rights*, (2017), Vol 35(3): 176-192.

64 The Yogyakarta Principles + 10. Adopted in Geneva, 10 November 2017. <https://yogyakartaprinciples.org/principle-18/>



An important question is whether or not SOGIE change practices can be considered torture or cruel, inhuman or degrading treatment (CIDT). They have been considered as such when they involve more invasive or extreme physical methods against one's will, such as aversion therapy (electric shocks, nausea-inducing medications), beating, detention, rape, or kidnapping. For example, the Committee Against Torture (CAT) registered concern as part of Ecuador's Universal Periodic Review where allegations of involuntary subjection of LGBTIQ people to "sexual reorientation and de-homosexualization therapies" in private clinics were made.⁶⁷ The CAT also called for an investigation into allegations that public and private clinics in China were administering electric shocks and sometimes involuntary institutionalization in psychiatric or other facilities.⁶⁸ Whether or how psychological pain caused by "conversion therapy" fits within the criteria of torture or CIDT is unclear and may depend on its specific characteristics, causes, and intensity.⁶⁹ If it can be established that the infliction of pain and suffering was intentional through coercion or force, then it may be possible to hold perpetrators accountable.⁷⁰

The UN Independent Expert on SOGI, Victor Madrigal-Borloz, an expert himself in torture, noted in an interview in late 2018 that "I think there is a fair deal of evidence linking conversion therapy with an assumption that there is something deeply pathological about sexual orientation and gender identity." He further remarked that "conversion therapy" practices have been brought to his attention from every region of the world and that thorough evidence-gathering is needed to characterize the nature and extent of the harms caused by such practices to determine whether or not "conversion therapy" can be considered torture.⁷¹ In another interview, he stated, about SOGIE change practices, "We're talking about barbaric actions that give people great suffering."⁷²

67 Jones et al, 2018.

68 Jones et al, 2018.

69 Nugraha, 2017.

70 Jones et al, 2018.

71 Lynare Robbins. Exclusive: New UN LGBTI watchdog talks global progress, backlash. Washington Blade. (Nov 5, 2018).

72 Serena Chaudhry. Interview: UN envoy wants global ban on 'barbaric' conversion therapies. Thomson Reuters Foundation, June 18, 2018. <https://www.reuters.com/article/un-rights-lgbt/interview-u-n-envoy-wants-global-ban-on-barbaric-conversion-therapies-idUSL8NITG-4NA>

Legal Status of “Conversion Therapy” Around the World

As of mid-2019, only four countries had banned conversion therapy: Brazil, Ecuador, Malta, and Taiwan. Other countries have sub-national and municipal civil or criminal bans and/or medical or mental health policies or other legal or regulatory mechanisms that prohibit the practice, while several countries (such as UK, Ireland, and Australia) are preparing national bans. Further, some countries have disallowed mental health diagnoses based on sexual orientation. These regulations do not constitute bans, but they do effectively censure or revoke licenses of health professionals who engage in SOGIE change practices.⁷³

Table 1 summarizes our findings, based on internet searches of every country regarding the legal status of “conversion therapy” around the world. For a significant number of countries, no information could be found. Further, we found that data reported by some LGBTIQ news outlets were incorrect. The data in Table 1 is based on the best information available.

In many cases, SOGIE change practices may only be prohibited if targeting minors and/or are being performed in the context of formalized, regulated professional care. Addressing such practices in the context of religion is more challenging due to competing rights such as freedom of religion and freedom of speech, which have been used to defend such practices.⁷⁴ In the U.S., the Trevor Project’s “50 Bills/50 States” campaign has led, so far, to bans in 18 states, Washington, D.C., and

Puerto Rico.⁷⁵ These states and territories limit their focus

to minors and to licensed medical and mental health professionals (and in some cases, to others who may receive payment in exchange for “treatment”) because of constitutional laws protecting religion and speech.⁷⁶



73 International Lesbian, Gay, Bisexual, Trans and Intersex Association: Lucas Ramon Mendos, State-Sponsored Homophobia 2019 (Geneva; ILGA, March 2019).

74 See, for example, Vazzo v Tampa, National Center for Lesbian Rights Case Summary. <http://www.nclrights.org/cases-and-policy/cases-and-advocacy/vazzo-v-tampa/>

75 As of June 4, 2019: California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New Mexico, New York, Nevada, Oregon, Puer-

to Rico, Rhode Island, Vermont, Washington.

76 The Trevor Project (2019) 50 bills, 50 states: About our campaign. Retrieved from: <https://www.thetrevorproject.org/get-involved/trevor-advocacy/50-bills-50-states/about-our-campaign/>

TABLE 1
Global status of efforts to ban or restrict sogie change practices by region
 (Inclusive of UN Member States and Taiwan)

TOTAL COUNTRIES BY REGION		FULL BAN	POLICY OR PARTIAL BAN IN PLACE	A MOVEMENT TOWARDS A BAN	NO BAN OR MOVEMENT	
REGION	EUROPE	45	1 MALTA	5 Cyprus · Netherlands · Norway · Spain · Switzerland	5 Belgium · Germany · Ireland · Poland · UK	34
	LATIN AMERICA /CARIBBEAN	33	2 Brazil · Ecuador	2 Argentina · Uruguay	2 Chile · Mexico	27
	NORTH AMERICA	2	0	2 US · Canada	0	0
	OCEANIA	14	0	0	2 Australia · New Zealand	12
	AFRICA	54	0	1 South Africa	0	53
	MIDDLE EAST	21	0	0	0	21
	SOUTHEAST /EAST ASIA	19	1 Taiwan	0	0	18
	SOUTH ASIA	8	0	0	1 Maldives	7
Total	96	4	10	10	172	

This narrow focus has not kept victims of “conversion therapy” from taking legal action against religious organizations, however. For example, a landmark legal case found Jews Offering New Alternatives to Healing (JONAH, with the “H” previously standing for homosexuality) liable in 2015 for violating the state’s consumer fraud protections. In essence, the court ruled that “conversion therapy” constituted false advertising by offering a service which could not be delivered, leading to JONAH’s forced shut down.⁷⁷ A similar claim, pending at the Federal Trade Commission against a group called “People Can Change,” alleges that their SOGIE change practices constitute “deceptive, false and misleading practices and can cause serious harm to consumers.”⁷⁸ This argument was also used in China, where a Beijing court ruled in favor of a gay man who had undergone “conversion therapy” in a private clinic and who claimed that the clinic engaged in false advertising and provided ineffective treatment. As a result of the ruling, the clinic was ordered to compensate the plaintiff and pay a fine.⁷⁹

Malta’s national ban is the most comprehensive in the world. The “Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, 2015” recognizes that no form of sexual orientation or gender expression is an illness or disease. It makes it unlawful “for any person to perform conversion therapy on a vulnerable person; perform involuntary and/or forced conversion therapy on a person; or advertise conversion therapy.” It also makes it illegal for “a professional to offer conversion therapy on any person irrespective of whether monetary compensation is received in exchange or to refer any person to other professionals and, or to any other person to perform conversion therapy.”⁸⁰ Conversion practices are defined as “any treatment, practice or sustained effort that aims to change, repress and/or eliminate a person’s sexual orientation, gender identity and/or gender expression.”

77 SPLC, 2016.

78 SPLC, 2016.

79 Dan Levin. Chinese court sides with gay man in ‘conversion’ suit. The New York Times, (December 19, 2014).

80 Government of Malta. The affirmation of sexual orientation and gender identity and gender expression act. (Passed December 2016). <http://www.independent.com.mt/file.aspx?f=119116>

Regional Trends

In most regions of the world, the nature and extent of SOGIE change efforts are not well documented. While some research has been undertaken, most documentation comes in the form of media reports, which cannot necessarily be verified. Although not comprehensive, below are brief regional summaries drawn from media reports, published research, and interviews.

Asia



Among the countries in Asia, “conversion therapy” practices have been documented most extensively in China, South Korea and Malaysia. Although presumably occurring in other countries in the region, verifiable data are sparse. Most Asian countries lack legal or professional regulations protecting LGBTIQ people from SOGIE change practices, and this lack of regulation, combined with differing cultural, religious, and social factors throughout the region, likely enables “conversion therapy” to persist.⁸¹

81 Hongwei Bao. Conversion Therapy in Asia. In: Chiang, Howard, ed., *Global Encyclopedia of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) History* Farmington Hills, MI: Charles Scribner’s Sons, (2019), 418–422.

China

The Chinese Psychological Society prohibits discrimination based on sexual orientation as part of professional counseling practice, yet the practice of “conversion therapy” has not been explicitly prohibited. In fact, although the third edition of the Chinese Classification of Mental Disorders (CCMD-3), published in 2001, declassifies homosexuality as a mental disorder, it still includes “sexual orientation disorders,” which refer to “psychological disorders such as unwillingness, hesitation, anxiety, depression, and pain resulting from one’s sexual development and sexual orientations.”⁸² Known as “ego-dystonichomosexuality,” (a term long since abandoned by mental health professionals in the U.S. and elsewhere), this designation has been retained in the CCMD-3 and is used to justify medical, psychological, or psychiatric intervention.⁸³ In February 2019, protesters against “conversion therapy” decorated three trucks with messages such as “Chinese Classification of Mental Disorders still includes ‘sexual orientation disorder,’ ” and “It’s been 19 years, why?”⁸⁴

“Conversion therapy” practices have been widely documented in China by various groups, including Queer Comrades, the United Nations Development Program (UNDP), the Beijing LGBT Center, and Human Rights Watch.⁸⁵ In 2014, the Beijing LGBT Center conducted

82 Beijing LGBT Center. Chinese LGBT mental health survey report. Beijing: Beijing LGBT Center and Institute of Psychology Chinese Academy of Sciences, (2014).

83 Bao, 2019.

84 Jeff Taylor. Artist and policeman launch ‘three billboards’ campaign against conversion therapy in China. *Newnownext.com*, (January 18, 2019). <http://www.newnownext.com/china-conversion-therapy-protest/01/2019/>

85 See webcasts, Shenglai tongzhi (Cures that Kill) (2011) and Ni ruci jianqiang (Strong) (2012), directed by Wei Xiaogang. Beijing: Queer Comrades Production. <http://www.queercomrades.com/en/videos/queer-comrades-videos/queer-comrades-documentaries/cures-that-kill-1/>; <https://www.queercomrades.com/videos/cures-that-kill-2/>; <https://www.queercomrades.com/videos/strong/>; UNDP, Being LGBTI in China – A National Survey on Social Attitudes towards Sexual Orientation, Gender Identity and Gender Expression. 2016; Human Rights Watch. Have

a study among over 1,600 LGBT people that included questions on attitudes towards and reasons for seeking “conversion therapy” and the main “treatment” methods used. Just over 52% of respondents were aware of “conversion therapy,” 9% considered it, and 1% experienced it. Of those who considered it, the main reasons cited were “for parents or family members” and “to align with society and live normally.” Change effort methods included “psychoanalysis, cognitive insight therapy, aversion therapy, hormonal therapy, medication, hypnosis, and electro-convulsive therapy.”⁸⁶ A subsequent social media-based questionnaire found that, of 191 respondents, 17.2% had been told to try “conversion therapy,” 11.5% knew someone who had undergone it, and 4.2% had endured it themselves.⁸⁷ A 2017 Human Rights Watch report provides extensive documentation of the methods used, based on interviews with 17 people who underwent so-called “conversion therapy,” as well as with parents and human rights activists. The report describes multiple, varied abusive approaches that include “coercion and threats, physical abduction, arbitrary confinement, forced medication and injection, and use of electroshocks.” All participants attributed their “treatment” to family and social pressure, and the report suggests that China’s one-child policy, combined with parents’ intense pressure to marry, often leads people to accept treatment for which parents are willing to pay large sums of money. Furthermore, interviewees reported that “conversion therapy” was mostly occurring within public, government-run hospitals and clinics, with a few reporting that it was being provided out of private mental health clinics, which are typically licensed and supervised by the National Health Commission of the People’s Republic of China.⁸⁸ To date, two lawsuits have been brought against “conversion therapy” clinics, and both were successful on the grounds that homosexuality was not a mental disorder and therefore did not require treatment, and that the clinics in question were engaging in false advertising. Both were ordered to pay a fine.⁸⁹

you considered your parents happiness? Conversion therapy against LGBT people in China. 2017

86 Beijing LGBT Center, 2014.

87 OutRight email correspondence with Qin Sachi, Beijing LGBT Center, December 21, 2018.

88 Human Rights Watch, 2017.

89 Dan Levin. Chinese court sides with gay man in ‘conversion’ suit. The New York Times, December 14, 2014. <https://www.nytimes.com/2014/12/20/world/asia/chinese-court-sides-with-gay-man-against-clinic-that->

Despite the success of these suits, no laws or regulations have resulted, nor have clinics been sufficiently persuaded to terminate such services. According to Yanzi Peng, the plaintiff in the first case, whose story of enduring electric shocks and other aversion therapy methods has been widely covered in the media,⁹⁰ “conversion therapy” is simply very lucrative, and the fines are too low (\$740 in one of the legal cases) to serve as a disincentive to the hospitals engaging in SOGIE change methods. In an interview with OutRight, he noted that, “since there is no regulation or law, and as long as no one touches them, [hospitals] have no problem running this kind of business.” His organization, the LGBTIQ Rights Advocacy Group China, in collaboration with PFLAG China, released a report in January 2019 identifying 134 confirmed locations where “conversion therapy” was being provided in hospitals, clinics, and psychiatric centers, a number of which are public health facilities. This was not a comprehensive national survey, so the researchers believe there are many more.⁹¹

When asked what the strategy for combatting “conversion therapy” should be in China going forward, he acknowledged that it was time to shift away from social mobilization and public awareness and focus more on developing evidence and research that can be presented to government policymakers for action. He also believes that it has been useful to engage United Nations mechanisms, such as the Universal Periodic Review (UPR) and the Committee Against Torture, where he testified on his own case.⁹² Indeed, in March 2019, China agreed to five recommendations regarding human rights for LGBTI people put forward through the UPR, including enacting non-discrimination legislation within one year.⁹³ The UNDP, in its own review, has also recommended that CCMD-3 be amended to fully de-pathologize homosexuality and bisexuality, and that medical institutions and counseling

<http://www.newnownext.com/meet-the-man-fighting-to-close-chinas-ex-gay-conversion-clinics/07/2015/>

90 See citation 105 as well as Logo documentary: <http://www.newnownext.com/meet-the-man-fighting-to-close-chinas-ex-gay-conversion-clinics/07/2015/>

91 Rik Glauart. In China, at least 130 places still offer LGBTI conversion therapy. GayStarNews, (10 January 2019). <https://www.gaystarnews.com/article/in-china-at-least-130-places-still-offer-lgbti-conversion-therapy/#gs.5svr8w>

92 OutRight interview with Yanzi Peng, February 28, 2019.

93 Michael Taylor. China urged to take action on LGBT+ rights after backing U.N. changes. Thomson Reuters Foundation, (March 7, 2019). <https://www.reuters.com/article/us-chinalgbt-un/china-urged-to-take-action-on-lgbt-rights-afterbacking-u-n-changes-idUSKCN1QOIMU>

agencies be more actively supervised to ensure that services align with current guidelines and that “illegal treatments such as ‘conversion therapy’ can be wiped out in accordance to the Chinese Government’s statement at the UN Convention Against Torture” (CAT)⁹⁴ and through applying international standards as established in WHO’s ICD-II. Finally, he sees a need for a global advocacy movement against “conversion therapy” so that activists around the world can develop new strategies and learn from each other.

I think we still have some space to advocate against “conversion therapy” because we can turn this campaign into a health issue. During the past four years, the main strategy we used was a social mobilization campaign—mass media and public discussions—but now I think we need to write policy, do more academic research and show evidence, and ask the government what they can do from the policy side. The pressure is enormous.

**— Yanzi Peng, China
Survivor of “conversion therapy”**

Taiwan

As one of only four countries in the world to ban “conversion therapy,” Taiwan’s law is quite comprehensive. In 2016, the Taichung City government received an allegation that a medical provider was performing “conversion therapy.” As a result, several psychiatrists collaborated with legislators and human rights groups

to urge the Ministry of Health and Welfare to include “conversion therapy” as a prohibited treatment under the Medical Care Act. The Ministry ultimately declined, as it did not recognize such practices as medical treatment. Instead, in February 2018, the Taiwanese Government made “conversion therapy” illegal under both the Criminal Code and The Protection of Children and Youths Welfare and Rights Act. As such, the ban covers both secular and religious practitioners.⁹⁵ Dr. Chih-Yun Hsu, a psychiatrist and Chair of the Taiwan Tongzhi (LGBT) Hotline Association, believes that, although there are no documented cases, “conversion therapy” may still be going on, and young people from conservative Christian families are most vulnerable.

Hong Kong

In 2011, the Hong Kong government was widely criticized for overtly funding a psychiatrist closely associated with Christian groups called the “New Creation Association” and “Post Gay Alliance” to train public-sector social workers in the SAFE-T method, which is heavily promoted by the fundamentalist Christian “research” organization, the Alliance for Choice and Scientific Integrity based in the U.S.⁹⁶ Both the Hong Kong College of Psychiatrists and the Hong Kong Psychological Society, however, have asserted that homosexuality is not a mental illness and have condemned “conversion therapy.” Those who persist in practicing “conversion therapy” are now at risk of having their professional licenses suspended. Other more progressive religious groups are collaborating rightswith clinical counselors to provide affirming counseling and support, such as the Blessed Ministry Community Church (BMCC), which is the largest LGBTIQ-affirming church in Asia.⁹⁷ This church has also partnered with other groups to create a secular working group called The Society of True Light⁹⁸, which, in part, seeks to educate LGBTIQ people about—and expose the dangers

94 UNDP, Being LGBTI in China – A National Survey on Social Attitudes towards Sexual Orientation, Gender Identity and Gender Expression. (2016).

95 OutRight email correspondence with, Chih-Yun Hsu, M.D., Chairperson of Taiwan Tongzhi (LGBTQ+) Hotline Association, Psychiatrist/Child and Adolescent Psychiatrist, March 30, 2019.

96 Heifetz J. Despite progressive neighbors, Hong Kong remains backward on LGBT rights. Vice Media, (January 26, 2017). https://www.vice.com/en_us/article/jpdxnd/despite-progressive-neighbors-hong-kong-remains-backwards-on-lgbtq-rightswith

97 OutRight email correspondence with Billy R. Leung-Jok, Diana Kan Kwok, and Alan Hau, April 29, 2019.

98 The Society of True Light is a progressive, LGBTIQ affirming group, not to be confused with the Society for Truth and Light, which is a Christian group in Hong Kong that works against LGBTIQ equality.

of—“conversion therapy.”⁹⁹

Malaysia

Malaysia is one of several countries in the Asia region that still criminalizes same-sex relations. It also bans “cross-dressing,” despite a recent court challenge. As a multi-ethnic, multi-faith country, not all LGBTIQ citizens may be equally pressured to undergo “conversion therapy,” as it appears that Muslims are a primary focus. For example, media reports from December 2018 suggested that the Malaysian government was promoting forms of “conversion therapy” to guide Muslim LGBTIQ citizens towards the “right path.” In October 2018, Malaysia’s Islamic Affairs minister stated that the Islamic Development Department (“JAKIM”) was carrying out the “Mukharyam” program to help Muslim LGBTIQ people, claiming that 1,450 people had “recovered” from being gay or transgender through this program thus far. In conjunction with the Mukharyam camps, JAKIM has also issued an e-book manual on “treating” Muslim LGBTIQ people. The e-book, titled ‘Penghijrahan Diri Menuju Jalan Yang Benar — Strategi Untuk Mengatasi Masalah Homoseks (Self-Migration Towards the Right Path — A Strategy to Overcome the Problem of Homosexuality), is available via a free App on Google Play. Initiated in 2011, the Mukharyam curriculum consists of a three-day camp program and is held eight times per year. Participation is voluntary. It was promoted through outreach to the Muslim transgender community, in particular, as an opportunity to explore spirituality and improve job skills for livelihood, which many people initially welcomed. In 2014, a transgender woman came forward, however, alleging that the true agenda was to “rehabilitate” LGBTIQ people. The Malaysian AIDS Council (MAC), which had been collaborating with the Mukharyam from its onset, discontinued its collaboration in 2018, denouncing the program from deviating from its original stated objectives. In doing so, MAC also reiterated its stand that “LGBT people do not require rehabilitation to correct their sexual identity” and that “propagating ‘conversion therapy’ only fuels stigma, fear, and discrimination against LGBT people.”^{100, 101, 102} “Conversion

therapy” reportedly is also occurring at Islamic medical centers, where the focus is on ridding LGBTIQ people of supernatural forces through various interventions including prayer and both topical application and ingestion of various substances.¹⁰³ Reports have emerged of a Christian-oriented “conversion therapy” program called Real Love Ministry, led by a “former transgender woman,” runs a program called Seasons of Recovery to help LGBTIQ people overcome their same-sex attraction or gender incongruence.¹⁰⁴

Indonesia

Amidst a growing crackdown on LGBTIQ people in Indonesia, “conversion therapy” has garnered increased attention, with its forms ranging from extreme approaches such as exorcism, to approaches that claim to be softer and more altruistic. For example, a December 2018 media report suggested that the city of Padang had launched a campaign to “cleanse” LGBTIQ people of their “social sickness” through religious exorcisms. Police in Padang allegedly took 18 people – ten lesbians and eight transgender people – into custody for “psychological support and rehabilitation” to rid them of their mental health disorder triggered by demonic influences known as “djinn.” The belief is that djinn can be cured through “ruqyah” (exorcism) to expel the spirit and has become a preferred method of “conversion therapy” in Indonesia. Methods involve prayers, anointment, and hitting people’s backs with a broomstick, called a “sapu lidi.”¹⁰⁵ Other groups, such as “Peduli Sahabat” (“Care for Friends” Foundation), take a softer approach, providing free support to same-sex attracted people and their families. Since its establishment in 2014, it has created “mentoring branches” in 40 cities around the country, with a tagline of “embrace them, don’t berate them” referring to LGBTIQ people. Its website states, “We guide them so they can live with heterosexual identities and be comfortable on the path of local religion and customs.”¹⁰⁶ Another

Free Malaysia Today, (December 24, 2018).

103 Tham, 2018.

104 Tham, 2018.

105 Tasha Wibawa and Erwin Renaldi. Islamic exorcisms used at conversion therapy as Indonesian city moves against LGBT population, Australian Broadcasting Corporation, (Dec 5, 2018).

106 Sarah Mantovani. (January 1, 2017.) Pria ini tempat curhat LGBT. Published on the Peduli Sahabat website: <http://pedulisahabat.org/?p=166> (text translated using Google Translate. Retrieved April 19, 2019).

99 See Facebook page: <https://www.facebook.com/SocietyOfTrueLight/>

100 Zurairi Ar. Jakim’s ‘spiritual camp’ tried to ‘change’ us, lament Muslim transgenders. Malay Mail, 23 (November 2014).

101 Jia Vern Tham. Here’s how Malaysia ‘cures’ LGBTs with conversion therapy. Says.com, (20 December 2018).

102 FMT reports. AIDS council slams Jakim’s conversion therapy.

group called the Family Love Alliance (AILA) aspires to strengthen Indonesia's family values and make society more "civilized."¹⁰⁷ Based on conservative Islam, AILA believes that homosexuality is a threat to the safety and security of Indonesian society.

India

Although formal documentation on "conversion therapy" in India is sparse, evidence of its continued practice led an LGBTIQ advocacy organization based in Mumbai, Humasfar Trust, to launch the #QueersAgainstQuacks campaign in May 2016, to coincide with the International Day Against Homophobia, Transphobia, and Biphobia (IDAHOTB). The goal of the campaign was to counter the range of false claims made by medical providers and "babas" (traditional community elders) that homosexuality could be cured. Using the hashtag, #Nothing2Cure,¹⁰⁸ Humasfar Trust leveraged social media to call out "quacks" through memes, publicize personal testimonials from those who had endured "conversion therapy," and correct prevailing myths and misinformation, including disseminating the Indian Psychiatric Society's clear statement warning of the harms of treatments intended to change sexual orientation.¹⁰⁹ Reports of "conversion therapy" persist, however, with assertions that electric shock therapy, psychotropic medications, hormonal treatments, aversion therapy, and corrective rape all are used.¹¹⁰ In December 2018, a medical doctor was banned from practicing by the Delhi Medical Council, after being found by the Delhi High Court to have been treating gay and lesbian people with electric shock therapy and hormonal therapies.¹¹¹

South Korea

LGBTIQ activists have been working to stop "conversion

therapy" in South Korea for a number of years. In late 2014 and early 2015, for example, a coalition of conservative Christian groups was allowed to use National Assembly premises to convene two workshops called "Ex-gay Human Rights Forums" to promote "conversion therapy," resulting in an outcry from domestic and international human rights organizations.¹¹² In 2016, the Conversion Treatment Extermination Network, a coalition of 20 civic groups, including progressive Christian organizations, was formed to combat "conversion therapy" nationally. As part of its initial advocacy, the Network conducted an online survey on the counseling experiences of LGBTIQ people and found that, among 1,072 respondents, 16.1% had been recommended to undergo "conversion therapy." Of these, 51.7% said that family members recommended it, while 30.2% said that friends and acquaintances recommended it. Further, of 347 who had come out as LGBTIQ to a therapist, 17.6% responded that "the counselor attempted conversion therapy" and 21.2% had been told that "their love for people of the same sex can be cured." Among respondents who had undergone counseling, 3.5% (28 persons) had actually received conversion therapy from counseling specialists (57.1%), religious persons (46.4%), or psychiatrists (28.6%), with more than two-thirds saying that it had a harmful impact on their lives.¹¹³ In March 2017, Rainbow Action Against Sexual Minority Discrimination submitted a report to the Committee Against Torture in which conversion therapy was called out.¹¹⁴ SungWon Yoon-Lee, a psychologist and LGBTIQ activist leading the fight against "conversion therapy" in South Korea, has been working as a bridge between mental health professionals and the LGBTIQ community, founding the Society for the Psychological Study of LGBT Issues in Counseling within the counseling division of the Korean Psychological Association. This "bridging" role has been important, as many LGBTIQ people have had negative experiences with counselors, while many mental health professionals lack experience with LGBTIQ clients. He and his colleagues have developed a safety manual for clients and patients

107 Ary Hermawan. Why AILA is a bigger threat to freedom than FPI. The Jakarta Post. (August 30, 2016). <https://www.thejakartapost.com/news/2016/08/30/commentary-why-ailais-a-bigger-threat-to-freedom-than-the-fpi.html>

108 Humasfar Trust, "Nothing to Cure" campaign. See Twitter feed for #nothingtocure: <https://twitter.com/hashtag/nothing2cure?src=hash>

109 Rhema Mukti Baxter. #QueersAgainstQuacks: Gay community reminds Indian doctors that there is #NothingToCure. Scroll.in. (May 17, 2016). <https://scroll.in/article/808048/queersagainstquacks-gay-community-reminds-indian-doctors-that-there-is-nothingtocure>

110 Parth Sharma. It's 2018, And There Are 'Doctors' Who Are Still Trying To 'Cure' Homosexuality. News18.com, (updated June 29, 2018.)

111 Delhi High Court summons doctor treating homosexual patients using electric shocks. Outlook, (8 December 2018.)

112 Outright International. Letter on state endorsement of conversion therapy for gays and lesbians in South Korea, (April 3, 2015).

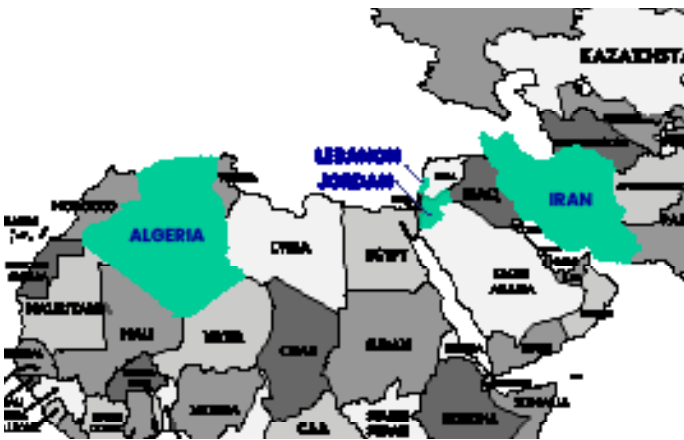
113 Korean society of law and policy on sexual orientation and gender identity (SOGIELAW). Human rights situation of LGBTI in South Korea, 2016. SOGIELAW Annual Report

114 Rainbow Action Against Sexual Minority Discrimination. Joint Civil Society Submission to the Committee against Torture for State Compliance with the Convention against Torture: Suggestions for Sexual Orientation and Gender Identity and HIV-related Questions and Recommendations, Republic of Korea, for the 60th Session, (March 2017).

and an LGBTIQ competency manual for social workers, therapists, and counselors. Further, they are working successfully with a number of progressive religious leaders who promote affirmative care and support. The challenges are significant, however. According to Yoon-Lee, “conservative Christian groups are co-opting the language of our movement, talking about human rights for ex-gay people and that gay people should have the choice of conversion therapy.”¹¹⁵

Middle East

Very little is published on SOGIE change practices in the Middle East.¹¹⁶ Same-sex relations are criminalized in much of the region, in some countries punishable by



death, and societal attitudes are hostile. The information presented here is supplemented by two interviews with “conversion therapy” survivors from Algeria and Jordan, respectively (see page 57).

Lebanon

The most active organization in the Middle East region focusing on combatting “conversion therapy” is the Lebanese Medical Association for Sexual Health (LebMASH), based in Beirut. In 2013, the Lebanese Psychiatric Society (LPS) and the Lebanese Psychological Association (LPA) declared that homosexuality is not a disorder, strongly stating their opposition to all sexual orientation change efforts. Still, conservative elements

¹¹⁵ Outright interview with SongWon Yoon-Lee, March 10, 2019

¹¹⁶ Middle Eastern countries that criminalize homosexuality include: Saudi Arabia*, Iran*, Yemen*, United Arab Emirates*, Syria, and Kuwait. Starred countries make homosexuality punishable by death, although enforcement varies.

within Lebanon’s two main religions – Christianity and Islam – still support SOGIE change efforts, which are generally offered through both religious and secular mental health channels. In 2018, LebMASH sought to undertake a billboard campaign to raise awareness that homosexuality is not a disease and that attempts to change sexual orientation are harmful and should be banned. The Lebanese General Security blocked the campaign, prohibiting the billboards. LebMASH proceeded to convene a conference later that year, where medical experts spoke out against “conversion therapy” and launched a social media campaign, #NotADisease, to combat the belief among 72% of Lebanese public that being gay is a mental illness.¹¹⁷

Iran

Although verifiable data are sparse, several reports suggest that “conversion therapy” is promoted within Iran’s health care sector. Previous research by Outright International for which Iranian lesbians were interviewed, suggests, for example, that medical professionals are known to prescribe psychotropic medications such as lithium, or suggest sex reassignment surgery to cure them of their gay affliction.¹¹⁸ In January 2016, the UN Committee on the Rights of the Child expressed concern “at the reports that LGBTI children are subjected to electroshocks, hormones and strong psychoactive medications for the purpose of ‘curing’ them.”¹¹⁹ In a 2018 survey, over 16% of respondents (of 806) said that mental health providers had offered them therapy to change their sexual orientation or gender identity.¹²⁰

¹¹⁷ Omar Fattal. Censorship. Posted on the website of the Lebanese Medical Association for Sexual Health. (May 23, 2018). <https://www.lebmash.org/censorship/>

¹¹⁸ Outright International. (2016). Human Rights Report: Being Lesbian in Iran. <https://www.outrightinternational.org/sites/default/files/OutRightLesbianReport.pdf>

¹¹⁹ Concluding observation on the combined third and fourth periodic reports of the Islamic Republic of Iran (CRC/C/IRN/CO/3-4), at para 53.

¹²⁰ Small Media (2018) Breaking the silence: digital media and the struggle for LGBTQ rights in Iran. https://smallmedia.org.uk/media/projects/files/BreakingTheSilence_2018.pdf

Latin America and the Caribbean



The issue of conversion therapy in Latin America, as in other regions, must be viewed in the context of realities and trends regarding human rights for LGBTIQ people. On the one hand, Latin America has some of the most progressive laws and highest acceptance levels of LGBTIQ people, and yet, it also has some of the highest rates of homophobic and transphobic violence in the world.¹²¹ Emerging as well is a populist movement against “gender ideology,” claiming that LGBTIQ people and feminists are out to destroy traditional family and society through their progressive views of gender and sexual and reproductive rights. These conservative activists are gaining ground, and public policies in support of LGBTIQ and women’s rights are under threat in a number of countries, including Brazil, Peru, Bolivia, and Paraguay.¹²² Indeed, in his 2018 SOGIE Independent Expert report, Victor Madrigal-Borloz acknowledges that, [there is] “an emergence in certain regions of the world of a populist discourse that seeks to delegitimize the plight of persons discriminated against on the basis of sexual orientation or gender identity through an attempt to rebrand the term, ‘gender ideology.’¹²³

121 Simeon Tegel. LGBT in Latin America. US News and World Report, January 23, 2018. <https://www.usnews.com/news/best-countries/articles/2018-01-23/lat-in-america-reports-the-most-positive-attitudes-to-ward-lgbt-people-in-global-survey>

122 Mariana Winocur. The concept of gender ideology and its effects on public services. Arc International. March 16, 2019. <https://arc-international.net/author/MarianaWinocur/>

123 Madrigal-Borloz, 2018.

Brazil

In 1999, the Brazilian Federal Council of Psychology issued a ban on offering “ex-gay conversion treatments.” In September 2017, however, the ban was overturned by a federal judge in the capital, Brasilia, who ruled in favor of an evangelical Christian psychologist whose license was revoked in 2016 for offering ex-gay conversion therapy and referring to homosexuality as a “disease.”^{124, 125} Several months later, the ban was reinstated by the same judge, and in January 2018, the Federal Psychology Council issued updated guidelines regarding the performance for psychologists in relation to “transsexual and transvestite people”, also banning any “conversion therapy.”¹²⁶ This episode has, no doubt, highlighted the fragility of laws protecting minorities.

Ecuador

In Ecuador, it has been illegal since 2014 for a professional to offer or perform conversion practices on any person, whether or not compensation is received in exchange. The push for a ban was initiated in 2011 by a group of Ecuadoran human rights organizations who petitioned the Ministry of Health to close down “de-homosexualization clinics” that reportedly were using “corrective rape”, beatings, electric shock, and lengthy solitary confinement to “cure” same-sex attraction. Enforcement of the ban remains a concern, however, as reports persist that about 200 unlicensed clinics are still in operation, largely as clandestine, private drug and alcohol clinics, and they remain a lucrative business. Human rights groups maintain that the clinics are not being monitored or regulated, and none have been closed permanently since the ban was established.^{127, 128}

124 Dom Phillips. Brazilian judge approves ‘gay conversion therapy,’ sparking national outrage. The Guardian. (19 September 2017). <https://www.theguardian.com/world/2017/sep/19/brazilian-judge-approves-gay-conversion-therapy>

125 Reid G. Brazil judge’s ruling sparks conversion therapy controversy. Human Rights Watch. September 20, 2017.

126 Conselho Federal de Psicologia. Resolucao No. 1, de 29 de Janeiro de 2018. <http://site.cfp.org.br/wp-content/uploads/2018/01/Resolucao-CFP-01-2018.pdf>

127 Anastasia Moloney. Gays in Ecuador raped and beaten in rehab clinics to ‘cure’ them. Thomson Reuters Foundation. (February 8, 2018).

128 Outright email correspondence with Lcda. Lía Burbano Mosquera, (March 21, 2019).

Chile

Although Chile is moving towards banning “conversion therapy,” clinics specifically aimed at “conversion” apparently exist, though billed as treatment centers for prevention of suicide.¹²⁹ As in other countries in the region, conservative Christianity strongly influences policy, especially through Parliament. In February 2016, however, the Chilean Ministry of Health issued a formal statement for the first time condemning so-called conversion therapy. It read, in part, “We consider that the practices known as ‘reparative therapies’ or ‘conversion’ of homosexuality represent a grave threat to health and well-being, including the life of the people who are affected.”¹³⁰

Sub-Saharan Africa



The literature on “conversion therapy” in sub-Saharan Africa is sparse, with information mostly coming from media reports, which largely describe Christian-based approaches. While some SOGIE change practices can be traced back to international evangelical movements and fringe groups, local forms certainly exist. For example, accounts of exorcism, forced fasting and confinement, beating with brooms, anointing with oils and candle wax, ritual cutting, and sexual assault and corrective rape have been alleged in media reports throughout the region. Some of these practices seem to occur within Africa Independent Churches, such as the “White

¹²⁹ Outright interview with Franco Andres, March 21, 2019.

¹³⁰ Michael K. Lavers. Chilean officials: Conversion therapy is a ‘grave threat.’ The Washington Blade, (February 2, 2016). <https://www.washingtonblade.com/2016/02/19/chilean-officials-conversion-therapy-is-a-grave-threat/>

Garment” churches found in Nigeria. In Ghana, media reports described how 400 people allegedly were to participate in a mass “gay cure therapy forum.” There, the National Coalition for Proper Human Sexual Rights and Family Values allegedly had plans to establish as well a “Holistic Sexual Therapy Unit” at Korle Bu Teaching Hospital in Accra.¹³¹

South Africa

In South Africa, where, according to a study about queer youth by Atlantic Philanthropies, about 900,000 people under age 20 are gay or lesbian, LGBTIQ youth face a range of challenges, including high unemployment, bullying in school, family rejection, and violence.¹³² Despite favorable laws prohibiting discrimination and supporting marriage equality, conservative faith-based movements and prevailing societal homophobia and transphobia nevertheless create a ripe environment for promoting SOGIE change practices. Further, about 80% of South Africans belong to a faith, and most young LGBTIQ people are part of a church, where, often, a “love the sinner, hate the sin” approach is taken. As in other parts of sub-Saharan Africa, Pentecostal churches, as well as Christian African Independent Churches, have a growing influence and most are fundamentalist in their view of SOGIE diversity, treating homosexuality, in particular, as needing a “cure.” The horrific perpetration of “corrective rape” (or punitive rape as some activists prefer to call it¹³³) is a well-known phenomenon in South Africa (and other countries in the region). Premised on the belief that forced sex will show people (mostly women who are or are perceived to be lesbians, but also transgender people and gay men) how to conform to expected gender norms, this vicious practice is perpetrated by family members, acquaintances, and strangers. Victims of corrective rape often face little chance of recourse, often being re-victimized by police or other authorities who believe that they brought the assault on themselves.¹³⁴

¹³¹ Josh Jackman. Hundreds of gay people to be ‘treated for homosexuality’ at camp in Ghana, PinkNews, August 21, 2018. <https://www.pinknews.co.uk/2018/08/21/400-gay-people-treated-homosexuality-camp-ghana/>

¹³² Marian Nell and Janet Shapiro. Out of the box: Queer youth in South Africa today. Commissioned by the Atlantic Philanthropies. (July 2011).

¹³³ Outright interview with Kim Lithgow, Executive Director of Same Love Toti, March 11, 2019.

¹³⁴ Ibid.

Kenya

As with many other African countries, Kenya is home to various religions, with 70% of the population identifying as Christian, 25% adhering to indigenous religions, and about 6% identifying as Muslim. Conservative Christianity exerts considerable influence. For example, a media report from 2018 alleges that one such conservative church, known as the Mountain of Fire and Miracles Ministry, has been secretly running a program to “cure” homosexuality, using starvation and incessant prayer over three days as the main methods.¹³⁵ Various media reports also allege the existence of camps and “group homes” for boys and young men who may have engaged in homosexual sex or been involved in sex work where SOGIE change efforts are promoted.¹³⁶

Nigeria

Although Nigeria is estimated to have nearly the same number of Muslims and Christians, little published information is available on how LGBTIQ people of different faiths may be affected by “conversion therapy.” Based on interviews and some media reports, it is clear that, among Christians, the African Independent Churches exert considerable influence, however. The most prominent of these are the Celestial Church of Christ (“Cele”) churches and the Cherubim and Seraphim churches. There, LGBTIQ people, many of whom are minors, may be subjected to “deliverance” to set them free or “break the yoke” of the demon causing same-sex attraction or desire to change gender identity.¹³⁷ According to Udo Akan Edet, Director of Sexual Health and Wellbeing at the LGBTIQ organization, The Initiative for Equal Rights (TIERS) in Nigeria, the main perpetrators of “conversion therapy” are family members and religious leaders.¹³⁸ TIERS also has received reports of corrective rape. In general, it appears that homosexuality is considered a spiritual or moral problem, rather than a

¹³⁵ Jacob Onyango, Gay therapy church claims homosexuality can be cured through prayers and 3 days of starvation. Tuko.co.ke. Updated May 2018. <https://www.tuko.co.ke/249487-gay-therapy-church-claims-homosexuality-cured-prayers-3-days-starvation.html#249487>

¹³⁶ Anita Carey. Kenyan boys finding success in overcoming same-sex attraction. The Church Militant, May 23, 2017.

¹³⁷ Pastors, activists debate gay rights in Nigeria. Premium Times Nigeria. September 2, 2018. <https://www.premiumtimesng.com/entertainment/naija-fashion/282248-pastors-activists-debate-gay-rights-in-nigeria.html>

¹³⁸ Email exchange with Udo. Edet, March 1, 2019.

mental illness, and thus requires religious intervention.¹³⁹

Tanzania

Few reports exist that describe “conversion therapy” practices in Tanzania, the government of which is currently cracking down on LGBTIQ people. According to an interview with a local activist, medical approaches (especially among Christians) and traditional approaches (among both Christians and Muslims) to “cure” homosexuality continue to be practiced, often in conjunction with circumcision rites and religious worship.¹⁴⁰ In some cases, pre-adolescent and adolescent boys (about 9 to 15 years old) going through traditional circumcision rituals are assessed for mannerisms that might suggest that they are gay or gender non-conforming, and they may then be separated from the other boys. A traditional medicine, sometimes called Mlondo, may be given, which is intended to cause sexual arousal. If it does not work, the boy is considered sick and is subjected to additional interventions, such as “chalay” or cutting into the skin and applying certain substances into the wounds and then bringing women in to see if the boy is sexually aroused. In some Islamic communities, boys may be given a drink that contains a piece of paper with Arabic writing from the Koran. For young women suspected of being lesbian or non-conforming, they are generally forced to marry.¹⁴¹

Eastern Europe (Former Soviet Union)



¹³⁹ Email exchange with Otibho Obianwu, March 6, 2019.

¹⁴⁰ Outright interview with Jamal Jonathan, Tanzanian activist, April 13, 2019.

¹⁴¹ Ibid.

Russia

Although Russia removed homosexuality from its list of recognized psychiatric conditions in 1999, the crackdown on LGBTIQ people under Vladimir Putin's regime, exemplified by the infamous "anti-gay propaganda law," has exacerbated homophobia and transphobia. "Conversion therapy" is promoted both by religious personnel and secular professionals, who engage in methods such as hypnosis, psychoanalysis, and opposite sex "objectification." Various religious organizations, such as Vosstanovleniye (Rehabilitation or Resurrection) seek to help gay people reject their sexuality. There are also reports of children being taken to church against their will, where holy water is poured over their heads or they are beaten with rods while others pray for them.¹⁴² The U.S.-based evangelical organization, Global Teen Challenge, is also making inroads in the entire Eastern European region, including the Russian Federation, ostensibly to help youth deal with drug and alcohol addiction. These residential programs allegedly promote SOGIE change along with addiction treatment.¹⁴³ In December 2018, Queer Women North Caucasus (QWNC) released a report detailing results from interviews with 21 women in Chechnya, Daghestan, Ingushetia, and North Ossetia. These women reported that attempts to "cure" them involved beatings, rape, and forced marriage. Eight of the 21 women knew someone who was ultimately murdered by male family members for allegedly humiliating the family.¹⁴⁴ This is against the backdrop of the horrific detention and torture of LGBTIQ people in Chechnya more generally. In reflecting on why homophobia and transphobia are so strong in post-Soviet Russia, Misha Cherniak, who underwent "conversion therapy," notes that,

It came from the air around us. We interpreted the Bible based on the air in our lungs. We have it in the culture. In post-Soviet countries, homosexuality is thought of as a prison culture – it is violent culture, where you are being dominated and raped. In the 1990s, tolerance in society was much wider. We had a drag queen on TV. But in the 2000s, we got Putin. He

was macho—a 'gopnik',¹⁴⁵ a petty criminal with a street gang machoism—and attitudes towards LGBT people shifted.

Ukraine

In 2016, the Ministry of Health of Ukraine issued an updated protocol on gender dysphoria with some improvements, and it included a statement that there was no evidence that "conversion therapy" was effective—and that, in fact, it could cause harm. Subsequently, the Ministry of Health issued a cartoon video via Facebook promoting the message that homosexuality is not a disease, and, therefore, there is no need to treat it.¹⁴⁶ Nevertheless, SOGIE change practices persist in both religious and health care spheres, according to activist Vasyl Malikov.¹⁴⁷ He notes that "reparative therapy" is being practiced by so-called scholars of sexuality, who continue to promote long-discredited notions of poor parental attachment.¹⁴⁸ Further, in 2018, a tour promoting the translation of the book, *Shame and Attachment Loss: The Practical Work of Reparative Therapy*, written by noted "conversion therapy" proponent, Joseph Nicolosi, was slated to take place at the Institute of Philosophy at the National Academy of Sciences and to be attended by "experts" from the U.S, the U.K., Hungary, and Germany. Activists vociferously protested the event taking place in general – and especially within a government institution – and the book event was moved to a non-governmental venue. In the context of the LGBTIQ movement in Ukraine, however, Malikov believes that other issues related to securing human rights are of greater importance and that the continued existence of "conversion therapy" is very much tied to public acceptance of LGBTIQ lives overall.

¹⁴⁵ Gopnik is a slang Russian derogatory term used to describe a young, white male "thug" of the lower class in Russia. <https://www.multitrans.com/m.exe?s=%D0%B3%D0%BE%D0%BF%D0%BD%D0%B8%D0%BA&i1=1&i2=2>

¹⁴⁶ Ministry of Health of Ukraine. <https://www.facebook.com/watch/?v=2104331036518119>

¹⁴⁷ Outright interview with Vasyl Malikov, March 18, 2019.

¹⁴⁸ See, for example, websites of Vacheslav Khalansky (<https://www.vyacheslavkhalanskiy.com.ua/styd-i-utrata-privjazannosti-dzhozefa-nikolozi/>) and Garnik Kocharyan (<https://kocharyangs.wixsite.com/garnik-kocharyan/-----articles->)

¹⁴² Anastasia Golubeva. Hypnosis and holy water: Russian "cures" for gay people. BBC News (3 May 2017)

¹⁴³ Outright email correspondence with Tatiana Lekhatkova, April 1, 2019.

¹⁴⁴ Global Voices. Queer women in Russia's North Caucasus "face sexual violence, forced, and murder". (7 March, 2019) OutRight website citing Queer Women North Caucasus (QWNC)

Survey Results on the Nature and Extent of “Conversion Therapy” Globally

This section summarizes data from a global online survey and in-depth interviews with experts and with survivors of so-called “conversion therapy.” The survey and interviews were undertaken in March and April 2019. OutRight’s primary aim was to describe, for the first time, the nature and extent of “conversion therapy” globally. Specifically, OutRight sought to provide a global snapshot of what is known about SOGIE change efforts around the world— who is most vulnerable, what factors lead to LGBTIQ people choosing or being subjected to SOGIE change practices, what are the main forms of “conversion therapy,” who are the main perpetrators, and whether respondents were aware of efforts within their countries to sanction or ban SOGIE change efforts. This is largely a descriptive study, conducted with the hope that this dataset will provide an important foundation for further in-depth, regional and national analysis and targeted advocacy to stop these abusive and degrading practices.

Survey Methodology

Using SurveyMonkey®, we collected survey data online in March 2019 over a three-week period. Both an English language survey and a Chinese translation targeting mainland China were circulated during this period.¹⁴⁹ Because of the sensitive nature of the topic and wide geographic target area, a non-probability (non-randomized) sample using existing networks was most appropriate. We sent out 1,977 invitations of the survey in English by email using our existing networks around the world. We also encouraged respondents to forward the survey weblink to their networks. We used the weblink exclusively via secure social media and texting platforms

to circulate the Chinese language surveysurveys were closed, both the Chinese and English language survey data were exported and merged into a single Excel file to be cleaned. Twenty-four respondents were excluded as they did not respond to the initial question on “conversion therapy.” Thirty-seven respondents answered that “conversion therapy” was not occurring in their countries, so only the questions on demographics and identities were included. Finally, six respondents were eliminated from the analysis due to contradictions within the survey that made it impossible to determine whether they believed “conversion therapy” was occurring or not. This left a total sample size of 489 respondents from 80 countries for the analysis (see Appendix I for a list of the number of respondents, by country.) Because we used informal snowball sampling methods to supplement email, we cannot calculate the number of total invitations extended via weblink, and therefore, the precise response rate.

¹⁴⁹ Given the size of China, combined with existing evidence that “conversion therapy” was occurring throughout the country, we decided that, to accurately represent this region, we would need to translate the survey into Chinese despite having limited resources. Future research should aim to have data collection tools translated into other key languages

The survey consisted of 15 questions regarding the nature and extent of “conversion therapy” in the respondent’s country. After the initial three questions on demographics, the fourth question asked whether or not the respondent believed that “conversion therapy” was taking place. If the answer was yes, the respondent was prompted to continue the survey. If no, the respondent was not supposed to proceed.¹⁵⁰

Respondents who had gone through some form of “conversion therapy” were asked if they would be willing to answer additional questions. If they agreed, they were guided to an additional four questions about their experience and were asked if they would be willing to be interviewed. As depicted in Figure 1, responses from sub-Saharan Africa comprised 46.2% (n=226) of all respondents, while respondents from Asia made up 35.4% (n=173) of respondents, the vast majority of whom (59.3%) were from China (n=134).

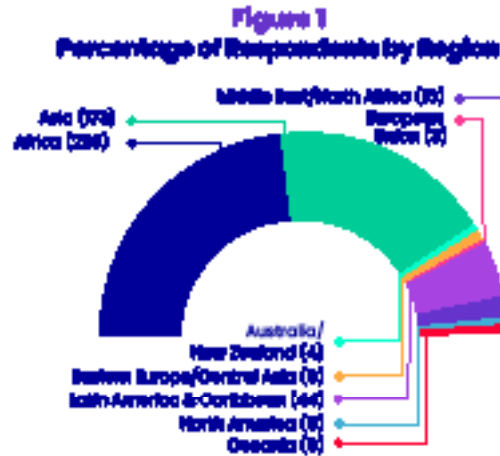


Figure 2: Respondent Characteristics

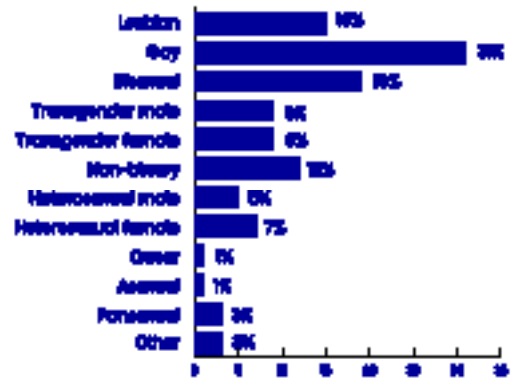
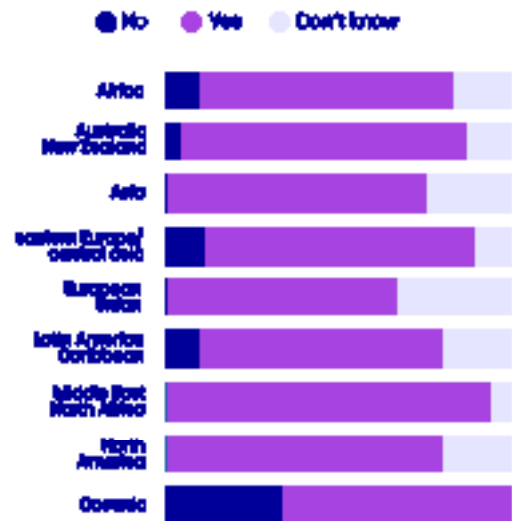


Figure 3: “Conversion Therapy” Occurrence by Region



150 Unfortunately, the SurveyMonkey skip pattern did not function as intended for Question 4, so that, rather than having the survey automatically end with a “no” answer, it was possible for “no” respondents to continue answering questions. This resulted in having to exclude six respondents who responded that conversion therapy was not occurring but went on to answer other questions that were contradictory.

Survey Results

Respondent Characteristics

For this question, responses were not mutually exclusive; therefore, respondents could check more than one category. As shown in Figure 2, about 31% (153) respondents self-identified as gay, 18.6% identified as bisexual, and 15.6% identified as lesbian. A total of 18% (89) respondents identified as transgender, with slightly more transgender women than transgender men responding. The remainder of respondents identified as non-binary (12.3%), heterosexual (11.8%), pansexual (2.8%), or queer, asexual or “other.” A total of nine respondents were intersex.

Occurrence by Region

Figure 3 suggests that “conversion therapy” is occurring in every region of the world, with the majority of

respondents in each region answering “yes” to the question of whether it was occurring in their countries. Because the numbers of responses for regions other than Africa, Asia, and LAC (Latin American and the Caribbean) are very small, however, it is difficult to draw definitive conclusions for these areas, and further study is warranted. A notable proportion of respondents in each region checked “don’t know.”

Frequency Overall and by Region

The data depicted in Figure 4 focus only on Asia, Africa, and LAC, where we had much higher response rates than in other regions. In these three regions, the majority of respondents believed that “conversion therapy” was either very common or somewhat common. Notably, in Africa, a majority of respondents believed its occurrence was “very common,” while in Asia and LAC, the majority of respondents believed it was “somewhat

Figure 4
Frequency of “conversion therapy” Occurrence by Region

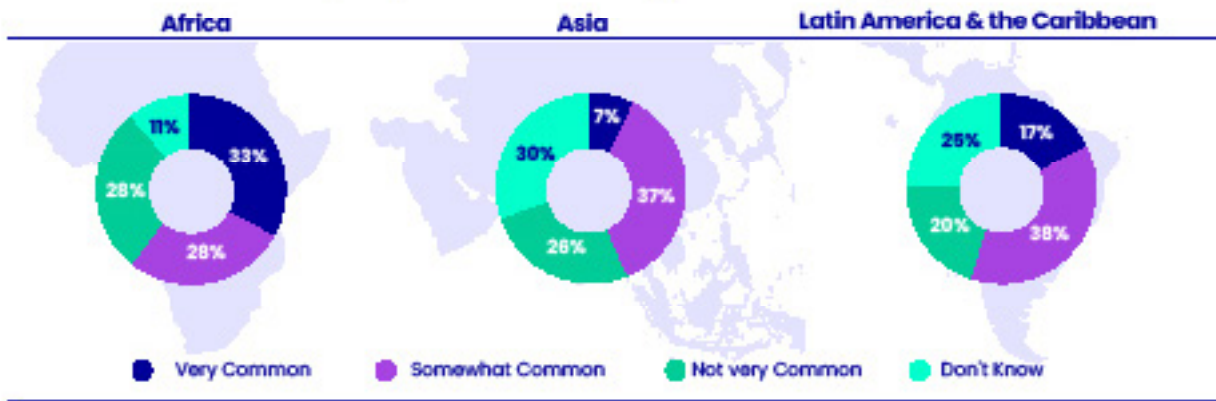


Figure 5
Frequency of Occurrence
All Respondents

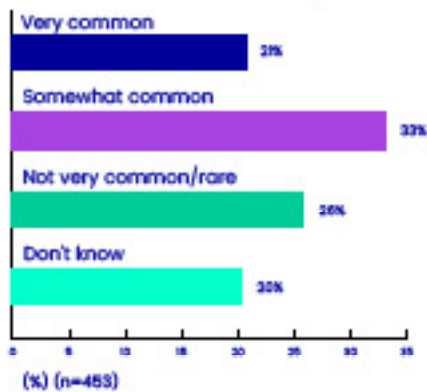
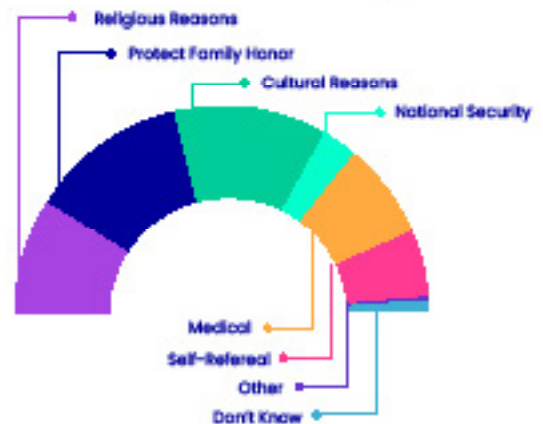


Figure 6
Reason for “Conversion Therapy”



common.” Among all respondents, 244 (54%) believed that “conversion therapy” was either very common or somewhat common (Figure 5). More than 20% of respondents checked “don’t know” to this question. The data is entirely based on survey results and therefore cannot be seen as certain, as respondents were likely people with prior knowledge or interest in the subject.

Reasons by Region

Figure 6 depicts respondents’ beliefs regarding the main reasons why “conversion therapy” occurs in their respective countries. Respondents could check more than one reason. Overall, respondents cited protection of family honor and cultural reasons as the main

justifications for “conversion therapy.” When analyzed by region, religious and cultural factors and a need to protect family honor are, by far, the leading reasons cited by African respondents.

Although the numbers are smaller, LAC respondents paint a similar picture to that of Africa. In contrast, Asian respondents cited family honor and culture, as well as medical reasons, as the main justifications for performing “conversion therapy.” Indeed, religion was cited by 75% of African respondents, while it was only cited by 21% of Asian respondents (Figure 7). Although the numbers are too small to draw conclusions, data (not shown) from MENA (the Middle East and North Africa) suggest

Figure 7
Reasons for “Conversion Therapy” by Region

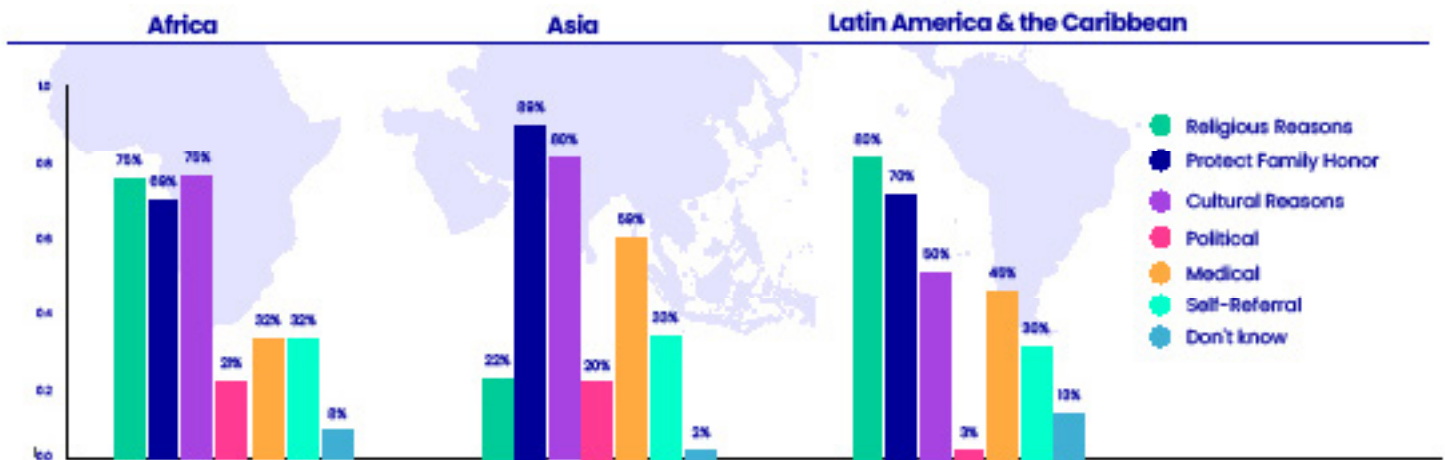


Figure 8
Who experiences “CONVERSION THERAPY” by Region

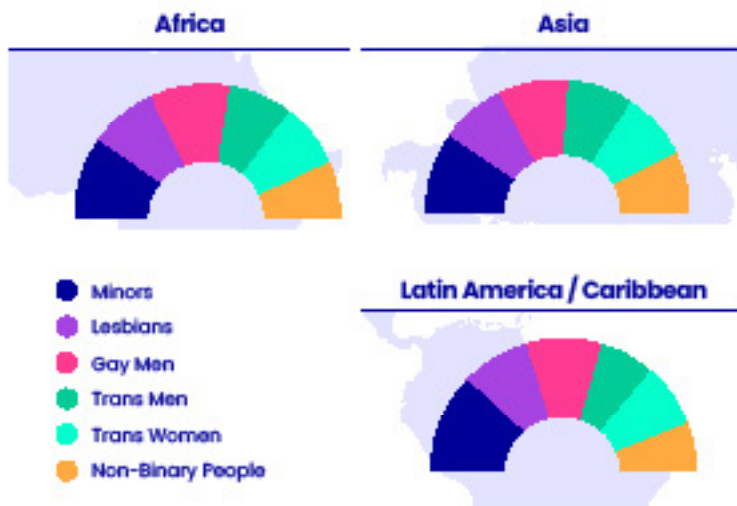


Figure 9
Who Promotes “Conversion Therapy”?

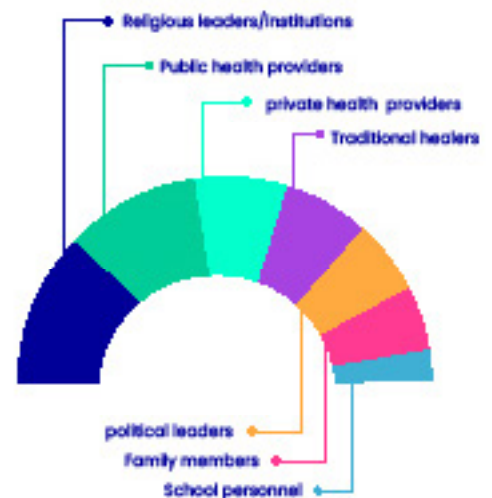


Figure 10
Who Promotes "Conversion Therapy" by Region

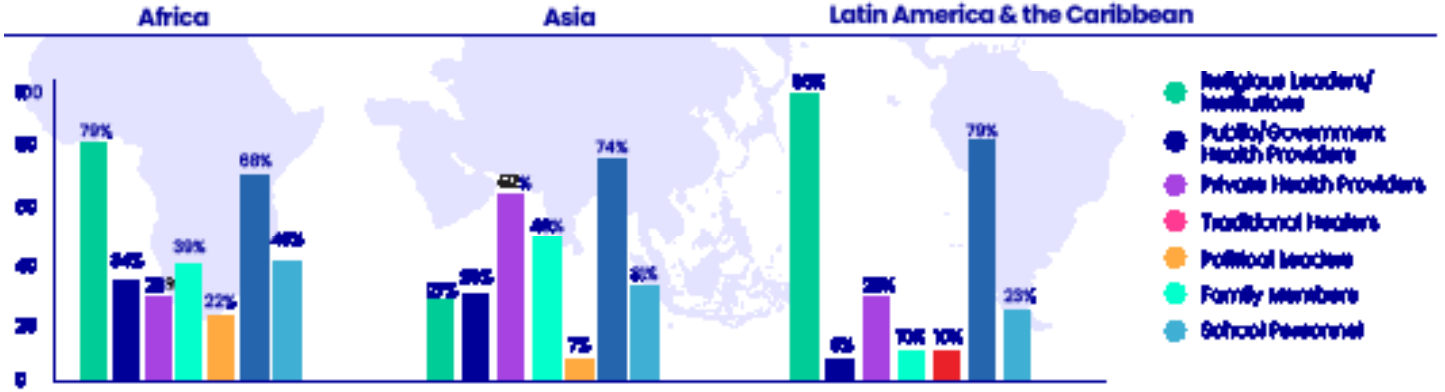
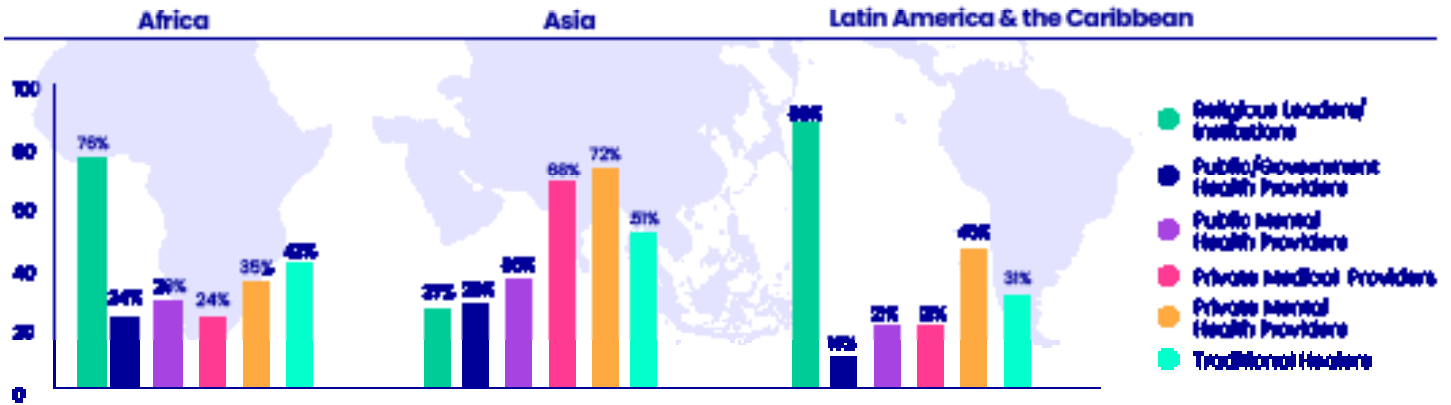


Figure 11
Who Perpetrates "Conversion Therapy" by Region



that religion, family honor, cultural and medical reasons all may be used to justify “conversion therapy.” Who Experiences “Conversion Therapy”

As shown in Figure 8, respondents’ perceptions are that all gender and sexual minorities experience “conversion therapy,” with little variation across the spectrum of sexual and gender diversity, excluding heterosexual people. More in-depth study within countries or regions may reveal differences, however.

Who Promotes “Conversion Therapy”

In aggregate, our data suggest that family members, followed by religious leaders or institutions, are most likely to promote “conversion therapy,” as shown in Figure 9. When analyzed by region (Figure 10), our data suggest that in Africa and LAC, religious leaders or institutions are

most apt to promote “conversion therapy,” followed by family members. In Africa, school personnel were cited as the third most common source of promotion, whereas in LAC, medical personnel were third. In Asia, family members, followed by private medical providers are thought to be most apt to promote “conversion therapy.”

Who Perpetrates “Conversion Therapy”

Our findings (Figure 11) suggest that in Africa, religious leaders and institutions are believed to be, by far, the leading perpetrators of “conversion therapy,” followed by traditional healers and private and public mental health providers. In Asia, the main perpetrators are private mental health and medical providers, followed by traditional healers. In LAC, religious leaders and institutions are most likely to perpetrate “conversion therapy,” followed by private mental health providers.

Forms of “Conversion Therapy” by Region

Figure 12 presents an aggregate look at what survey respondents reported to be the main forms of “conversion therapy” being perpetrated in their countries. Individual talk therapy, followed by prayer and religious rituals topped the main forms. Alarming, 40.8% cited physical deprivation, followed by aversion therapy and residential treatment (35.4% each), and use of medications (32.3%). When analyzed by region (Figures 13, 14, and 15), the picture shifts somewhat.

In Africa, respondents indicate that religious rituals and prayer are believed to be the mostcommon forms of “conversion therapy,” followed by individual talk therapy. In contrast, 64% of Asian survey respondents reported that aversion therapy was a main method of “conversion therapy,” followed by residential treatment (59%), and physical deprivation and use of medications (48% each). Finally, in the LAC region, religious rituals, prayer, and individual talk therapy topped the reported forms of “conversion therapy.”

Figure 12
Forms of “Conversion Therapy”

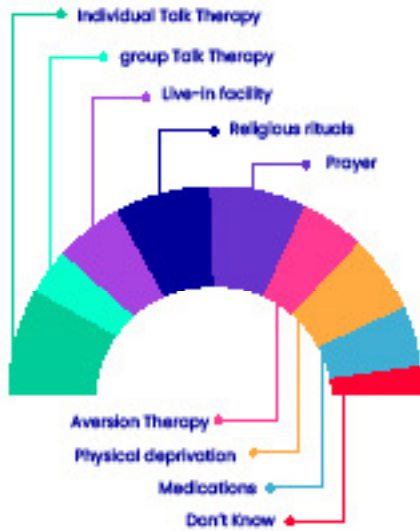


Figure 13
Forms of “Conversion Therapy”:
Africa

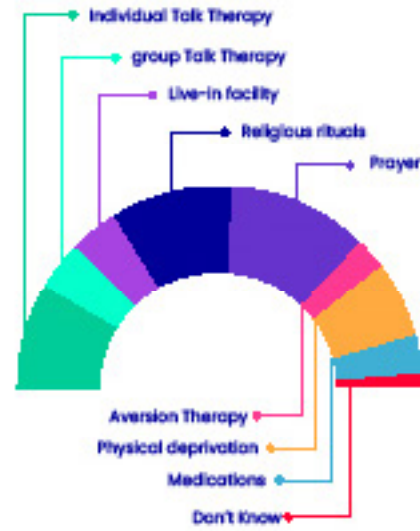
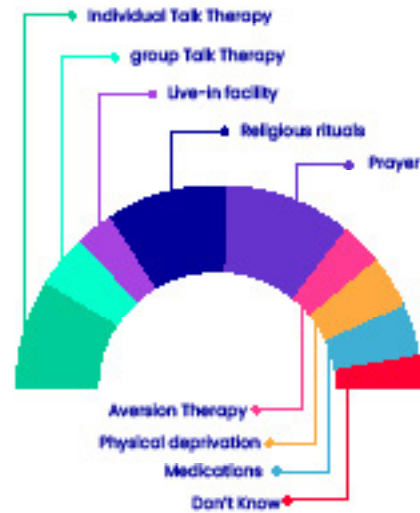


Figure 14
Forms of “Conversion Therapy”:
Asia



Figure 15
Forms of “Conversion Therapy”:
LATIN AM/CARIBBEAN



Official Condemnation of “Conversion Therapy”

We asked respondents whether “conversion therapy” had been condemned by an official body (such as a health ministry or a medical or mental health professional society) within their respective countries. With the exception of the European Union and North American regions, the majority of respondents did not believe that their countries (or formal bodies within their countries) had condemned “conversion therapy,” as shown in Figure 16. Interestingly, a relatively high proportion respondents answered “don’t know” to this question, suggesting that there may be very little, if any, public discourse on the topic.

Efforts to Ban “Conversion Therapy”

The majority of respondents from Australia and New Zealand, the European Union, and North America answered “yes” to the question about whether there were any efforts in their respective countries to ban “conversion therapy” (Figure 17).

For all remaining regions, the majority responded “no,” again with a significant proportion of respondents answering “don’t know.” In aggregate, one-third of respondents did not know whether any effort to ban “conversion therapy” was underway, with just over 16% responding that bans were being pursued (Figure 18).

Figure 16: “Conversion Therapy” Condemned by Official Body, By Region (%)

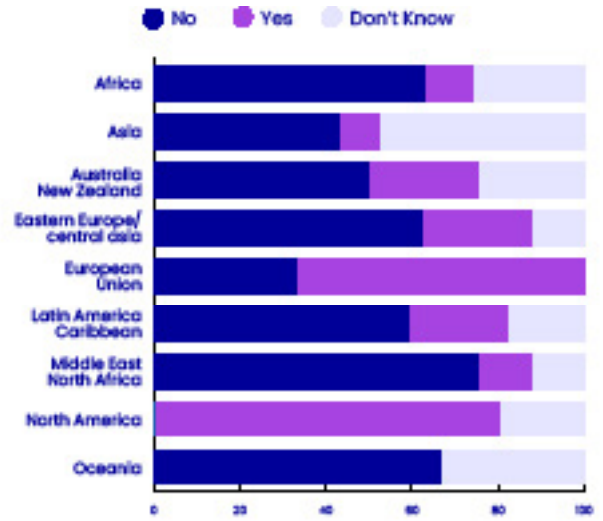


Figure 17: Efforts to Ban “Conversion Therapy” by Region (%)

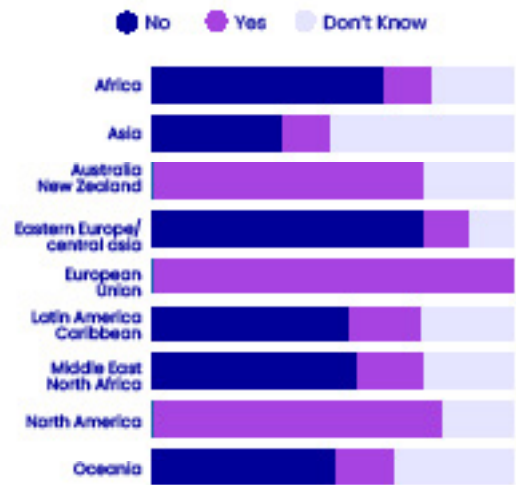
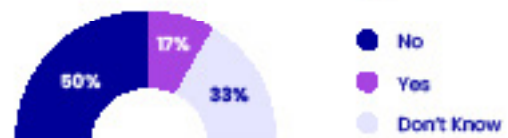


Figure 18: Are you aware of Efforts to Ban “Conversion Therapy”?



Know Someone Who has Undergone “Conversion Therapy”

Over 57% of respondents said that they knew someone who had experienced “conversion therapy.” By region, the proportion of respondents who responded “yes” was highest in MENA, Australia and New Zealand, and Oceania, although total numbers of respondents in these regions are too small to draw conclusions. Of the regions with a higher volume of responses, Africa and LAC had the largest proportion of respondents who knew someone. In Asia, 33.7% of respondents knew someone, with 15.7% responding “don’t know.”



Personal Experience with “Conversion Therapy”

As shown in Figure 20, 100 respondents, or about 22% of all respondents globally, have undergone some form of “conversion therapy.”



When disaggregated by identity and region, the data suggest that the distribution of respondents having experienced “conversion therapy” is fairly even, with transgender people perhaps being more vulnerable than others (Figure 21).

Figure 21 Experienced “Conversion Therapy” by identity (%)



Age when “Conversion Therapy” Occurred

For those respondents who had undergone some form of SOGIE change effort, 45.2% were between the ages of 18 and 24, with 36.9% under 18 years of age (Figure 22), suggesting that the vast majority of people are 24 or younger when they are subjected to “conversion therapy.”

Figure 22 Age When Experienced “Conversion Therapy”



Voluntary Versus Coerced

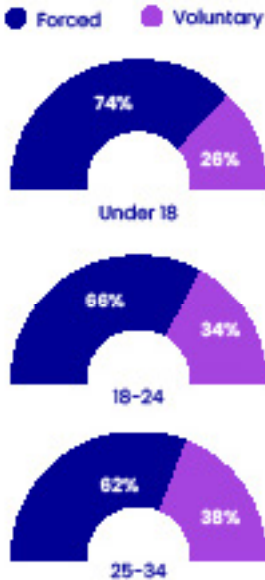
Among those who had been subjected to some form of “conversion therapy,” 67.5% reported that they were coerced, while 33.5% said that they voluntarily sought out “treatment” (Figure 23).

Figure 23
Voluntary or Forced Experience of “Conversion Therapy”



The proportion of respondents who were coerced was somewhat higher for those responding that “conversion therapy” took place when they were under 18 years old or younger (74%), compared to those who were 18 to 24 years old (66%) or 25 to 34 (62%), as shown in Figure 24.

Figure 24
Voluntary or Forced by age



Summary

Our survey research represents the first effort to develop an aggregated view on whether, where, how, and by whom SOGIE change practices are being perpetrated globally. Our data suggest that SOGIE change practices are occurring nearly everywhere in the world. Religion, broadly, is the reason most frequently cited, with religious leaders or institutions being the primary promoters and perpetrators, especially in Africa and LAC. In Africa, religion, combined with family and cultural pressures, seem to fuel the practice of “conversion therapy,” especially within religious settings. This conclusion is further supported by the data on forms of “conversion therapy,” which indicated that religious rituals and prayer were predominately used within Africa. 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 aversion therapy are predominantly used. In LAC, 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. An additional important finding is that efforts to either curtail SOGIE change efforts through official policies, or ban practices altogether, appear to be minimal, or at least minimally known. This is especially striking given that “conversion therapy” appears to be occurring nearly everywhere. As found in our literature review, only four countries actually ban SOGIE change practices. Further, a significant proportion of respondents do not know whether efforts to condemn or ban “conversion therapy” are occurring in their countries, suggesting that public discourse is very limited. This could be due to the taboo nature of discussing LGBTIQ issues in some contexts, and/or it may suggest that advocacy efforts have not yet taken hold in many regions. It may also mean that other issues to advance human rights for LGBTIQ people are taking priority.

The age range at which SOGIE change efforts are most likely to occur (24 and younger) also suggests that in some cultural settings, young people likely remain living with their parents or other family members into early adulthood and are subjected to pressure or coercion to change. The age at which “conversion therapy” largely seems to be occurring also has implications for the focus of bans and policies against SOGIE change practices. For example, bans that only focus on minors and on practices that are carried out within formal professional health or mental health settings (as in the 18 U.S. states, Washington, D.C., and Puerto Rico), likely leave individuals older than 18 vulnerable and lacking recourse.

Above all, the 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. 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 and communities. Only when LGBTIQ are able to live freely; be embraced by family, faith, and community; and love themselves without hesitation, will the demand for change diminish.

Limitations

Because our sample was not randomized, the data presented here are not generalizable. Further, the data cannot be used to estimate actual prevalence of “conversion therapy” by country or region. Rather, the data reflect respondents’ impressions of where, how, and why “conversion therapy” is occurring and whether their countries are seeking to sanction or ban it.

A further limitation is that the survey was available in only two languages: English and Chinese; therefore, it is likely that the many potential respondents were unable to complete the survey due to language barriers. In addition, because outreach to potential respondents relied on OutRight networks, it is likely that most respondents were, in some way, connected to LGBTIQ activist networks in their home countries. This could mean that the sample is biased towards more urban, perhaps more educated respondents than the general population. Selection bias may also be present in that those choosing to respond to the survey may have either been more likely to have personally experienced – or known someone who has experienced – “conversion therapy,” resulting in responses that overestimate the extent to which “conversion therapy” is occurring in their respective countries. An additional serious limitation is the geographic coverage of the survey, as previously described, as regions and countries were not equally represented. Because the numbers of respondents from MENA, North America, Australia and New Zealand, Oceania, and Eastern Europe and the Central Asian Republics were few, much of the regional analyses focused only on Africa, Asia, and Latin America and the Caribbean. Finally, the Chinese language survey was posted for two weeks, whereas the global English version of the survey was posted for three weeks, which may have resulted in fewer Chinese respondents overall than what might have been expected over a three-week period.

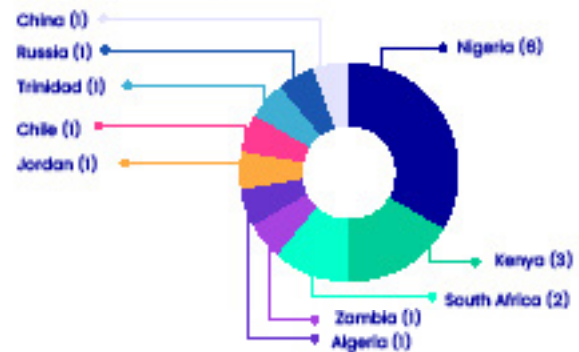
In-Depth Interview Results on the Nature and Extent of “Conversion Therapy” Globally

In-Depth Interview Methodology

In March and April 2019, in-depth, semi-structured interviews were undertaken with 19 people who had experienced some form of so-called conversion therapy. Interviewees were identified through the online survey, in which respondents who had endured SOGIE change practices had the opportunity to indicate whether they would be willing to be interviewed or not. Forty-two people indicated that they were willing and twenty-nine were contacted, based on geographic and SOGIE diversity. Of these, 19 interviews were conducted. Interviews ran from 30 to 70 minutes and, if permission was granted, were digitally recorded. All interviews were transcribed into an Excel spreadsheet. Eight questions were posed that focused on understanding how and when the “conversion therapy” started and by whom; the methods used over what period of time; the subsequent impact “conversion therapy” had on respondents’ lives; what messages the respondents had for religious leaders, families, clinicians or others about conversion therapy; and recommendations for how to combat SOGIE change practices in their countries. At the time of the interviews, which were conducted by Skype, Zoom, telephone, or text, the interviewer reviewed the objectives of the overall project and how data would be used. The respondents then were asked for verbal consent and were informed that they could stop the interview at any time and/or decline to answer any question. Age, location, and SOGIESC (sexual orientation, gender identity and expression, and sex characteristics) status were collected for each person. Actual names are provided only when respondents verbally gave permission. For others, names have been altered to maintain confidentiality. Interview transcripts were reviewed manually, and key themes were identified, coded, and analyzed. Quotations that illustrated key themes and experiences were excerpted for inclusion in the summary of findings. As Figure 25

illustrates, the 19 respondents come from 11 countries, five of which are in sub-Saharan Africa. About one-third of all respondents come from Nigeria. Eleven respondents (61%) identified as male, four (22%) identified as female, and three (18%) identified as non-binary. The majority of respondents identified as gay (8), followed by lesbian (3) and queer/non-binary (3), and transgender (2). One respondent each identified as pansexual and bisexual. One respondent was intersex and identified as queer/non-binary and pansexual.

Figure 25:
Respondent countries



Interview Results: Key Themes

Although the stories from those interviewed were distinct, personal, and grounded in their cultural realities, five predominant, intersecting themes were identified. First, nearly all (16 of 19) interviewees underwent SOGIE change because of religious condemnation. Of these, 14 identified as Christian and two identified as Muslim. Half (8) were coerced and half voluntarily pursued change. Many respondents referred to being “prayed over,” taken for “deliverance,” being anointed with oils, or having to undergo exorcism rituals to expel the “demons” that inhabited them and kept them from being heterosexual

or cisgender. Several interviewees described fasting or “dry fasting” (no food or water), combined with intensive prayer, as a means of change. Several others voluntarily enrolled, or were made to enroll, in online religious courses¹ offered by international religious groups. These courses led them through “therapeutic” exercises meant to change their SOGIE or, at least, to help them resist acting on their same-sex attraction. In some cases, religiously based change efforts became violent and abusive, especially for lesbians and transgender women, where praying rituals devolved, essentially, into incarceration or sexual assault. Many interviewees who were subjected to religious condemnation ultimately felt betrayed by religious leaders in whom they had been brought up to trust and respect. Based on their experiences with religious condemnation, interviewees, in equal measure, decided to abandon their religious beliefs, or work within their faiths to bring about change.

SOGIE change driven by religion was often encouraged or compelled by family members seeking to either “help” or punish their child, thus highlighting the second key theme: parental and/or family rejection, and specifically the total rejection of non-cisgender, non-heteronormative identities. Various forms of coerced “conversion therapy” were often combined with threats of expulsion from the home, physical abuse, forced incarceration or institutionalization, withholding of school fees, and restrictions on freedom of movement or contact with others. In some cases, as recounted by those interviewed, religious interventions would be combined with traditional rituals and/or secular professional medical or mental health consultations, especially when it appeared that one type of intervention was not working. Several respondents spoke of being subjected to ritual cutting, for example. Others were raped by community members. For some interviewees, they let their parents believe that they had “changed,” as being out and accepted was considered impossible. In other cases, families were divided, between parents, between parents and siblings, or among extended family members, with some members pressuring the LGBTIQ member to change, while others were more inclined to be accepting but seemingly unable to stop the abuse. Family rejection

was often the result of the fear of religious condemnation and/or due beliefs that having an LGBTIQ family member would bring shame, embarrassment, or dishonor to the family. According to the one Chinese respondent, negative family responses were less likely to be related to religion, however, but rather to dishonoring parents and to assumptions that the family line would not continue.

Many respondents spoke of profound feelings of self-hatred, depression, and suicidality. These feelings... seemed not to be bound by culture, geography, or religion, but rather by the utter denial and attempt at erasure of LGBTIQ peoples’ true selves by those closest to them, resulting in despair and hopelessness.

A third theme that emerged relates to the harmful sequelae that results from failed attempts at change and from family and societal rejection. Many respondents spoke of profound feelings of self-hatred, depression, and suicidality. These feelings, as detailed by interviewees, seemed not to be bound by culture, geography, or religion, but rather by the utter denial and attempt at erasure of LGBTIQ peoples’ true selves by those closest to them, resulting in despair and hopelessness. Interviewees spoke of “feeling dirty” and of deep feelings of shame, humiliation, wanting to die, wishing they had never been born, or wishing to have been “aborted,” as one described. In several cases, interviewees described multiple attempts at suicide, with their survival ultimately leading them to greater self-acceptance and even activism to help others facing similar condemnation. Overall, descriptions of emotional pain, shame, and internalized homo- and transphobia dominated the narratives of those interviewed.

¹ For example, see: <https://settingcaptivesfree.com>; <https://www.homosexuals-anonymous.com>; <https://www.homosexuals-anonymous.com>; and <https://www.davidpickupimft.com> among many others.

For many, the principal means of overcoming these feelings was through connection with safe communities of other LGBTIQ people, which constitutes the fourth theme. For some, this resulted from attending university away from their homes, where they could be exposed to other ways of thinking. For others, it was simply access to information and communities online, through which they could educate themselves about what they were experiencing and meet others like them. For others, it was actually meeting someone for the first time who was like them and deriving inspiration from role models within their communities. Finally, the fifth theme that emerged from these interviews is the need for education and awareness about the harms of “conversion therapy.” Respondents specifically cited the need to target religious leaders, parents, and mental health providers. Several noted, importantly, that efforts to address “conversion therapy” should not be pursued in isolation of broader efforts to gain social and religious acceptance.

Interview Excerpts by Country and Region

Following are key excerpts from the interviews, which are organized by country and region and highlight the key themes. Additional interview data not captured below are included in Appendices II-IV.

SUB-SAHARAN AFRICA

South Africa

Kim Lithgow

An LGBTIQ activist in South Africa, who was raised in a religious household, Kim Lithgow didn't accept her sexuality until she was in her late 30s, after 17 years of marriage to a man. She pursued change on her own:

I didn't want to be gay. I wanted to be straight. I was religious. I believed what I was told and that I could change. So, I went to Exodus—they willingly sent me through a 12-step program online. I worked through a book at home, plus I worked with online groups. It was actually so obvious that it wasn't going to work. They were saying that you could change, but the only thing they advocated for was celibacy.

— Kim Lithgow, 53, pansexual, South Africa



Reverend Nokuthula Dhladhla

Reverend Nokuthula Dhladhla, a lesbian from South Africa, grew up in a very religious household, and although she knew she felt different by the age of 14, she kept it a secret. She, like many others who were interviewed, felt that something was very wrong with her and decided to seek out help from the church:

The process started with me—I would fast and pray that I needed to change. But it was when the church people found out about my sexuality, that is when the whole process started. Then I was told that I was demonic, that I needed help. And I agreed...So, the process would be that every Friday night, the church people would come to my house where my family was to do an all-night prayer where they pray and chase the demon away. The whole process is that you get prayed for, you get hit, you get beaten up. It was a very painful experience because when everyone was praying for me, whenever I would be screaming, they would be thinking that this demon was talking. So that whole process happened, until six months later, when I realized that nothing was changing. But I was sick and tired of my body feeling painful. The whole last experience was really a bad experience, because now when these prayers were happening, I was being prayed on by men—so at some point in the prayer, people tried to get fingers into my private parts. The whole idea was that others assumed that I had two organs. So that's when I realized that this can't be happening to me because these are men who now are putting their hands in my body where they are not supposed to be...So, six months later, I had to say, I am right, I am cured, I lied about it. So that then this prayer would not continue.

Rev. Dhladhla was further subjected to sexual violence, and the repercussions of the violence and rejection lasted years and included a suicide attempt. She recounts:

For years I carried shame. I felt dirty. I felt that there was something wrong with me. It was hard to cope with everything—that you are now known as this person who has this problem. It felt like I was the worst person of them all. That is how people were looking at me and treating me. But I think the change happened after— because it was only about a month after all these six months of being prayed for that I was gang-raped. And the church found out about the whole situation and then that was when I was told that God was punishing me because I didn't want to change. In that process, the impact of that, was the fact that now I needed to make a decision for myself—whether I wanted to serve this God, who was horrible, who punishes people the way people were explaining it to me, or I find a God that I can serve—someone who is loving and kind.

So, I went through a whole process of finding the scriptures that were basically talking to me—that God knew me before I was born... and Psalm 139—where it speaks about how I was created in the image of God. So I think the whole experience of being prayed for, the whole experience of feeling like I didn't fit in, the whole experience with me getting gang-raped, was that it got to the point that I made a decision that I am divorcing this God that these people have been selling to me. My journey has not been easy, and they have made it worse. So, I am going to look for someone who is more loving and kind... So, I accepted myself...When I tried to kill myself, I didn't die. And when I woke up from that, then I had a purpose in my life.

– Rev. Nokuthula Dhladhla, 46, lesbian, South Africa



Nigeria

All interviewees from Nigeria described, with similar detail, the enormous pressure to change, coming from their religious communities, families, and sometimes schools. Several also described ritual cutting as part of traditional practices meant to restore a person's cisgender heterosexuality.

Henry

I knew I always liked boys, and I always knew I liked girls, but I liked boys more. So, there was this sort of conflict I have always had...and I knew then that liking boys was bominable, not something you could do...I was trying to resolve it, and I was in church, and they were talking about demons and how they possessed people. So, at the end of the day, I thought it was a demon tormenting me... There was a circulation of information that I was a beast, and I have come to take children in that area. People were all looking for me. Those who intentionally want to change me—people from the church—and those who just didn't want to see me around again. So, I had to leave that place... I left, and I decided in myself that I was going to live all my life with this demon...I fasted for almost the whole year. The only days I didn't fast were on weekends... Every day I fasted, praying and going to devout sessions, On Fridays, we do a vigil where we all kneel down, and prayer warriors come and do anointing and use candles and handkerchiefs. They asked—'are you able to free yourself?'...They were trying to do me a favor, trying to help me—but, somehow, they were still hurting me. At a certain point, I stopped receiving their calls. I decided not to ever submit myself as such again.

— Henry, 28, bisexual man, Nigeria

H.I.

I grew up with scripture—my mom is a pastor. I was coming back from the holidays from Uni, and I was really sick. I told my mom that I thought God was punishing me. She took me for deliverance the next day. I had to pray and fast... It was a one-week process—I did a dry fast for three days—so no food

or water. I just prayed. I was convinced that I would change after this process. Then I returned to school. At Uni—two people were caught [engaging in same-sex relations], and they were asked to name names. The Chancellor of the university said they would expel everyone. Or we had to take a course. It was called 'Setting Captives Free'. It was an American online course. It lasted 30 days, and I had to have an online accountability partner to help me through. After every test, he would ask, 'Are you better? Have your changed?' After every session, they sent a progress report by email to someone you name, and a guy in our university also got the emails... I felt like it worked because it was the only way I could live and please God. People made me do it, but I thought that God was using them to reach me. He was talking to me through them. Now [ten years later] I am comfortable [with my sexuality]—I own it. My mom doesn't know. My faith has evolved. That is the space that I am in. I lost time that I could have used to have a full life. That is what really hurts. I could have used that time. I spent ten years trying to be something that I was not.

—H.I., gay man, Nigeria

A.O.

It was my mom's friend who forced me to church (at 13)—first to Cele [Celestial Church of Christ], where I was whipped with a broom for like—I don't know how long it went on—because I know that at the end of the day, I thought I was dead. My mom didn't tell me that this was going to happen—she just said, 'Oh, I am taking you to a friend's house.' And then the friend took me to church to rid me of this. I was told that children that are from the netherworld are sent to the world to torture their parents. And then—I think I was about 15—someone reported to my mom about me. They complained about the way I dressed—that I was acting like a boy. So, my mom took me to the Cherubim and Seraphim church—they whipped me again with a broom, they say that it is a prayer broom, then they locked me up for two weeks, and I was made to fast and pray. Actually, I think it was a

month—I just lost sense of all time... I felt I had been there forever...We had to fast and we were not allowed to go out. I was basically a prisoner. They took me to the river, and they physically stripped me naked, and the pastor washed my body. I blanked out everything. I wasn't the only person in that place. It was a shack made from wood and had a cement floor and the roof was aluminum—and it would rain, and you are wet, and you are sleeping on the floor which was wet. You only get to eat at a certain time—they allowed us to eat around 7 in the evening and that's it... I had to drink a lot of prayer water that tasted like soap... Another time, I was made to eat some food—God knows what. I sat naked and they used blades on my scalp. This went on for two days. Then, the last time was a prayer session in another Cele Church, and we went to bathe in the waters, and we had candles and boiled eggs for seven days. That was the last of them, because my mom—she had cancer—she stayed back for care. By the time she came back, I was back from school and she couldn't make me do things anymore. She lost having authority in my life. When I turned 24, I had my first son and moved out of the house and did not come back again.

– A.O., 46, lesbian, Nigeria



G.P.

A gay man from Nigeria recounts a similar story of being prayed over:

I was 20... My mom found out about my sexuality when I was 17, and it has been an issue with her ever since. Then one day, when I was home from university, she mentions going to see a pastor. I said 'No.' And with tears and anger, she said that 'this is for your own good and for your soul.' So, I say 'Yes.' I would rather have not gone, but I felt I had to try for her.... So, I saw the man of God. We sat in a circle: him, me, my mum, a church attendant, and my aunt. Then the man started to pray. I wasn't asked to kneel or anything. He began to pray and speak in tongues. And after about 15 minutes of doing so, he told my mum that I am being held in bondage by evil spirits. And that the bondage is strong. I thought it was bullshit but looking at my mum and the tears in her eyes, she obviously believed him. So, he gave me some psalms I was to recite and meditate upon every day. And I was given dry fasting. No water and no food. From 6am until 6pm. I was to eat within an hour and do that again until the next day—for two weeks. Then we were allowed to go. It only happened one time. I have never let it happen again. My mum asked me to follow her to crusades and seek deliverance a couple more times. I have refused. The fast was a terrible one. It was more of a starvation thing. I felt awful during and after everything. She still asks. She says I'm her child and as long as she is alive, she won't let this evil get me easily.

– G.P., gay man, Nigeria

John

Emerging from these interviews is a pervasive belief by others that SOGIE change is possible—and that the LGBTIQ family member is willfully choosing to defy religious, family, and societal norms. Notes John, a gay man from Nigeria,

I was 20. I went for a church event, organized by the Church of Rainbow... Hoodlums starting to get suspicious and were hanging around. Information broke out about the church and photos were published in the newspaper. I told my older brother

that I was attending this church. My family belonged to the Seventh Day Adventists and this didn't sit well with him. At the time, I was trying to attend school, but I was deceived to come home. Dad set me up with my step-family [his father's other wives and children]. Everyone was being suspicious. That was the day when the full-scale attack happened. The whole family beat me, led by my dad. They had weapons and were telling me that I can't be gay. They were beating me, but I was telling them that this is me. [Being gay] doesn't make me less human. The attack lasted a couple of hours...I hated existing in the first place. I did not want to be alive. What I went through, I don't want anyone else to go through. I wished I was aborted. It was full-scale anger vented on me. Life lost its meaning for some time... Later, I met a guy.... Over time, this guy would come around to check on me. My brother got suspicious. One night, I had to sneak out of the house and meet the guy. People were trying to find me—they were screaming my name... I waited for the coast to be clear. As soon as I came out, I fell into the hands of my elder brother. I was beaten and had an injury to my left ear. At first, I had severe pain. The pain died down, but until now, it is damaged. I felt like life lost its meaning... I went to a safe home in Lagos. I came across a different life entirely.

-John, 31, gay man, Nigeria

M.A.

A gay/transgender interviewee, M.A., from Nigeria, recounted his experience with a traditional healer:

At nine, I was taken to a traditional healer who was perceived to have the ability to, as it were, "repair" or correct what was perceived not to be right. The "conversion therapy" was based on African traditional religion. In the tribe I belong—the Tiv tribe— it is \ considered an anomaly to have a gay or a trans child... According to indigenous religious beliefs, it is felt that someone must have done something spiritually using traditional methods to turn this male child in the wrong way—according to Tiv philosophy nothing happens without a cause, thus someone, seen or unseen, is responsible for actions that are manifest in people...In the local language, they will say—this child has been "ruined..." What use could femininity be in

a male child? It had no place there and needed to be removed through conversion therapy. When "vihi" (ruin) has occurred, the Tiv usually seek a traditional healer who needs to "Sor"—to be treated, repaired, or returned to a desired state—back to what the child is supposed to be—in other words, his male characteristics... As far as I can remember, I was taken to the shrine of the traditional healer in the evening, and the traditional healer used a razor and he made three incisions. He made short incisions on both my feet in the instep, on my wrists, on my elbows, on my forehead and on the back of my neck... there were three of them in each place but not very deep. As soon as the blood came out, [the healer] had a powdery concoction of herbs, which he took out of a calabash that he rubbed into the incisions. When he was finished, I was given a calabash with a potion I was to drink. I was told that after drinking it, I would pee everything out (i.e. the negativity that is responsible for my femininity). And he used alligator pepper. It is spice... It has a spiritual significance in African traditional religion.

He removed the alligator pepper and then he touched my feet, left foot (instep), right foot, left ankle, right ankle, left knee, right knee, left waist, right waist, left shoulder, right shoulder, and then circled around my head twice. So, the alligator pepper was meant to complete the ritual. However, the peak of the ritual was the slaughter of a spotless black chicken (a rooster) that was brought to the traditional healer. The traditional healer said that apart from peeing out the negativity, other spiritual elements were cast out of my body and into the rooster. The rooster was slaughtered after the ritual and thrown into river the following morning. That was the end of that conversion ritual. It was supposed to "repair" or reverse what someone else had done in the spiritual realm. But it did not change anything....

- M.A., 42, gay/transgender person, Nigeria

Kenya

George Barasa

Religion and family pressure also characterized SOGIE change efforts in Kenya. A Kenyan activist now living in South Africa recounts:

They tried to change me from an early age. My aunt was a pastor. She was invited by my mom to pray for the family. But it turns out the prayers were not for my family, but for me. I was anointed with oil. She said that the woman in me should go away. Then my mom went to a witch doctor. She woke me and stripped me in the middle of the night to pour water on me. She did this three times. After the third time, I said, 'no, stop it...' When I was in school, the teacher drew body figures on the board and talked about what is a man and a woman. He shamed me publicly, and I was bullied...I told one of our teachers, a patron with the Christian Union, that I was still a religious person. Instead of guiding me on how to manage my feelings and my family, he invited all the pastors—including one from the U.S. who had been going from one school to another on a crusade—and they ganged up on me —11 people without the consent of my parents.

They called me a devil worshiper who was out to change others. It was an exorcism...I was beaten and exorcised even before this, but it was too much pressure. They used witchcraft to drive out the gay demon in me, and bullying... In Form 3, I moved to another school. Then a newspaper outed me... I was outed all over the country... My family disowned me. I was given a choice—change or be disowned. I chose to be disowned. I was so naive, depressed. Some people took advantage of this. In the process, I was infected with HIV. I attempted suicide—I took rat poison and was found unconscious by neighbors who checked on me. They found me in the house—rushed me to the hospital, and had my blood tested. That's how I found out about HIV. It was something I found out when I was trying to die— and I took it as a second chance to live.

– George Barasa, 28, gay, gender non-conforming, Kenyan living in South Africa



Jay Angwenyi

When I got to high school, I believe some classmates set us up, and we were expelled. When I got home, my dad read the expulsion letter. He got angry and beat me up. My mum was sympathetic, but there was nothing she could do. That night, I had to run off to my grandmother's place and wait for my dad to cool off—but he never did, actually. I stayed home from school for six months because he refused to pay school fees for a gay son. Eventually, my grandmother just told him to take me back to school, but he only agreed with one condition: that I attend counseling sessions. He happened to have a friend who was a psychiatric doctor. I was booked for three sessions a week. The doctor told me that I was abnormal and that some developmental stages in my life had been skipped and I was using homosexuality as a scapegoat. The sessions were bad because he used to make me feel timid—I would always cry until he was done. After two weeks of attending, I decided not to go. My dad would drop me off at the doctor's office, but I wasn't going in. I would sit at the stairs until it was time for him to come pick me.

After missing three sessions, my dad found out. He beat me up again, and this time my younger brother used the opportunity to call me names and how I had embarrassed them. The next morning, my dad decided to take me to a pastor for prayers and that I should confess my sins. The pastor was even worse because he was older and more conservative. The first thing he told me was, 'The bible condemns homosexuality, and there is a special place in hell for people like you...' On the next session, he had invited two other pastors- a man and a woman—who he said had come to combine the power of the spirit and cast away the bad spirit I have. They laid hands on my head and in their prayers, they were saying how evil I am. That was the last time I went for the counselling sessions... I have tried to move on, but the religious counselling really affected me, and up to now, I have a hard time believing if there is even a God in the first place.

-Jay Angwenyi, gay man, Kenya



Zambia

Similar to interviewees from Nigeria, Kenya, and South Africa, a Zambian gay man described throwing himself more deeply into religion, as well as trying traditional medicine, with the hope of change.

C.A.

My earliest attempt was through prayer, hoping it would change how I thought and how others would see me... I joined my school's inter-denominational faith union at 14 or 15. I was constantly reminded of my shame and my sinful state. At 16, I sought deliverance because of the intensity of the feelings I had... The first session [laying of hands and prayer] went between 1 and 5pm. After that, I thought I was going to be fine, I was told that everything had gone back, and I was invited to have intimate conversations with the head priest, who wanted to know if I still had those perverse thoughts. Had I changed...? I didn't feel anything out of that.

But I thought I needed to prove them right – that somehow they were right, that everything was gone, everything was back to normal.... That session was very intense for me... I didn't want to go back to that session ever again.... Much later on, I decided to do an unorthodox means of conversion—through a traditionalist, an herbalist. I went on my own. I was in university...there was a convent of spiritualists helping me develop feelings of attraction towards women. I was given some tablets and herbs, which I was supposed to take every time I saw a woman I was attracted to. I just did it once but after that I didn't like the whole idea of that herbal treatment.

– C.A., gay man, Zambia

Tanzania

A gay man from Tanzania describes “conversion therapy” approaches that combine traditional, religious, and medical interventions:

Jamal Jonathan

It comes back to the family—to the parents. It changes nothing but the process is not really good. Doctors and traditional healers don't follow-up to see who is cured or not cured. They leave it to family, who may take the kids to the regular doctors to see if they can change. Doctors will say that there is a cure and that a lot of people change. There are some interventions like medicines, sleeping pills, exercising, mixing yourself with men, and doing masculine activities that are promoted. I told the doctor that, ‘What you don't understand is that I find men more attractive than women. So, being with men is what I want.’ He said,

‘No- you can be with women emotionally’ and I said, ‘But I can't find a woman attractive.’

According to the doctor, these feelings come from your mind, so I need to forget. He gives you sleeping pills to help you sleep so you don't dream. They are playing with your brain because you really forget something if you sleep too much. It takes your mind away. I tried it myself –I am gay, but I wanted to change. He asked me first, ‘Why are you telling me this? Do you really want to be straight?’ I said, ‘No. I want to be normal.’

– Jamal Jonathan, 28, gay man, Tanzania

MIDDLE EAST / NORTH AFRICA

Jordan

K.A.

I first started looking for treatment online. I was exploring resources for how this can be treated and what can be done about it... I was doing it all by myself. I was reading these guides and books and trying to work things out. Also, I joined an online support group on Facebook that had a group of men who were trying to change their sexuality. One of the men there was talking about how he has been in process of healing for about ten years. That particular thing was stuck in my mind. Did I really want to be battling this for 10 years and not get a result?... I went to a psychiatrist... He told me that because of the absence of a male figure in my childhood—because my relationship with my father was not so good when I was growing up, and because I spent a good amount of time in my childhood with female figures—that the absence of

a male figure in my childhood resulted in me looking for it in a sexual way when I was older and mature. Because you need to explore the same gender when you are young and then, when you are older, you move to the opposite sex. So, it was flipped for me. The effect of this on me was great. It made me feel like it was my family's fault that I am like this, and they, in some way, put me into this. And I internally blamed them for it...In my senior year...I got seriously depressed. I was starting to feel suicidal. At some point, I made a suicide attempt. I stood on a bridge and wanted to end it all, end all the suffering. I didn't want to live like that. It seemed like it wasn't going to work... so I was blaming myself for not being good enough for it to work.

K.A., gay man, 23, Jordan

Algeria

Y.O., who is 32, from Algeria and describes himself as “sexually confused,” paints a picture of extreme isolation—and desperation to be accepted. He states,

Y.O.

I behaved as a girl and my voice was so girly—this is why I was bullied by everyone at school. I talked to a psychologist. But he was not interested. He was homophobic. So, I tried to treat myself.... I tried to avoid people and talking to others, even my family—because in my country, being in this situation is a taboo and unacceptable. At the beginning, I did karate and read books and tried to be someone else by behaving as macho as I could. I was hyperactive and smiley before knowing that I was not acceptable. I did this for two years. Then, when I was 19, I went to university. I had to have a roommate. I tried to be normal in my behaviors to not be bullied. But he discovered that I was just trying to hide something. He

always asked me if I had a girlfriend and

I had no answer. So, I decided to have a girlfriend, but I didn't feel comfortable with her. I did not want to try to go back to being myself. Not for the moment, the religion of my society punishes gay people and my dad tells every day that a man who behaves as a girl is cursed. I still try to behave in a more masculine way now. I am totally behaving as a real man, but inside I tell myself that I am a hypocrite. I am 32 years old and single and I think my family will force me to get married... No organizations are legal in my country to help. It is impossible to find [support] in a country like mine. They control even our thoughts.... I am struggling... I have to find my track. I will never give up. I just want to be acceptable. I try [to find others like me] but they are totally like me, hiding behind masks.

Y.O. 32, male, sexually confused, Algeria

LATIN AMERICA AND THE CARIBBEAN

Chile

Franco Andres

Franco Andres, 30, who is from Chile and identifies as transgender, nonbinary, intersex, and pansexual, recalls their struggle with depression and institutionalization.

I was 19. I was a child... I didn't know what I was. I didn't have any information...I didn't know what a transgender was. I felt I was a dyke. I was very afraid, and I called a friend. At the beginning, he said nothing. Two days after that, we went to a party. Well, it was supposed to be a party at his house, but when I arrived there was nobody. It was just him. He raped me. He wanted to make me a girl. He tried to convert me into being a woman. A lot of trans men, when raped, we are not allowed to say it, because we are men. He thought I didn't know how to be a woman.... The next morning, I escaped, but I don't remember how. I ran back to my house. I told nobody at the beginning. Two months after that, I told my girlfriend – and I went into a big depression. I tried to kill myself a lot of times. I was forced to go to a psychiatric hospital. I was forced to be in the female room. A lot of people tried to tell me, he [the rapist] was not bad, it was your fault because you went with him alone to his house. I told everybody—but it was supposed to be a party... They tried to force me to be a girl in the psychiatric hospital. I don't remember everything that happened in the hospital.

My mind erased it. But I remember that I was tied to a bed, with electricity. They used electric shocks. I was tied to a bed so I couldn't move. I was two months in the hospital...I don't remember how often they were doing this treatment. I remember that when I was sad, and I was crying, they put me in cold water. The whole treatment was based on trying to make me be a girl. Then I started telling everyone that I was a girl, and they let me go out. I didn't transition for six years after the hospital, because I was very afraid. So, it took me six years to be who I am, to say I want to transition because I was terribly afraid to be killed...

– Franco Andres, 30, transgender/intersex
/non-binary/pansexual, Chile

Trinidad and Tobago

Ro-Ann Mohammed

Activist Ro-Ann Mohammed, from Trinidad and Tobago, recounts her story of being taken to church to have her “demons” expelled:

I was going to speak at an event, I was going to be covered by the news, I was going to be out, in the paper. My parents didn't know I was involved in advocacy, so I called my mom on the phone right before the event to let her know that I was a lesbian and that I was involved in advocacy. She completely freaked out...she was really, really angry. At that time, my mom was converting from Catholicism to Pentecostal—to a more evangelical faith. When I went back to Trinidad during my summer break in August, I was pretty much confined to the house. I wasn't allowed to use my phone or use the internet because my parents thought that I would use the internet to talk to gays. Then one day, my mom told me that she was talking to church to speak to someone. And she took me to this evangelical church. And I walked in and there was this guy who is this fanatic—an anti-LGBT fanatic...He just started praying over me to exorcise and expel my demons, and he told me I was the devil's bitch. And then it was like very, very intense prayer and trying to exorcise my spirit because that's what they say—it is the homosexual spirit. There was about two hours of this – being prayed on. He was grabbing onto my head, trying to cast out the demons. My mother was there, and she was crying... Later, I suggested to my mom that maybe we could go to counseling—to see a therapist... Then a week later, she took to me to another church to see a church counselor. She was not a licensed therapist by any means. She was actually a state agent who happened to be in the church. My mom wasn't in the room this time.

I was in the room with this woman and she started asking me all these details about my sexual history, how many people I have had sex with—and then she, again, started doing an exorcism ritual—but this one was more intense—she was very forceful in trying to cast out my stolen spirits—and all this—it just went on for a very long time. She was very hands on. She told me that that you have this evil spirit that is taking control of you and you shouldn't let it. This went on for few hours and I just felt violated. I was distraught, I didn't know what to think, what to do, and after that I had a huge argument with my parents when I got home, and they told me that if I continued this lifestyle I couldn't live under their roof. So, I essentially became homeless for a little bit- moved around from like friends' houses, strangers, houses, and then eventually I moved back to Barbados and have been here since. It didn't work because I am still queer.

– Ro-Ann Mohammed, 26, queer cisgender female,
Trinidad and Tobago/Barbados



EASTERN EUROPE

Russia

Misha Cherniak

A 34-year old gay man from Russia who now lives in Poland tried to change his sexuality over the course of 13 years, driven by the belief that homosexuality was against his orthodox Christian religion.

I was quite young when I realized I had homosexual desires and ideas—I was about ten. I was frightened—my parents were Christian activists... I knew that this was a taboo—I was afraid to talk with anyone. At 13½, the internet helped me connect with others, and my sexual life started. I continued this way for a couple of years, until I was 15, when my father found something in the computer. I asked him not to tell my mother. For a week, he managed to keep it secret— for him it was a blow— but then he told her. That was the first time I faced a therapist and a priest.... The priest said it will pass if I play sports. Though the therapist was Christian, he told me that he was unable to make this thing go away, but he invited another specialist over— an expert in teenage sexuality—who asked, ‘Perhaps, you are confused? Are you really homosexual, or bisexual?’ This lasted a couple of months. The image that he drew was that this thing will not go away—you might be bisexual, so you could have a wife and a male lover. It was a very confusing perspective. I said, ‘No, I want to change.’ I wanted to be straight with God—and I wanted to change for good...I opened up the idea of dating girls—I had three girlfriends, and the third one became my wife (at 19).

All this time, it was ups and downs. It was my conscious choice to fight this thing—my homosexuality. But it continued, and sometimes I went back to homosexual sex... I betrayed her one month after the engagement. I told her, and she took off the ring for a couple of days, and we also spent a lot of time with the priest, who was our spiritual director. And then she changed her mind. Six months before the engagement, I had started reading and engaging online [about how to change] through a site called



“Overcoming.” One of the problems with the leader of this informal group was that he confused sexual orientation and gender identity and expression— so for anyone who was not normative, it was a problem of orientation, according to him. He messed up the minds of a lot of people I know. This was not classical therapy in terms of group therapy or exorcism. It was the reparative narrative that I was living with— based on Joseph Nicolosi, Gerard van den Aardweg, Alan Medinger. It was claimed that homosexuality was there, in us, due to a lack of affirmation from our parents and peers, and we had to rebuild these levels from scratch. So, I read those books, I went into this as self-reflection, and it did shift my idea of masculinity, but it didn’t change my orientation. After I was married, I tried another thing—I went for a male-only retreat of the group called ‘Wild at Heart’—based on the book of the same title written by John Eldredge—about masculinity and Christianity... I don’t think anyone

was there because of homosexual issues- or they were hiding. I felt very ashamed and alone... I also worked with a therapist, two years into the marriage. I came to him because I kept falling and cheating on my wife. In terms of my spiritual life, I would confess and repent, but that didn't solve my problems. So, I eagerly agreed to this therapy. Yet—he didn't take up orientation issues at all with me, but we worked on willpower. I was trying to commit to being faithful to my wife, but I failed. Why? Probably, because the more I pressed this spring, the harder it jumped back at me. I was prayed over in a charismatic group, because I felt I needed healing... But nothing helped. In the end, I got divorced at 25. For me, the narrative of fighting myself took 13 years of my life. At 26, I was gay and was trying to understand how to live my life in celibacy. I even considered joining a monastery, but that was clearly not my vocation. When I told my friends that I would not be with a woman, so I must be celibate, they questioned me. Somehow, I had always had it in my head that God wanted this for me, but they helped me deconstruct this presumption (and thus my relationship with God...) So, I finally accepted that I have a homosexual orientation, but I was still nowhere near being ready to affirm it fully. So I tried finding someone to be in a so-called "white union" with. It meant a loving relationship but with no sex. I made two attempts at white unions—forget it, it makes no sense, as there is always the question of where does the sex start or if a kiss is sex or not. But this experience showed me that I had been afraid of gay sex. I hadn't allowed myself to affirm my identity, my whole sexual experiences had been one-time failures- I hadn't looked for anything longer... I had been in a way disgusted at the perspective of being with someone in all dimensions of a relationship, including sex. And after those two "white-union" attempts, I realized it was enough. And accepted myself as a gay person and accepted sex as a beautiful gift of God... Before that, with women, I always had the feeling of lying. I only got to know what love means when I didn't have to lie.

– Misha Cherniak, 34, gay man, Russia, living in Poland

Impact of “Conversion Therapy” on health and well being

As described by the majority of interviewees, regardless of region, the long-term impact of “conversion therapy” on mental health and well-being is profoundly harmful:

[What I have been through] is still affecting me—I am unable to form relationships... The messages are always ‘It is immoral and unsafe and uncultured and against the order of nature...’ I can’t express myself publicly, I can’t wear my hair long. I speak in a different tone, try to express myself in a different way. It limits myself. I can’t do my best.

– George Barasa, 28, gay gender non-conforming Kenyan living in South Africa

I am just realizing how much impact it had on me because I can’t remember a whole swath of my life. I became born again after I had my son, and I was in church for ten years. I was celibate. I would wake up in the middle of the night to pray because I was a sinner—I would ask God to forgive me because it is all my fault. I didn’t have a husband, and I threw myself into and I was basically in church for ten years—I worked there. I got married to a man and I got pregnant again, but it barely lasted a year, I knew I couldn’t do it. That was a turning point for me. I was already in my 30s—I was like 36, and I finally admitted to myself that I am a lesbian and that I was attracted to women and that I wanted to be with a woman.

– A.O., 46, lesbian, Nigeria

[Conversion therapy] makes you feel disgusted about yourself. It is very damaging. It makes you feel not like a human. It makes you lose your confidence. But we cannot talk about this publicly.

– Jamal Jonathan, 28, gay man, Tanzania

After [the conversion therapy], I really felt bad—physically and emotionally. I felt really dirty after. I felt, in a way, abused. I think it made me a bit stronger, it made me accept, but at the end of the day, there was a way I had to shield all that and find something that would keep myself busy, that would shield me. The most prominent thing was consuming lots of alcohol. It took a huge toll on me. It was basically alcohol abuse. A bit later, I developed a friend who was similar, who had a similar sexual orientation. Through various conversations and a huge network, I slowly got to know one after another. Because before that, I felt I was the only one— that everything that I did was unorthodox. I found a network of people who were in my situation, and I started doing research. And through those networks, I was able to get a bit of support.

– C.A., gay man, Zambia

Key messages for parents, faith leaders, and other perpetrators Of “Conversion Therapy”

At the end of each interview, respondents were asked if they had any messages that they would like to convey to those who perpetrate “conversion therapy” on others, or who create a climate where SOGIE change is pursued by LGBTIQ people themselves.

South Africa

The human rights stance seems to be the only method that can adequately address homophobia globally. But this requires that human rights be extended to the individual, to the woman, to the child, to the poor, to minorities, too. The general population needs to be aware of medical findings in research, and the de-pathologizing of homosexuality and gender incongruence. It should be compulsory for medical practitioners to provide inclusive and affirming services and have a statement on the wall in their waiting rooms as to why they do. Similarly, the inclusive and affirming arguments and stances within all regions need to be widely distributed and loudly proclaimed in order to drown out the voices of hate. This would add balance, at least, to the currently overwhelming sound of misinformation, halftruths, and ignorance that fuel hatred. It is not enough to say that we are inclusive, we need to say why we are inclusive. This is not a game of numbers. It is the protection of minority rights. That’s hard to sell to the majority.

– Kim Lithgow, 53, pansexual, South Africa

Nigeria

It’s got to stop. You are doing more harm than good. I’ve got mental issues I have to navigate now, because instead of being given love and support over something that’s my nature, I was constantly harassed to change and made to feel like I am full of flaws. Conversion does not work. I have friends who have gone through worse than me (one was made to swallow a concoction with broken razor bits in it). He is still gay as hell. A lot worse has been done, and we are still gay as hell. There is tons of research out there disproving conversion therapy. Read up and educate yourselves... I believe visibility is important. The good

kind. We have a few films that show us as deviants and demon-riddled. That informs how we are seen by other people. It encourages conversion therapy. We need media that show us in a different and more truthful light.

– G.P., gay man, Nigeria

I want [religious leaders] to know that whatever thing they say or do, anywhere they find themselves, affects the lives of thousands of people, because people look up to them—because people put their trust in them. I put my trust in these people—I literally gave my body, my soul, my everything, believing that this was going to be where I would be saved. And there are people in that church who are also queer men who understood that there was no way I was going to change, but they were still part of that ritual. So, when you stand up and make comments against queer men, remember that somebody somewhere is having conflicts within himself and when you make those comments, that person could lose hope. And the government should make more policies that restrict religious people from doing any form of conversion therapy. Any form. They are a church. They should do the things they are supposed to do as a church and not try to change people.

–Henry, bisexual man, Nigeria

People are more concerned about the 2014 [Same-sex Marriage Prohibition] law. Once we are finished with that, we can move to this [conversion therapy]. I think people are willing to do something on this. We understand that it affects a lot of people in Nigeria. A lot of people have to deal with conversion therapy in their lives. We need to change social perception in the community. First of all, we need to get the law repealed. Once we can have that out of the conversation, then we can start to talk about social acceptance. We need to change law and work on social acceptance. Work on both at the same time. We need to set a foundation for the conversation to be had. Right now—the West is trying to impose. For us, on this side of the world, we should bring it up—but not bring it up in isolation. We must bring it up in context of accepting people as they are. If you bring it up alone, you are challenging people’s faith head on. This will cause defensiveness. We need to say that it is ok to be

[an] LGBT advocate. The mainstream media needs to tell our stories. It isn't doing that now.

–H.I., gay man, Nigeria

A message for people who are determined to misunderstand you? How can you paint your pain—do they want to see blood? What else do they want? I am sure I am not the first person to come out and say that this is insane. You are breaking children. You are marring children for the rest of their lives. You are inflicting wounds that take years and you are still not fully healed... I am tired of explaining myself. I am feminist. Some people here think I am quite radical. I don't think so. I paid my dues. I paid the price for not following the norm. I pay on a daily basis. Every day, I pay for my freedom, for my choice to pick myself out of that equation of having to beg for acceptance. People are not just harming children. You are harming the future of the world. When I see extremely sad ones, I wonder how many of them have been taken to conversion therapy, I wonder how many of them have had their minds broken, by men in authority—because it is really men. What can I say? Please stop harming children? I left the church because one of the pastors was going to rape me—because I have the devil in my body. I have lost faith in the leaders... I am tired of begging, and I am sad, sad.

– A.O., lesbian, Nigeria

Zambia

In Zambia, in order for this practice to stop, there is need for more and more awareness... I think it would work well to bring our stories forward—to be brought into the public for action—to have a more meaningful policy or education, or more enlightenment, because right now, these issues are never discussed publicly, especially about conversion therapy. Let us not hide our realities —of conversion therapy, of mental health, of bullying—that are actually going on. When is the public going to be engaged or enlightened on the lived realities of people like me and others? That is where the change happens.

– C.A., Zambia

Jordan

I want families to understand that this is not something that your son or daughter has chosen, this is not something that they can control—and by making them go through conversion therapy, you are destroying them and risking their existence. They need to weigh losing your son altogether or having a son that is not complying to norms. I think that this is the most important point, for people going through this thing, I want them to value themselves and accept themselves as they are without having to comply to any standards. And that there are people who have come through this and their lives are good now and that they have come through this situation. Psychologists and professionals, they don't understand this—they are just talking from a different place. They don't understand. Any message that can be said is going to drop on deaf ears because of religious pressure and social pressure.

– K.A., Jordan

Trinidad and tobago

Conversion therapy is part of the larger issue of battling religious homophobia and transphobia- so it is part of our agenda to engage the church as a whole and to get churches to be accountable for this sort of violence that they perpetuate against the community. And also engaging them on the number of people who are queer or trans and making them feel welcome. Making them feel ok—that they can reconcile their faith and sexuality. So, we don't have conversations on conversion therapy alone—it is part of a larger conversation when we engage religious leaders.

– Ro-Ann Mohammed, Trinidad and Tobago/Barbados

Limitations

These interviews were drawn from a self-selected sub-group of survey respondents, all of whom had experienced some form of SOGIE change effort and ultimately rejected its premise. The voices of gay men outweigh those with other identities. No one was interviewed who underwent “conversion therapy” and still believed that it was possible to change. In addition, the majority of respondents were or had once identified as Christian, with two identifying as Muslim. No other faiths were represented in this sample. As with the majority of survey respondents, all interviewees had to speak English and had to have connectivity sufficient for international communication. Those willing to be interviewed largely came from sub-Saharan Africa, resulting in an over-representation of stories from this region, and especially from Nigeria. Future research should endeavor to reach people from additional countries and regions, as well as those representing a more diverse range of sexual orientations and gender identities.

Conclusions

As the first study to attempt to characterize SOGIE change practices globally, these data suggest the need for more in-depth investigation at national and regional levels to more precisely characterize the nature and impact of these damaging practices and to formulate advocacy strategies to combat them. It is clear, however, that the issue of “conversion therapy” cannot be tackled in isolation. The demand for SOGIE change 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.

Although traditional or indigenous practices to change sexual orientation or gender identity may have arisen locally around the world, and continue in some countries, our research suggests that religiously motivated change efforts, particularly within Christian evangelical denominations, persist and continue to pose grave danger to the lives and well-being of LGBTIQ people around the world. In almost all regions, current “conversion therapy” practices have been, at best, influenced and, at worst, instigated and supported by conservative Christians from the U.S. and other regions, as SOGIE change practices become increasingly unacceptable in their home contexts. These heinous brands of conservative religious interpretation continue to pose serious threats to young people around the world, especially as the methods and intent of these organizations may be disguised as altruistic efforts to support people with “same-sex attraction” or other allegedly disordered expressions of sexual orientation, gender identity, and gender expression.

**Fight for freedom, fight for
change; see yourself in your
own mirror and say, ‘I love me.’**
– Y.O., Algeria

Recommendations

- 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.
- Medical licensing boards should revoke medical licenses of health professionals who offer “conversion therapy”.
- As part of ongoing efforts to promote increasing societal understanding and acceptance of LGBTIQ people, civil society should promote testimonies and documentation from people who have experienced “conversion therapy” to raise awareness about the fact that such practices never work but instead cause lasting trauma.
- Civil society should raise awareness about prevalence and forms of “conversion therapy” among LGBTIQ communities in order to identify and provide support to survivors, reach individuals who may feel pressure to undergo “conversion therapy”, and gather more testimonies about these harmful practices.
- Civil society and human rights activists should explore legal pathways for challenging “conversion therapy” practices.
- At the United Nations the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, as well as other special procedures, should gather data on “conversion therapy” and include “conversion therapy” among the many forms of discrimination and violence perpetrated against LGBTIQ people.
- The World Health Organization, the World Bank, and other multilateral agencies should condemn all forms of “conversion therapy” and ensure that no grants or loans are used to support such practices.
- Civil society, national, regional and international organizations should conduct additional research to more precisely characterize the prevalence and nature of “conversion therapy” so that more informed strategies for tackling the practices can be adopted.

Appendix I: Number of Survey Respondents by Country

Country	Number of Respondents	Country	Number of Respondents
Albania	1	Liberia	5
Algeria	1	Malawi	11
Australia	3	Malaysia	5
Bangladesh	2	Mali	2
Barbados	3	Mauritania	1
Belize	2	Mauritius	1
Benin	1	Mexico	3
Bolivia	2	Morocco	2
Botswana	11	Namibia	5
Brazil	2	New Zealand	1
Burundi	3	Nigeria	42
Cambodia	1	Pakistan	5
Cameroon	5	Panama	1
Chile	1	Peru	1
China	135	Philippines	8
Costa Rica	2	Poland	1
Czech Republic	1	Russia	1
Dominican Republic	3	Rwanda	2
Ecuador	1	Serbia	1
Egypt	1	Singapore	1
El Salvador	1	South Africa	21
Ethiopia	2	South Korea	2
Fiji	3	Sri Lanka	5
France	1	St. Lucia	3
Ghana	10	Swaziland	2
Grenada	2	Taiwan	1
Guatemala	2	Tajikistan	1
Guyana	4	Tanzania	9
Hungary	1	Togo	1
India	3	Tonga	4
Indonesia	3	Trinidad and Tobago	4
Iran	1	Tunisia	4
Iraq	1	Uganda	21
Italy	2	Ukraine	2
Jamaica	6	United States	5
Jordan	1	Vanuatu	1
Kenya	39	Venezuela	1
Kiribati	1	Vietnam	2
Lebanon	5	Zambia	9
Lesotho	5	Zimbabwe	17

Appendix II: Additional Interviews with Survivors of “Conversion Therapy” Respondents by Country

South Africa

Barbra Leone

I grew up in a Catholic environment. My mother was not super strict, but she really worried about me. I joined a student Christian Union and started to think about my identity. I was 10 years old. I wasn't understanding what was happening to me – why I was so feminine. I was growing up in a very Christian space... When I turned 12, I started to pray for God's guidance to be the man that He created me to be. I was still being teased for being so feminine, playing like a girl, acting like a girl. I was mentally struggling. When I joined high school— around 2000—the internet started to become common, and I would go to a cyber café, spend two hours on the internet. It was \$1.20 an hour so I had to save up to go to the café. I remember searching out 'identity of boy who behaves like a girl' – this is literally who I am. I learned terms. And I decided I would take hormones and do surgery. I will match my mental self with my physical self. I was really excited. I now had a plan... But I was still in the Christian Union (CU) in the school, so the conflict was still there. I kept praying, trying to find answers. I was a CU official. I was in charge of teaching new songs, new hymns. I was deep into Christianity.

I was a fire breather, a demon stomper. But the whole time, I am very feminine...At some point in my 4th year [of high school], when I was 17, I got prayed for because someone found my diary. I started to be excommunicated from the [student] Christian Union. I was treated so badly. Nobody was talking to me. I was completely alone. Even my friends just left me. They said, 'You need to think about yourself. You are not a woman; you are a man.' Even after being prayed

for, after fasting, going through Friday night 'keshas'— when you do all night praying and fasting—they tried to get this demon from me. I can't count number of times people were praying on me, anointing me with water... This continued until I was 19...But my thinking started shifting from being the man who everyone wants me to be. I wanted to go back to my plan that I made when I was 14. I was miserable. I felt so useless. I didn't feel like living. I couldn't feel the joys of being alive. Then I started googling again about gender dysphoria and I got inspired. I started writing a blog but without saying who I was. From 2008, when I started the blog, I really put my plan to transition in place...I got lucky and met my first transwoman in my own Kenya... She told me this was possible.

– Barbra Leone, a 31-year old queer African feminist from Kenya

Nigeria

M.A.

When I finished university and started working at 22, I met a trans person and she was exactly what I wanted to be....She had a variety of ideas that she shared with me and I found her friendship very liberating because for the very first time, everything went the way it was supposed to be. The scales had fallen off my eyes—I wasn't alone, there was someone else like me. And then we went everywhere together. We shared ideas. It was a great comfort to me but also a source of trouble, too. My family wondered why I was associating with a person like that. They felt that another approach had to be taken to nip my behavior in the bud. I come from a family of five brothers. I am third of the five. And at the time, my elder brother summoned a family meeting. At this family meeting

was my mom, my dad, and my other brothers, and he said to them that he wanted to address an issue of concern to the family—basically my sexuality— and that it was bringing shame to the family. He had heard that I was friends with a trans person, and that word had gotten around about my sexuality and morally it was wrong, and religiously wrong—we come from a Catholic family—religiously it was wrong... he said we will have to take an approach to solve this problem of the sexuality I had...They resolved that I needed to be prayed for. Thus, they contacted a priest who had powers to remove the spirits that were causing my sexuality to be the way it was... I was 24 at the time. So, I agreed to go with them, and we bought the oils that are blessed. and the candles that are blessed with which people would pray to the patron saint—St. Michael— the archangel who defends us against evil. And since I had spirits that were within me causing this sexuality, I needed to have those spirits removed and I asked St. Michael to defend me against these powers that had taken over me....There was a parable that Jesus talked about, the farmer who went to plant the fields and someone came back at night and planted weeds between the wheat, and as the wheat grew, the weeds also grew and began to make it so the wheat couldn't grow properly. Weeds kept the wheat from achieving its purpose. And this parable was likened to my life. That the purpose of my life was not supposed to be that way. That God had formed me in my mother's womb and had intended a different purpose for me, but some negative force or enemy had come to divert me from the path that I was supposed to follow. So, I had to go to confession, I told him all what I'd done... And because of his approach, he really got me thinking that I was doing the right thing and that I could change. He made me believe it. And I believed it with all my heart and followed through with all the prayers. I still know all the prayers. I had my oils blessed, my rosary blessed so I was supposed to do penance, which was saying the rosary one decade every day. And I was supposed to fast because fasting would give us strength over our physical bodies so that the physical body could not control my action anymore. Because I fasted and I prayed a lot more, I will get a hold of myself. And in addition to all of this, frequent attendance of mass and going to communion would also bring me closer and gradually

all of that (homosexuality) would go away... I did this for a year or so. And because I had kept to it, members of my family were convinced that they had done the right the thing for me and that I was in the process of conversion. At one time, I had the notion of becoming a Catholic priest. In all honestly, I had that notion, because if I said that I was a Catholic priest, it would excuse why I didn't want to be around women, and it would let them get off my case and leave me alone. That was my experience of the Catholic conversion therapy... I have contemplated suicide many times. I have acted on it only once and thankfully failed. If I think about how [my mother] hates my being gay enough, I feel worthless, like a failure. I have talked to people and a friend who is a therapist, and they help draw me out of these moods. For the past year, after my suicide attempt in 2017, I don't have these moods as much, if at all. The attempt made me realize that I had let her get into my head too much and would need to find peace and happiness by myself and that it might not include her the way I had hoped, so I learnt to not allow it to affect me so much. My relationship with her isn't as close as before, because I always feel a silent judgement, and I am always anxious she'd bring it up and maybe cry. I think what she's doing is emotional blackmail. I doubt she knows she's doing it, though. She believes it comes from a place of love. She believes she is very right about what it means to be gay. I know now I can't change her mind. So, I've let it go... I think this all has strengthened my identity. I know who I am and that there's nothing wrong with it. I know I don't need changing. My relationships with other queer folk were strengthened... I managed to bring my siblings on to my side. They understand me better than her. So, there are people in the family I can talk to... I want to start or join a conversation about conversion therapy and correct the misinformation that is out there among the various groups involved in the practice—parents and relatives of LGBTIQ children, traditional healers, medical personnel, religious leaders, governments, etc. My experience with conversion therapy underscores advocacy that the practice should be stopped. Unfortunately, I know that the practice still continues in Nigeria and indeed other countries of the world, and the victims of conversion therapy are too scared to speak. They are psychologically scarred and face

mental health issues because they are trying to run away from themselves. But we cannot run away from who we are. I tried to do so when I passed through conversion therapy in the Catholic Church, and I am here to tell the world that conversion therapy, in whatever form, is degenerate and should be stopped. With homosexuality being illegal in Nigeria, it "silently" validates that practice of conversion therapy in churches (both Catholic and Pentecostal) and traditional African shrines. The razor incisions made on people during conversion therapy puts the health of these victims at risk because the razors are often not sterile, neither is the environment nor the powdery potions which make contact with the victim's blood. Very often, the dangers of conversion therapy are diverse and taken lightly because very little is known about the practice and the dangers which it poses to LGBTIQ people and indeed to the general population. Conversion therapy (especially as it is practiced in the traditional African approach, with razor incisions) is as dangerous as Female Genital Mutilation (FGM) yet it does not receive as much publicity as FGM and structures are not in place to curb the practice. Very little is known about the various methods of conversion therapy and its inherent dangers because many victims of conversion therapy do not speak up; thus, they are unable to get the help they need. I am one of them. It took me 33 years to speak, and I must say how relieved and therapeutic it is for me to pour out my heart and let go of my pain. Thus, support systems and networks are useful to provide victims of conversion therapy, the psychosocial support which they desperately need. Erroneously, parents and relatives of LGBTIQ people submit to CT because their societies are heteronormative, and they need to cure the homosexuality and ensure marriage to the opposite sex for the purpose of procreation. The inherent dangers of the practice are not considered—physiological and psychological. However, I believe it is never too late to start/ join the conversation about the dangers of conversion therapy with a view to curb its practice. Given the gravity of conversion therapy and other forms of conversion therapy, which involve violence and physical abuse especially the use of electrical shock, penile insertions, torture, etc., it is pertinent that the practice and effects of conversion therapy should be brought before and discussed at the United Nations, before the community of nations.

Once the United Nations captures the need to ban conversion therapy in its resolutions, other countries of the world will follow its lead and set up structures to curb the practice of conversion therapy. It is indeed a violation of human rights and should be treated as such. The message to governments, especially in countries like Nigeria, is that they should pull down the homophobic laws and legal restrictions against LGBTIQ people because they have not chosen to be who they are in terms of their sexuality. These laws only encourage other people to discriminate against and assault LGBTIQ people. Sometimes in Nigeria, it encourages blackmail and extortion from the police, other state actors, and ordinary citizens and even within the LGBTIQ community, especially in Nigeria. These violations of human rights (against LGBTIQ people) occur because we have the Same Sex Marriage Prohibition Act (SSMPA) in Nigeria. These and other homophobic laws need to be pulled down. For religious leaders, they need to be a lot more honest about their approach that they use. Even in the Catholic Church, the Church has been embroiled in a lot of scandals, they need to own up to their mistakes and accept sexual minorities for who they are... For parents – parents are having a hard time (emotionally and psychologically) coming to terms with sexuality.

Looking back, my mom knew, but she wouldn't start the conversation, she knew all along because she had 5 boys and she always wanted a daughter, which she never had. However, here was this son who fit the description of a daughter. So, when the homosexuality issues came up, she never confronted me because she loved me regardless... When parents of LGBTIQ children send them away because they consider them disgraceful, they only put them in harm's way. And for traditional healers, they require a lot of enlightenment. I know we have a lot of black magic and voodoo in Nigeria, but it doesn't have to do with sexuality, so the earlier the better that they know. Conversion therapy still goes on in Nigeria, a lot of traditional healers here with wild claims of reversing sexuality... They have a lot of claims and they are very popular, and they are very accessible as well... When parents and relatives of LGBTIQ people have to deal with sexuality, they also interpret sexuality as something that can be treated/ cured/reversed by the traditional healers.... No one is addressing this...A lot of advocacy needs to be done

to highlight the ills of conversion therapy... Giving a voice to victims is a brilliant effort because these victims often suffer in silence and have no one who understands the pain they feel. These victims require psychosocial support and a network of other victims/survivors of conversion therapy.

– M.A., 42, gay man, Nigeria

Jordan

K.A.

I first started looking for treatment online. I was exploring resources for how this can be treated and what can be done about it. And I found someone who is a psychologist in Egypt—Dr. Awsam Wasfi. He is a leading person in the whole region on conversion therapy. He is pretty famous...I was doing it all by myself. I was reading these guides and books and trying to work things out. Also, I joined an online support group on Facebook that had a group of men who were trying to change their sexuality. One of the men there was talking about how he has been in process of healing for about 10 years. That particular thing was stuck in my mind. Did I really want to be battling this for 10 years and not get a result? But I didn't act upon it. I didn't want to do it all by myself, so... I went to a psychiatrist...Psychiatrists are really expensive in Jordan, and I was really young—16... He told me that because of the absence of a male figure in my childhood—because my relationship with my father was not so good when I was growing up, and because I spent a good amount of time in my childhood with female figures—that the absence of a male figure in my childhood resulted in me looking for it in a sexual way when I was older and mature. Because you need to explore the same gender when you are young and then, when you are older, you move to the opposite sex. So, it was flipped for me. The effect of this on me was great. It made me feel like it was my family's fault that I am like this, and they, in some way, put me into this. And I internally blamed them for it... His method of treatment at that time was to give me a medication— though I didn't have depression or anxiety particularly— but I complied—he gave me an anti-depressant—Fluvoxamine— an old medication for obsessive-compulsive disorder... He also gave me a bunch of tips on how to get over this. I

don't fully recall all, but one of the tips was not going out with male friends as individuals—in a couple—he said that I should go out with groups. Don't hug, don't get close to any of my male friends or peers, and to watch lesbian sex. I should involve myself in more manly activities like playing football or being part of larger groups with some sort of masculine activities. That is what he recommended...So, I cut off all my relationships. Also, he was telling me to force myself not to check out males in the street – not to check people out. Whenever I have a sexual desire, I should link it with it with something extremely negative – such as 'What would my parents think if they knew that I was feeling this?' I was religious so, 'What is it going to be like when I am at the point of God's judgement at the end of my life?' Then a second person—a psychologist—used to go into details about [homosexual] sex and how disgusting it is. And about anal things and how it is designed for discharge of digested materials. Some perverts lick it but how disgusting it is. So, it was rooted in my mind about how disgusting this is. And how it makes me less of a person if I am dependent on a man....For a long time, I thought about the frustration I would cause to my family if they knew about this and if I continued to be like this and how bad this is...I was really a typical very good boy. I would cause so much frustration to my family if I stayed like this. It was so horrible...

By his senior year, he felt the treatment was not working and he fell into a deep depression:

It was senior year, and it was really stressful—I had to study hard to do what my family wants me to do... and I got seriously depressed. I was starting to feel suicidal. At some point, I made a suicide attempt. I stood on a bridge and wanted to end it all, end all the suffering. I didn't want to live like that. It seemed like it wasn't going to work... so I was blaming myself for not being good enough for it to work. Because I got this idea from the psychiatrist that it all depends on me. It is possible to change—you need to just work hard. So, when it was not working, it was my fault. I am a very bad person. This cannot go on and my suffering needs to stop. I would rather die than watch myself live a life like this, gay and a loser. That is what conversion therapy made me feel. I stood on a bridge. I wanted to end my life. My friend talked me out of it... I didn't stop

being suicidal after that night. It kept going on. I used to cut myself, and I kept all the tissues that had the blood. I was intending to keep them in my suicide note, at which point I was going to reveal to my parents that I was trying to change but couldn't, and I was disgrace to them. And so, my mother found the tissues with the blood and the blade and asked me about it and what's going on and I didn't say it was because of the sexuality part—I steered it in a different direction—it was because of the stress of the senior year. Then my mother took me to the same psychiatrist that I used to go to....and a while later I went to the psychologist—the one that started telling me all the horrible stuff—the religious one—that I had to change. It is all because of my sexuality... He told me to be closer to God, to have faith. So, the worse part of it all was that he actually told my mother about it, and he broke all the basic codes of a psychologist. His explanation would be because I was a minor and there needed to be cooperation between the house and the clinic and this is something they needed to know... I just kept on trying and trying and trying and trying. I regained the will to try again working in the same path, with the same tools—and I used to keep a diary—a schedule. I recorded if I finished a day without thinking about it, two days, three days, a whole day without masturbating. It was a reward system for myself. A while later, I stopped going to the psychologist. I was extremely suicidal. I was hospitalized in a private facility. I overheard the psychiatrist saying that we have a case of homosexuality—not a case of suicidality. He was advising the nurses to be careful with me because I was a homosexual. I was hospitalized for about two weeks. I was discharged, I had fewer suicidal thoughts. Then, later on, I went on a trip with my family to my aunt in France, so I changed the mood, but when I got back, the suicidality was coming back. I started writing a very extensive suicide note about 10 pages long—I explained everything that had happened to me. I was not going to fight it. It seemed like it was not going away, so I will go away... It refuses to leave me, so I decided to leave life... I attempted suicide by drug overdose. Apparently, no one read the note... I then woke up at the hospital two days later. Everything was so horrible. Then, when I was 18, approaching 19. I started not thinking about it. It is here, it's bad, it seems to not be changing. So I will

just ignore it. I will just lose myself for a while. As time passed, I was kind of standing in the shadow, then kind of started exploring the whole thing—and I used to feel intensely guilty—every time I met someone, was with someone, it was the worst thing ever. Immediately afterward, I feel that I am the filthiest, most disgusting person ever. I am a coward and not strong enough to be able to change it. But then I reached a point where I am, like, screw it. It is not going to change, this is who I am, I need to accept, or else I will go ahead and kill myself. But that didn't seem like an efficient approach. I mean you failed twice...I started accepting it and being part of the community and started on the scene of advocacy. I was 19 when I kind of went into advocacy and activism. My father confronted me with it. My family knew about me. I was quite physically and emotionally abused, and I was kicked out of the house and went into the streets... Then I started convincing them that I was changed and that I was straight now, because they would not understand. I have a double life right now. Most of the people around me now don't know. It is quite dangerous. I am totally fine with it, and my life is fine.

– K.A., gay man, 23, Jordan



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