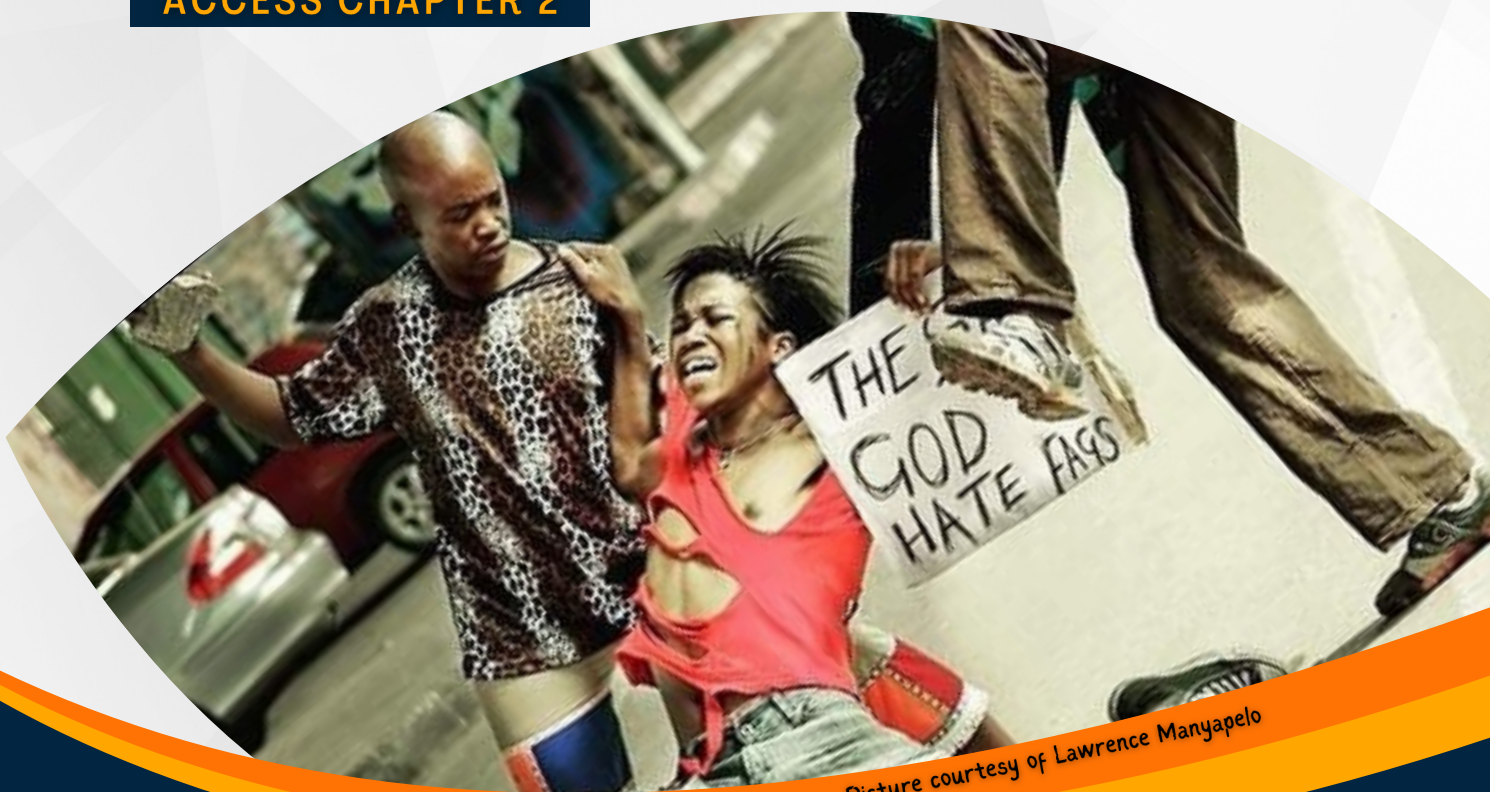




INXEBA LAM

'CONVERSION PRACTICES' AND IMPLICATIONS IN THE SOUTH AFRICAN CONTEXT

**A STUDY BY
ACCESS CHAPTER 2**



Picture courtesy of Lawrence Manyapelo



OUTRIGHT
ACTION INTERNATIONAL
Human Rights for LGBTIQ People Everywhere

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Acknowledgements

This report draws on data collected from a collaborative effort supported by the Netherlands Government through the principal recipient, Outright Action International. Access Chapter 2 is a South African partner to this project.

The report would not have been possible without the undivided directive, guidance and technical expertise provided by Ms. Steve Letsike, Drs. Patrick Mthombeni, and Professor Anthony Brown as leads Investigators to the report.

The Project Associates through the completion of the report include Mpho Buntse, Motsau Motsau and Lonwabo Mlabatheki. We would like to express our gratitude to the various stakeholders that guided the work in inception including The Department of Cooperative Governance and Traditional Affairs (COGTA), Psychology Society of South Africa, University of Johannesburg, and grassroots organisations.

Our deepest gratitude goes to the lesbian, gay, bisexual, and transgender, and intersex (LGBTI+) people and other participants across the country that helped the research team to conduct the study, shared their stories, and opened wounds as they reflected on their journeys. This study would not be possible without you, and we hope your story will inspire others.

We appreciate the AC2 team as well as the report design and printing.

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Message from the Executive Director

For years, awareness has been increasing about the scale of violence and discrimination directed at lesbian, gay, bi, trans and intersex people (LGBTI+) – including killings, torture, arbitrary arrests, and widespread discrimination in access to health care, education, justice, employment, and housing. Various stakeholders have identified gaps in the implementation of the South African Constitution and the legislative framework to address these and related violations and have issued a plethora of recommendations. Such stakeholders have called on the government to robustly address hate crimes and discriminatory legislation and improve measures to protect LGBTI+ people from discrimination, violence, torture and ill treatment, and safeguard rights to equality, freedom of expression and association.

This study examines the use of ‘Conversion Practices’ in South Africa. ‘Conversion Practices’ is an umbrella term to describe a wide range of interventions, all of which share the belief that a person's sexual orientation or gender identity can and should be changed if it doesn’t conform to societally imposed norms. Such practices aim (or claim to aim) at changing people from gay, lesbian, bisexual to heterosexual and/or from trans or gender diverse to cisgender. ‘Conversion Practices’ or ‘Conversion Therapy’, also known as Sexual Orientation and Gender Identity and Expression Change Efforts (SOGIECE), include formal therapeutic and informal practices which target LGBTI+ people with the false ideology that their sexual orientation, gender identity or gender and sexual expression can be suppressed, ‘cured,’ or changed.

This publication seeks to respond to a demand for an in-depth analysis of existing concrete harmful ‘Conversion Practices,’ and to address the remaining gaps and challenges to end such ‘practices’ via legislative frameworks and a social compact. The results of this study provide experiences, showing us the myriad of ways that serious obstacles remain. The findings highlight the need for more data on the situation of LGBTI+ people, and for a systematic evaluation of effective measures for national government actors and other social partners to address abuses that LGBTI+ people face everyday.

I am confident that this publication will spark discussion. We hope it will inspire renewed efforts and determination by various stakeholders including government actors, national human rights institutions, civil society organisations, social structures, and members of the community to join forces to end human rights violations on the basis of sexual orientation, gender identity and expression, and sex characteristics.

Mmapaseka Steve Letsike

Executive Director and Principal Investigator



Glossary of Terms

Cisgender - is a term to describe a person whose gender identity and sex assigned at birth are the same. Cisgender specifically relates to gender and not sexuality. A cisgender person may have any sexual orientation.

‘Conversion Practices,’ ‘gay conversion therapy,’ ‘conversion therapy,’ ‘reorientation therapy,’ ‘reparative therapy,’ ‘reintegrative therapy,’ ‘gay cure,’ and ‘ex-gay therapy’ are all terms used variously around the world to describe efforts to alter or change a person’s sexual orientation, gender identity or gender expression. All such efforts, sometimes also referred to as sexual orientation and gender identity/ expression change efforts (SOGIECE), assume that sexual orientation, gender identity, or gender expression can and should be altered or suppressed if they do not conform to societally imposed norms. The term ‘therapy’ or ‘treatment’ for any of these practices is inaccurate because both imply the presence of a disorder and are not founded on scientific evidence. What unifies these terms is an underlying and thoroughly discredited belief that sexual orientation and gender identity can be changed, that being LGBTI is a disorder or illness that requires ‘treatment’ or ‘cure,’ and that cisgender heterosexuality is inherently normal and preferred. In this report, the term ‘Conversion Practices’ is used for a range of such damaging, often abusive indoctrination efforts.

Corrective rape is sexual violence meted out as punishment for a perceived sexual orientation or gender identity or to change someone’s perceived sexual orientation or gender identity. The intended consequence of the rape, as viewed by the perpetrator, is to compel heteronormativity or to enforce conformity with gender stereotypes. A preferred synonym is ‘homophobic rape.’

Gender is a societal construct on attitudes, feelings and behaviors associated with a person’s biological sex. Gender identity is a person’s internal, deeply felt sense of being male, female, an alternative gender, or a combination of genders. A person’s gender identity may or may not correspond with her or his sex assigned at birth. Gender expression is a term for a person’s way of communicating masculinity and/or femininity externally through their physical appearance (including clothing, hairstyle, the use of cosmetics, etc.). Depending on the context, gender and gender identity may be interchangeable terms. A person’s gender, gender identity and gender expression are different from and not related to their sexual orientation.

Gender diverse is a term for someone whose gender identity or gender expression does not conform to socially defined male or female gender norms.



Heteronormativity is the belief that heterosexuality is the default, preferred, or normal mode of sexual orientation. It assumes that gender is binary and that sexual and marital relationships are most fitting between people of different sexes.

Homophobia is the fear, prejudice or discrimination against homosexuality or homosexual people.

Intersex refers to people who naturally possess genitals, chromosomes, hormonal and reproductive characteristics which do not correspond with the given standard for male or female categories of sexual anatomy. There are many different intersex variations. Being intersex is a naturally occurring trait in humans; it is not pathological. Being intersex is not linked to sexual orientation or gender identity; intersex people can have different sexual orientations and gender identities and expressions.

LGBTI+ is an acronym for lesbian, gay, bisexual, transgender, and intersex. The '+' sign is used to reflect a limitless spectrum of sexual orientations and gender identities. This acronym is inclusive of a broad range of people; however, it is not necessarily exhaustive, nor is it universally accepted or used.

Non-binary/Genderqueer is used to describe someone whose gender identity blends elements of being a man or a woman, or who has a gender that is different from either male or female. Some people may not identify with any gender.

Queer is used as an umbrella term referring to anyone who is not straight and not cisgender. Historically the term queer was used as a slur against LGBTI+ people, but in recent years it has been reclaimed in some communities.

Sex is an individual's biological status that is typically categorized as male or female but also includes intersex.

Sexuality is how people experience and express themselves as sexual beings within the concepts of biological sex, gender identity presentation, attraction, and practices.

Sexual orientation is one's inherent or immutable emotional, romantic, or sexual attraction to other people. Though there are many categories of sexual orientation, the three that are the most commonly discussed are:

- a. Heterosexual: attracted to members of the opposite sex.
- b. Homosexual: attracted to members of the same sex.
- c. Bisexual: attracted to members of either sex.

Transgender is an umbrella term frequently used to describe individuals whose gender identity, expression, or behavioral pattern does not align with the sex they were assigned at birth. Transgender is a gender identity and not a sexual orientation. Transgender people may choose to bring their bodies into alignment with their gender identity, and some do not. Being transgender is not dependent upon seeking or undergoing any medical procedures.

Transphobia is prejudice or discrimination against transgender people.



Executive Summary

The lesbian, gay, bisexual, transgender, intersex (LGBTI+) community has historically been a site of erasure, silencing, and marginalization. This erasure has been normalised over the history of civilization, particularly in Africa, where most countries still criminalize same-sex desiring.

This report is the first effort to document the existence and harmfulness of ‘Conversion Practices’ across South African society. ‘Conversion Practices’ is a term to describe various efforts to alter or change a person’s sexual orientation, gender identity or gender expression. The use of such ‘practices’ wrongfully assumes that sexual orientation, gender identity or gender expression can and should be altered or suppressed if they do not conform to societally imposed norms. This is an important study for conceptualizing ‘Conversion Therapy’ locally. For the South African context, the term ‘Conversion Practices’ is used to encompass the various societal dynamics that enforce or practice ‘conversion’ in one or more ways and include a multitude of practices and methods, some of which are secretive and therefore unrecognised, unknown, and poorly documented.

This study, based on 303 online survey responses and 30 one-on-one interviews, documents how ‘Conversion Practices’ violate the human rights of individuals on the basis of sexual orientation and gender identity and expressions that do not align with often-compulsory heteronormative expectations. This study documents the realities of how ‘Conversion Practices’ have become commonplace in South Africa and how efforts to use such spurious ‘practices’ dehumanize and pathologize sexuality at the expense of respect for human rights, self-affirmation and right to exist for LGBTI+ people subjected to such heinous practices. These practices constitute violations of rights to self-determination, bodily autonomy, health, and free expression of one’s sexual orientation and gender identity. When these practices are accomplished forcibly, they also may violate the prohibition on torture and ill-treatment.

The research findings illustrate how ‘Conversion Practices’ exacerbate existing vulnerabilities of sexual orientation and gender diversity intersected with age, economic inequality, inaccessible and/or discriminatory health care and social cohesion challenges. The research also illustrates the pervasiveness of ‘Conversion Practices’ in South Africa. Fifty percent of the respondents reported that their families had forced them to convert their sexuality or gender identity, while 43 percent had at least one session with a religious representative or institution as an ‘intervention’ by parents, families, or community members.



Identified perpetrators include private and public mental health-care providers, faith-based organisations and leaders, traditional leaders, and traditional healers. Initiators include parents/guardians, family, friends, and community members. Practices of ‘Conversion Therapy’ are the opposite of what ‘therapy’ should be: they inflict severe pain and suffering, resulting in long-lasting psychological and physical damage, often following young people to adulthood. The findings raise alarming concerns with how families perpetrate and perpetuate ‘Conversion Practices.’ This is most problematic as it violates one’s sense of safety in the home. This concern is coupled with evidence of ‘Conversion Practices’ causing devastating mental health impacts including anxiety, depression, and/or suicide.

Despite LGBTI+ pressure groups’ visible efforts to condemn practices of ‘conversion,’ such practices remain prevalent. The impact is even more detrimental, with most of the participants directly having experienced discrimination, prejudice, homophobia, transphobia and/or stigma in the hands of families, churches, psychosocial service providers, schools, and community members. These, according to survivors of ‘Conversion Practices,’ create hostile and stressful social environments. Individuals are subjected to social rejection and feel forced to hide their identity.

Deep-seated systemic, institutional, and societal heteronormativity produce and perpetuate violence, discrimination, harassment, and vilification of those who dare to embody difference. The qualitative data examines young adults’ retrospective reports of family and community authority figures’ attempts to change their sexual orientation at different points of their development. The qualitative data also highlights the associations between these experiences and young adults’ mental health and maturation. The qualitative data identified specific practices of ‘Conversion Therapy’ at different stages of development which is indicative that ‘Conversion Therapy’ is not a once-off event but are applied at different stages and periods.

These findings echo a 2019 report by OutRight International, Harmful Treatment: The Global Reach of So-Called Conversion Therapy. Both studies show that, regardless of religious, cultural, or traditional norms and contexts, many of these harmful practices never work; instead, they often cause deep, lasting trauma that affects every realm of life for decades. According to OutRight, the data paints a picture of prevailing social, cultural, and religious norms that perpetuate myths about LGBTI+ people; a reality seen through many lived experiences gathered during this research endeavour.

This report advocates for a legislated ban on all forms of ‘Conversion Practices’ because they violate the South African constitutional affirmation and protection of all sexual orientations and gender identities, expressions, and varied sex characteristics.



Access Chapter 2 (AC2) launches this report at the time when the global community is celebrating Canada's historic passing of the ban on LGBTI+ 'Conversion Therapy.' Prime Minister Justin Trudeau's liberal leadership has confirmed the dignity and human rights of the Canadian queer community. Perhaps what is most central in this policy breakthrough is that the benchmark will add momentum to AC2's continuous efforts to lobby South African policymakers to ban 'Conversion Practices.' AC2 launched the Inxebalam campaign, now in its third year, to build board support among various stakeholders to rally behind the call to ban 'Conversion Practices.' Since the launch, the campaign has gathered real experiences of the impact 'Conversion Practices' has in South African society.

Through its multi-faceted programme and 3 pillar focus including Advocacy, Lobby and Engagements with relevant stakeholders and Fostering Partnerships, Community Development and Empowerment as well as Advocacy and creating awareness, the campaign will see AC2 taking forward a submission to parliament for the banning of 'Conversion Practices.'

Recommendations

To Government

Recommendation 1: The President should appoint an advisory committee to guide and advise the government in the review of its laws, development, and launch of a national LGBTI+ strategic plan located within the Presidency. In addition, the Presidency to urgently establish and launch a public servant pledge to protect the rights of LGBTI+ people during service provision.

Recommendation 2: The Department of Basic Education (DBE) and the Department of Higher Education and Training (DHET) should develop and introduce mandatory SOGIESC modules in school and higher institutions' curricula. The DBE should review the existing curriculum to ensure an inclusive approach through Comprehensive Sexuality Education. This will also strengthen core partnerships with the LGBTI+ organizations to ensure they provide direct sensitization training and community dialogues both at the school level (School Management Teams (SMTs), School Governing Bodies (SGBs), Representative Councils of Learners (RCLs), and learners) and for government officials.

Recommendation 3: The Department of Health should strengthen and capacitate primary healthcare facilities to provide quality queer-affirming health services. All facilities should be equipped to assist and care for LGBTI+ people and have Information, Education, and Communication (IEC) material targeted to and relevant to LGBTI+ people.

Recommendation 4: Department of Health to urgently finalize the process of appointment of members for the Traditional Health Council of South Africa; and for this Council to develop a policy that will end the harmful and illegal practices. In addition, for the Council to ensure preventative and regulatory measures are in place and are monitored.

Recommendation 5: The Department of Social Development (DSD) should develop a social cohesion program that will promote social inclusion and respect for diversity across its social development program. DSD must ensure the development of SOGIESC guidelines for social workers and allocate a percentage of resources from conditional grants to fund the LGBTI+ led organizations.

Recommendation 6: The Department of Trade and Industry and the Department of Small Business Development must bring the private sector on board to help advance the rights of the LGBTI+ people and promote this work through the corporate establishment of LGBTI+ networks/associations.

Recommendation 7: The Department of Justice and Constitutional Development through the National Task Team implement the National Intervention Strategy, and ensure the development of guidelines for judges, magistrates, and court officials to better address issues relating to hate crime cases.

Recommendation 8: The South African Police Services (SAPS) should urgently develop Standard Operating Procedures to ensure corrective measures to investigate hate-related crimes and harmful practices. SAPS must ensure the inclusion of the SOGIE curriculum within its training academy.

-To Parliament

Recommendation 9: Parliament should prioritize the immediate signing of the Hate Crimes and Hate Speech Bill as well as review all laws to be inclusive in terms of representation and gender identity and gender expression affirming language.

Recommendation 10: Parliament to develop laws that end and/or ban conversion therapy this includes practice, treatment, or service designed to:

- (a) Change a person's sexual orientation to heterosexual,
- (b) Change a person's gender identity to cisgender,
- (c) Change a person's gender expression so that it conforms to the sex assigned to the person at birth,
- (d) Repress or reduce non-heterosexual attraction or sexual behaviour,
- (e) Repress a person's non-cisgender gender identity,
- (f) Repress or reduce a person's gender expression that does not conform to the sex assigned to the person at birth.

-To Academic Institutions and Health Professional Institutions

Recommendation 11: The Department of Higher Education and Training to develop a compulsory SOGIESC module for all first-year students.

Recommendation 12: To draw on research and data development on Bullying, harassment, and exclusion of LGBTI+ people in educational institutions, workplaces and other social institutions and draw on solution-based interventions.

Recommendation 13: For Research and Innovation Institutes such as the National Research Foundation, Council for Science and Industrial Research, Human Science Research Council, and other social research hubs to create a conducive environment for innovation and research in Queer understanding

Recommendation 14: For Higher Education SA (HESA) to appoint a monitoring official to look into a programme to make institutions of higher learning inclusive for all.

Recommendation 15: Professional institutions such as the medical and psychological fraternity should be educated about the damaging effects of ‘Conversion Practices.’ This form of education should be part of in-service and pre-service training.

-To House of Traditional and Khoi-San Leaders

Recommendation 16: Traditional leaders through the NHTL should undergo SOGIESC workshop to strengthen the house's ability to confront current challenges

Recommendation 17: Traditional and Khoi San leaders must strengthen social cohesion by delivering programmes that will conscientize their communities and gather real experiences of their Queer constituencies

-To Civil Society

Recommendation 18: All civil society organizations through the Civil Society Forum (CSF) and other formations should be empowered (human sexuality training and legal empowerment workshops, providing psychosocial support services) to support individuals who have been subjected to ‘Conversion Practices.’

-To Religious/Interfaith Sector

Recommendation 19: Leaders of the interfaith sector to speak out against harmful practices perpetrated in the name of religion.

-To LGBTI+ Community

Recommendation 20: All Civil Society actors in the advancement of the LGBTI+ agenda should establish and run community-based programmes dialogues and solution-driven forums to conscientize community leaders

-To Traditional Health Practitioners

Recommendation 21: THP and other stakeholders to fast-track and lobby for the establishment of the Traditional Health Practitioners Council of South Africa to enable the sector to provide for the registration, training, and practices of traditional health practitioners in the Republic, accounting to the council.

Methodology Overview

The study used a mixed methodology approached. A quantitative sample of a total of 303 respondents participated in an online survey which consisted of 30 questions. The objective of the research study was shared with various LGBTI+ civil society organisations, on social media platforms with options of snowball sampling. Respondents came from across 9 provinces, namely Gauteng (149), Mpumalanga (9), Free State (36), North-West (24), Northern Cape (2), KwaZulu-Natal (7), Eastern Cape (42), Western Cape (28) and Limpopo (14).

A further 30 participants who self-identified as LGBTI+ participated in in-depth one-on-one interviews. AC2 staff recruited participants through various social media platforms and via members of civil society organisations that support individual with diverse sexual orientations, gender expressions, identities, and sex characteristics. Due to Covid-19 which required social distancing, all interviews were conducted telephonically. Given safety considerations, interviewers promised participants anonymity and no names or identifying details are included in the report. All surveys and data collection occurred in English. All participants were above the age of 18 and mostly came from South African ethnic groups. Participants were open about their non-heterosexual orientation to at least one parent or family member during adolescence.

The study protocol was approved by the Faculty of Education's ethical review board at the University of Johannesburg. Pro-bono therapeutic support was on standby although ultimately not requested by any of the participants.

Introduction: ‘Conversion Practices’ and Implications in South Africa

“Conversion therapy [practice] 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’ (Bishop, 2019)

‘Conversion Therapies’ have been repudiated by medical and psychological professionals, religious institutions, and traditional practices in various parts of the world to ‘fix’ individuals’ non-normative sexual orientations to heterosexuality. These ‘practices’ or ‘therapies’ are now known to cause significant damaging social and psychological harm to the self, development, and life course of survivors. In South Africa, nearly 1 in 3 LGBTI+ youth may experience some form of ‘Conversion Therapy’ upon disclosing a non-heterosexual identity or when they do not conform to socially acceptable expressions of cisgender identities (Mthombeni, 2019; Gonzalez, 2016). Over 5000 people, from 100 countries across the world have confirmed that the practice of ‘Conversion Therapy’ takes place in their country. (GPAHE Report, 2021).

While there is no official research into ‘Conversion Practices’ in South Africa, various anecdotal reports indicate that such practices are widespread, regardless of race, class, ethnicity, and religious dynamics. Despite South Africa’s progressive constitution that affirms and protects sexual and gender diversity, the permeation of anti-LGBTI+ ideology across all social spheres indicates the need for remedies cognisant of inter-related, multi-level, ‘ecological’ systems (Bronfenbrenner, 1979) to support LGBTI+ people to develop their fullest potential and find safety and acceptance in all dimensions of life.

Defining of ‘Conversion Practices’

So-called ‘Conversion Therapy’ or ‘Conversion Practices’ refer to any method used to attempt to change or ‘reset’ a person’s gender identity/expression or sexual orientation to heterosexuality or cisgender. The range of methods includes clinical practices, religious methods as well as ‘corrective’ violence and rape (American Psychological Association, 2009). It is practised on every continent of the world (Adamson et al, 2020). The term ‘therapy’ derives from Greek, denoting ‘healing.’ According to George (2017), therapy should be affirming and healing, not shaming, not harmful, and certainly not life-threatening.

Therapy has an inherent belief that a reparative, healing experience is promised, in coming from some broken state of being. However, there is no evidence to date that ‘Conversion Practices’ have any effect in changing the non-normative sexual orientation and gender expressions of its victims and survivors, other than resulting in traumatic assaults on their wellbeing. ‘Conversion Practices,’ ‘reparative therapy,’ ‘sexual orientation change efforts’ (Larson, 2019), ‘reintegrative therapy,’ ‘reorientation therapy,’ ‘ex-gay therapy,’ and ‘gay cure’ (International Rehabilitation Council for Torture Victims (IRCT, 2020), are some of the terms used to describe spiritual, psychological, medical, biological, social, physical, and emotional manipulations and efforts to change an individual’s sexual orientation from homosexual to heterosexual. While a minority of individuals would seek voluntarily ‘Conversion Therapy’ to conform to social expectations, 3 in 4 survivors of these ‘practices’ worldwide are subjected from outside of their control or made on their behalf by their family, school, peers or employer, among others (Adamson, et al, 2020).

Perpetrators of 'Conversion Practices'

According to global research efforts, mental health workers, religious leaders, medical practitioners, family members and others facilitate ‘Conversion Practices’ to varying degrees throughout the world. In Africa, traditional healers are at the top of the list of perpetrators alongside religious leaders. (IRCT, 2020).

The above findings are further reinforced in a study covering the nature of ‘Conversion Practices’ in the Caribbean Islands, where it was established that culture (45 percent), family (53 percent), and religion (75 percent) were the main reasons for the occurrence of ‘Conversion Therapy Practices’ (Outright Action International, 2021). An American-based study of family acceptance in young LGBTI+ adults found distinct correlations between family religiosity and the level of acceptance experienced by LGBT+ youths (Ryan, et al, 2010). Global research findings therefore paint the picture of religious and cultural leadership, beliefs, affiliations, and pressures being a worldwide catalyst for the practice of ‘Conversion Therapy.’

The American Psychological Association suggests that “religious and political forces” espouse such ‘practices’ in opposition of the rights of citizens of non-heterosexual identities. (APA, 2000) Many socially conservative religious groups have supported ‘Conversion Practices’ as such efforts align with their rigid ideologies of heteronormative sexuality, and views that same-sex attractions are immoral and sinful (Beckstead 2012; Drescher 2015, cited in Meanley et al., 2019).

The Human Rights of LGBT+ people in South Africa

The Bill of Rights, enshrined in the Constitution of the Republic of South Africa, 1996, includes a guarantee of equality and a prohibition on unfair discrimination on several grounds, including gender, sex, and sexual orientation. Laws that protect people against discrimination and promote equality on all grounds listed in the Bill of Rights include the Labour Relations Act, 1995 (Act No. 66 of 1995); the Employment Equity Act, 1998 (Act No. 55 of 1998); the Medical Schemes Act, 1998 (Act No. 131 1998) (which defines ‘dependent’ to include same-sex partners); the Domestic Violence Act, 1998 (Act No. 116 1998) (which defines domestic relationships to include same-sex partners); the Refugees Act, 1998 (Act No. 130 of 1998); the Rental Housing Act, 1999 (Act No. 50 of 1999); and the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000).

In 2006, South Africa became the fifth country in the world, the second outside of Europe and the first on the African continent to grant official recognition to same-sex marriages through the Civil Union Act, 2006 (Act No. 17 of 2000). In terms of the Alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003) transgender and intersex individuals can, under certain circumstances, have their gender marker altered on official documents. In terms of the law, South African lesbian, gay, bisexual, and transgender people have achieved substantive equality before the law. Considering the various legal instruments, ‘Conversion Practices’ are proving to be a direct violation of the spirit of those laws, as well as the dignity, safety, wellbeing and belonging of individuals who are coerced and subjected to abusive ‘Conversion Practices.’

Research Findings

The AC2 study produced data that documents the nature of ‘Conversion Practices’ found in South Africa. It also identified the agents and perpetrators of ‘Conversion Practices.’ Similar to the foregrounded literature, the study identified ‘Conversion Practices’ in various ecologies including the home environment, religious institutions, traditional and cultural environments as well as in the general community. The discussions below elucidate how ‘Conversion Practices’ are expedited within these ecologies.

The majority of participants self-identified as Black African (209) while 7 respondents were White and 5 identified as Coloured. A total of 144 identified as lesbian, 91 as gay, 25 as bisexual and 31 as heterosexual. Most of the respondents associated with the Christian faith (183), while 74 identified with African traditional religion, 40 did not associate with any religion, 1 Hindu and 1 Islam.

Respondents predominantly obtained Grade 12 (114), while 100 obtained an undergraduate qualification, 24 are holders of postgraduate qualifications, while 21 have vocational qualifications, and 32 did not complete matric. It is important to note that many respondents (167) live with family members, while 42 live independently, 56 live with a partner, 26 live in a shared arrangements are 5 were homeless. Respondents were mainly South Africa (288 = 95 percent) and the remainder were from Botswana, Zambia, Zimbabwe, Lesotho, Mozambique, Eswatini, and Kenya. At the time of the survey, a total of 107 respondents reported to have experienced 'Conversion Practices' while under the age 18 years, 104 between 18 and 24 years while 14 between 25-34 years of age.

Identifying Agents, Perpetrators and Forms of 'Conversion Practices'

Respondents to the online survey reported numerous agents of 'Conversion Practices,' including parents, extended family members, religious leaders, psychologists, traditional healers, ordinary community members and school teachers. While some 'practices' assumed a formal process, other forms of 'conversion' are informal and hidden. Table 1 (below) illustrates the respondents horrifying and disturbing experiences of different forms of 'Conversion Practices.' Findings shows that 'Conversion Practices' predominantly have origins within the home environment, with half of the participants reporting repressive experiences from family members.

Survivors of 'Conversion Practices' reported being subjected to beatings and torture to stop their non-heterosexual behaviour. Others even experienced corrective rape by family members. Among the common forms of 'Conversion Practices' found within the religious context, survivors were subjected to prayers, 'healing' drinks and spiritual isolation to deliver them from spirits of non-heterosexuality, sin, and abomination. This significant finding is critical as most respondents to the survey reported to align with Christianity. The irony is how a setting of spiritual enrichment subjects its followers to trauma and harm.

Despite the relatively limited number of responses, it is significant to point out that traditional healers and cultural practices such as the passage to manhood (going to the mountain) are among forms of 'Conversion Practices' in South Africa. In some instances, traditional healers give their clients traditional medicine with the belief that it would cure them of non-heterosexual identities and expressions

Respondents predominantly obtained Grade 12 (114), while 100 obtained an undergraduate qualification, 24 are holders of postgraduate qualifications, while 21 have vocational qualifications, and 32 did not complete matric. It is important to note that many respondents (167) live with family members, while 42 live independently, 56 live with a partner, 26 live in a shared arrangements are 5 were homeless. Respondents were mainly South Africa (288 = 95 percent) and the remainder were from Botswana, Zambia, Zimbabwe, Lesotho, Mozambique, Eswatini, and Kenya. At the time of the survey, a total of 107 respondents reported to have experienced ‘Conversion Practices’ while under the age 18 years, 104 between 18 and 24 years while 14 between 25-34 years of age.

Types of ‘Conversion Practices’	Number of Respondents	Percentage of Respondents
Had a session with a professional psychologist	52	21
Had a session with a religious representative	108	43
Family members forced me to change me sexual orientation	125	50
Forcefully had to consult a traditional healer (<i>Sangoma</i>)	19	7
Forced to participate in a traditional ritual such as initiation school	16	6
Corrective rape	29	12
Beatings and/or torture	28	11

Table 1: Types of ‘Conversion Practices’

Perpetrators of ‘Conversion Practices’ are from diverse backgrounds and diverse social contexts as illustrated in Table 2. While perpetrators are predominantly within the home environment, many are ordinary family friends who do not approve of non-heterosexuality, general society members, romantic partners, educators in schools and even strangers. As a result, people of non-heterosexual expressions and identities are at heightened risks because since they may experience, discrimination, harassment, and violence from a wide range of individuals as they navigate the societies, they live in.

Perpetrators of ‘Conversion Practices’	Number of Respondents	Percentage of Respondents
Family member	120	49
Family friend	40	16
Friend	70	29
Religious figure	48	19
Traditional representative	2	-1
Community member	21	8
Partner	18	7
Teacher	12	5
Stranger	29	12

Table 2: Perpetrators of ‘Conversion Practices’

The Home Environment

Parents are the main perpetrators of ‘Conversion Practices’ and initiators of external sources to fix individuals whose sexual orientation does not align with heterosexuality. Parents often maintain that same-sex sexual and romantic desires are not inborn and therefore engage in efforts to change their child’s sexual orientation and/or gender identity. Some seek professional therapies and/or religious interventions for a child’s same-sex sexual orientation or non-heterosexual gender identity while other consider traditional remedies. The findings indicate distinct ethical concerns concerning appropriate consent because parents and authority figures would exert pressure over minors. Minors would be coerced into ‘Conversion Practices’ because they are dependent on adults for emotional and financial support. Apart from engaging with external agents to facilitate ‘practices’ of ‘conversion,’ parents would exclude the children from family events and activities to discourage, deny, or minimize their non-normative identity or change their sexual orientation. From the interviews conducted, parents justify their actions as an attempt to support their children to be accepted by others, to conform to religious values and beliefs and to keep them safe from societal prejudice against LGBTI+ people. These were mere efforts to meet parental expectations of heteronormativity

Parents consulted with traditional healers and participants were required to drink potions because they were diagnosed with evil spirits that had to be removed. The treatment was intended to remove their same-sex desires or non-normative gender expressions. One of the participants had to live in a compound for an extended period and was subjected to various traditional healing methods such as washing in a river and eating certain substances that would lead to vomiting of the so-called evil spirit that makes them to have same-sex desires or to behave in a gender non-conforming manner.

Participants were also forced to consult with mental health practitioners since most parents believed their children were in a ‘phase’ or a moment of confusion. Participants reported that despite their conviction that they are born with a certain sexual orientation, they had to pretend that they were cured because parents had spent large amounts of financial resources for these ‘Conversion Practices.’ Survivors were often made to feel guilty because financial resources had been diverted from basic family needs to “help” them to be normal. Those who attended mental health services performed heterosexuality to please parents because their security was also threatened. Most the participants who attended mental health services were minors and had no means to economic survival and therefore ‘performed the curing.’ They engaged in heterosexual relationships to appease families and demonstrate that their so-called ‘phase of confusion’ was repaired through therapeutic interventions. This caused significant levels of depression for many years until they could sustain themselves and live as their true selves.

Perpetrators of ‘Conversion Practices’ are from diverse backgrounds and diverse social contexts as illustrated in Table 2. While perpetrators are predominantly within the home environment, many are ordinary family friends who do not approve of non-heterosexuality, general society members, romantic partners, educators in schools and even strangers. As a result, people of non-heterosexual expressions and identities are at heightened risks because since they may experience, discrimination, harassment, and violence from a wide range of individuals as they navigate the societies, they live in. s or sexual orientations.

“So, I have experienced it from a young age, because my dad used to beat me with belts or wooden spoon, anything hard.”

“My father used to beat me up when I came out. The violence persisted until he got to know that we exist. I was raped by my boyfriend then, when he realized I was in love with another woman and not him.”

“They told me I need to change and all of that and I had to lie and tell them that I will do whatever they want me to do because I could see I was losing everything at the moment since mom was the one supporting me financially and would stop supporting me financially if I didn’t change.”

“They prayed for me, they forced me to wear dresses, and there were times where they told me to live with the pastors. I stayed there for like two days to wear dresses and had to follow a routine. We would pray the whole night and read the Bible and do the same when I wake up. Like in that process, I had to wear a dress or skirt and something on my head. Like I had to do it all that to convince them I’ve changed.”

“Family members organised different sessions, firstly with the pastor, then the traditional healer then with a professional psychologist. None of it helped.”

Participants were also subjected to various religious practices to undo their ‘unacceptable’ sexual orientation or gender expression. Parents would invite prayers groups to conduct ceremonies at home. These ceremonies would often be unplanned and embarrassing to the participants. Religious passages would be framed as the only acceptable order to life and the repression of non-heterosexuality would leave participants with unending guilt. Parents would disclose personal information in these religious gatherings at home as a way to instil conservative moral imperatives. Survivors would agree to the many decisions and practices just for these sessions to be drawn to a close. Most participants have developed a disdain for religious values because of these often-unpleasant experiences.

Survivors also mentioned sibling insults that should be considered as a form ‘Conversion Practice’ in the home environment. Survivors reported tensions between siblings because of their sexual orientations or gender expressions. Siblings blamed them for being teased and bullied by others because of their sexual orientations. Survivors felt guilty and attempted to conform to social expectations of expressions to avoid their siblings from such forms of violence. Survivors reported that siblings developed aggression towards them because the sibling’s sexual orientation was brought to question. There seems to be a convenient conflation between societal understanding of sexual orientation that at one point it is treated as natural and inborn and at another instance it is acquired and repairable.

The data pointed to compulsory heterosexuality in the home environment and every other expression was deemed shameful and unacceptable. Parents would consider extreme measures to protect the family from embarrassment in the community. Although the actions of families cannot be condoned, most parents are victims of the broader societal pressures that privilege and uphold heterosexuality as the only acceptable sexual orientation. Parents belong to various institutions such a religious organisation, cultural customs, formal social institutions like the work environment and traditional family values that suppress the deviation from heterosexuality. The impression from the data is that parents fear their own rejection from these societies or that their parenting skills will be brought to question. Parents too are victims of a society that imposes heterosexuality which indirectly results in them asserting pressure on their children with non-normative gender expressions or sexual orientations.

In South Africa, the home environment does not only consist of the nuclear family but also the extended family, as kinship contributes significantly to familial identity. These could include uncles, aunts, grandparents, and cousins among others. Even these relatives would consider ‘Conversation Practices’ if at any stage they feel the family identity is tarnished.

“Some time in my early ages my uncle forced himself on me, claiming I was too feminine and might as well get fucked by him since I wanted to be a female.”

“A family member once cornered me during a family dinner and said what I was doing was a disgrace to the family. He insisted that I should stop being a ‘stabane’ [a derogatory reference to gay and lesbian identities]. He told me to look for a wife and keep the family legacy by making babies. And that there's no ‘stabane’ in the family.”

“I was prayed for, beaten and tortured for being gay, I talked to a pastor who is my uncle, and I was evicted.”

“I was continually prayed and fasted over and when that didn't work, they made my cousin sleep with me forcefully. Actually, my cousin raped me.”

“My family member once asked me why I don't bring my girlfriend over, because he only sees guys. He then said, ‘Here at home we don't practise gayness because we are a respectful family, and we don't want you to let down our family name.’ I was either gay and disowned or I'm straight. I had to lie and say I'm straight just because I didn't want them to disown me.”

Religious Institutions and “Conversion Practices”

Despite parental reliance of religion to ‘fix’ the non-normative sexual orientation and gender expressions, churches outside the request of the family continued to police gender expressions. Participants reported that they were constantly harassed because of the manner of dressing, expression of identity and attractions that did not align with their gender assigned at birth. They could not be open about their romantic partners and LGBTI+ friendships. Community members from the same religious organisations would report members who are seen with LGBTI+ individuals, and their religious and spiritual standing would instantly be questioned. Participants who pointed out that they had a particular spiritual gift, be it singing in the worship team, praying for others or as an usher, were recalled from such positions as their lifestyles were deemed demonic. They were subjected to various forms of religious aggression such as prayers to remove the demonic homosexual spirit, they had to drink ‘holy water’ to be cleansed and were confined to periods of leave from religious activities while church leaders considered their fate and involvement.

Many left the church and felt alienated because church for them was a space where they found their identity of belonging, social networks, and expression of their spiritual passion. Participants pointed out the confusion that religion is built on love and acceptance but their experience in many churches was opposite.

“The church kept giving me pamphlets about how wrong homosexuality is.”

“The church organised a prayer and fasting session for me so that they can cast the demon away.”

“I was forced to talk with the pastor about my sexuality and be told that my life is a sin and I have to change.”

“I was forced to attend church and even had a Bible as a gift from the pastor. He kept saying God doesn't approve how I am living my life. They even took my engagement ring, and I lost my love relationship because of it. It really affected me. Since then, I have never set my foot at any church again.”

Therapeutic Interventions and 'Conversion Practices'

A significant number of participants reported engagement with professional psychological services that subjected them to ‘Conversion Practices.’ Those who were subjected to psychological services were forced by parents to attend. They reported that some parents claimed that it was normal to experience a phase of confusion about sexual orientation and non-normative gender identity and that ‘therapy’ could help. Participants also reported how therapists appeared to be under pressure to have them ‘fixed’ as these services are costly. Those who attended therapeutic interventions were subjected to the confusion narrative and at one stage were desperate to be healed from it. Parents would remind them of the cost to these services and demand for their cooperation. Therapists would link their sexual attractions and gender expressions to positions in the family, for example the only male child among females, or the close relationship to the mother or the single parent status. Therapists also put pressure on participants to comply to ensure that there is harmony in the home environment. Recommendations from the therapists would be to adopt and conform to traditional normative gender scripts in society.

“My friend’s friend invited me, through my friend, to this session. Because I had nothing better to do, I went there. I get there and, there was a professional therapist present. She was conducting hypno-therapy. She told me she needs to help me get rid of this thing. And I ask her what thing, and she told me being gay. She wanted to use hypnosis as a form of ‘therapy’ to convert me back to heterosexuality. I refused and I told her this is who I am, and I will not allow her to change me into something else which I am not. Ever since then, when I am invited to something,

Traditional and Cultural ‘Conversion Practices’

Families also sought help from traditional healers. Participants reported that they were immersed in rivers and dams to be cleansed while others were fed with potions that would enable the release of the demonic spirit. The traditional practices would continue at home with frequent follow up consultations at traditional practitioners. While participants were aware that the focus was to ‘heal’ them from their ‘abnormal’ sexual orientation, they were not always aware of what substances they are given. Participants were also subjected to violence such as beatings and slaps while undergoing healing processes with traditional healers. They reported that they were put under spells and are not fully aware of all things they were subjected to. These experiences have left many of them to develop a fear of traditional healers.

“...[W]e went to a dam. We went there as the whole family. They slaughtered a sheep there and had a vase, sea-salt. They poured the blood of the sheep into the vase and retrieved the sheep’s urine from its bladder. I was asked to take off my clothes and get in this dam. I ask them what this was all about. Why am I required to enter into this dam naked? My aunt insisted that I get into the dam replying that, ‘We have realized that you have got demons. You are the first person in our family to be gay. We have to cast out this demon.’ And I am like, ‘You are going to bath me with this nonsense, to cast a demon out of me?’ I was upset that this ritual was being performed by a traditional healer, a Sangoma.”

“My family believed that I was possessed and so they forced me to undergo a traditional ritual just so my gayness could be cleansed off me, which didn't work, of course.”

“I was forced to go to an initiation school hoping I will come back normal and a straight man

“I just got circumcised by a medical doctor that was organized to circumcise the initiates at the mountain, and I had to deal with the wound that took forever to heal. I was pressured into having sex with a girl in order for my penis to heal completely. My grades weren't good because of being distracted and sick mentally.

“My family even had to do rituals to beg for forgiveness from "Abaphantsi" to assure that this must leave me. Many people in my community knew about this evil spirit that I possessed. When I was 17 years old, I was raped by an older man who said he will help me be the real woman.”

Wider Community ‘Conversion Practices’

Participants, particular lesbian-identifying individuals, reported how they live in fear as they are continuously subjected to threats of rape and even killings. Male members of the community continuously threatened masculine-presenting females of taking the women those males were to date. As a result, many lesbian couples cannot embrace their true selves and cannot openly express public affection in safety. Participants mentioned the common practice and spates of murders of LGBTI+ people in South Africa and how it forces them to live a hidden lifestyle. They argue that although some have experienced direct forms of ‘Conversion Practices,’ the dominant toxic patriarchal behaviour by some males in society force them conform and expression in a particular way.

“Towards the end of the night at around 1am, one of the members of that group of guys walked towards me and called me a moffie [an Afrikaans word that has a derogatory reference to gay men]. At first, I did not react. I walked away. He walked up to me and pulled me by my top and continued to slap me across the face. I reacted by pushing him and running towards my friends. After explaining to my friends what had happened, we had decided to call it a night and returned home. On my way home, I did not realize that this man was following me. And it's only when I was a few streets away from my friends that I realized that he was right behind me. When we walked towards a certain area, he proceeded to pull me and push me till I fell down. He started punching my face and kicking me in my private areas. I was unable to scream out loud, because he put his hand across my mouth. He continued to assault me, calling me derogative names and telling me that I am a waste of a man. How am I attracted to other men when there are so many women in South Africa that need companions? I tried to plead with him to stop the attack. He told me that it serves me right because I am interested in the wrong gender. I vividly remember as I was attacked, I kept praying to God not to allow this man to kill me. I was very scared. I was alone.”

“The incident took place at school when the school principal called a parent meeting and then he started a prayer session for me, three lesbians and another gay learner.

“I was raped while still studying at university because the guys said I just never had sex with a man so they will fix me.”

“I was confronted by my school pastors, and I was told if I don't change, I won't be able to finish my matric year. For two years I was forced to do ridiculous and demeaning things for the school as part of ‘character building’ and correction of sexual orientation was at the top of the list.”

Impact of 'Conversion Practices'

Participants, particular lesbian-identifying individuals, reported how they live in fear as they are continuously subjected to threats of rape and even killings. Male members of the community continuously threatened masculine-presenting females of taking the women those males were to date. As a result, many lesbian couples cannot embrace their true selves and cannot openly express public affection in safety. Participants mentioned the common practice and spates of murders of LGBTI+ people in South Africa and how it forces them to live a hidden lifestyle. They argue that although some have experienced direct forms of 'Conversion Practices,' the dominant toxic patriarchal behaviour by some males in society force them conform and expression in a particular way.

“... [I]t's actually very dramatic because you feel like, something is wrong with you when you there, because everyone is there to help you. But when you're not there, you know, you don't need to help. But when you sometimes you get convinced that something might be wrong with me, because everyone believes it. And it makes you feel very unsure about yourself.”

“Well, it affected me badly in a way that I hated myself and fell into a mini depression, always isolated myself but now like I feel like I'm better. I am okay.”

“At first my mom thought my sexuality was just a phase until she realized that's who I was. She started ill-treating me and I had no choice to persevere as I was young and still under her care. I attempted suicide and that's when I got introduced to the psychologist who made things clear for me.”

“The experience was so bad I even failed Grade 10.”

“I had to constantly remind myself that I'm a girl therefore I can't be with girls. I was suffering from depression, so the conversion made things worse instead.”

“I was constantly absent at school, it really affected it badly I nearly failed my Grade 10.”

Sources of Support and Protection

Survivors of ‘Conversation Practices’ also explored alternative sources and spaces for help against these repressive experiences. The aim was to explore a safety net for protection but also affirmation. The most reliant source of support has been friendship across sexual orientations. Participants also reached out to civil society organisations who would support LGBTI+ identifying individuals. This finding was consistent across quantitative and qualitative data.

“I have a few gay friends and even straight friends. I could just escape to them and spend my time without feeling judged or discriminated.”

“My gay and lesbian friends were my biggest support. We always had to meet in secret, but it was the most pleasant moments.”

“I found the details of an organisation that support gays and lesbians on the internet. I started to speak to the people. They gave me a lot of advice on how to deal with this issue. It really helped.”

“There are always dialogues by these groups that support gays and lesbians. I once attended a meeting and met so many people who became my friends. I always speak to them. I feel safer among people with the same lifestyle as mine.”

Sources of Support	Percentage of Respondents	Number of Respondents
LGBTI+ Civil Society Organisations	21	48
Received psychosocial support (counselling)	11	25
A family member	17	38
A friend	57	129
A neighbour/community member	5	11

Table 3: Sources of Support

Conclusion

According to the Gonzalez (2016), research has consistently demonstrated that the practice of ‘Conversion Therapy’ is ineffective and often results in negative physical and mental health outcomes for individuals that have experienced ‘Conversion Practices.’ Findings from this study align with these global conclusions. Many scholars have criticized the dubious research that supports the use of ‘Conversion Practices’ based on methodological and conceptual flaws (American Psychological Association, 2009). This study has shown that ‘Conversion Practices’ run a greater risk of causing depression, anxiety and at times suicide. This study did not identify a single participant who could confirm that ‘Conversion Practices’ had changed or altered their own view of their sexuality or gender identity.

Perpetrators of ‘Conversion Practices’ are found across all spaces and environments, particularly family. While ‘Conversion Practices’ often starts at home, family members, at times, extend it to other spaces such a religious institution, traditional healing services and even psychological services. While all LGBTI+ people are at risk of being coerced into ‘Conversion Practices,’ the most vulnerable are youth are who still in the care of family members. They often are required to submit to violent ‘therapies’ and other ‘Conversion Practices’ to secure a livelihood and basic well-being. Despite South Africa having one of the most progressive constitutions and LGBTI+ inclusive legislation, the social reality depicts the complete opposite. Religious, cultural, professional, and social scripts still uphold, produce, and perpetuate compulsory heteronormativity, hence ‘Conversion Practices’ can pass as normal and acceptable in all domains.

‘Conversion Practices’ emanate directly from privileging heterosexuality as the norm and as ‘natural.’ All other forms of sexual expression are deemed unacceptable, sinful and unAfrican. This is despite the Constitution that affirms and protects diverse sexual orientations, sex, and gender expressions. South Africa urgently requires strong legislation to ban the use of ‘Conversion Practices’ in all its forms, country wide.

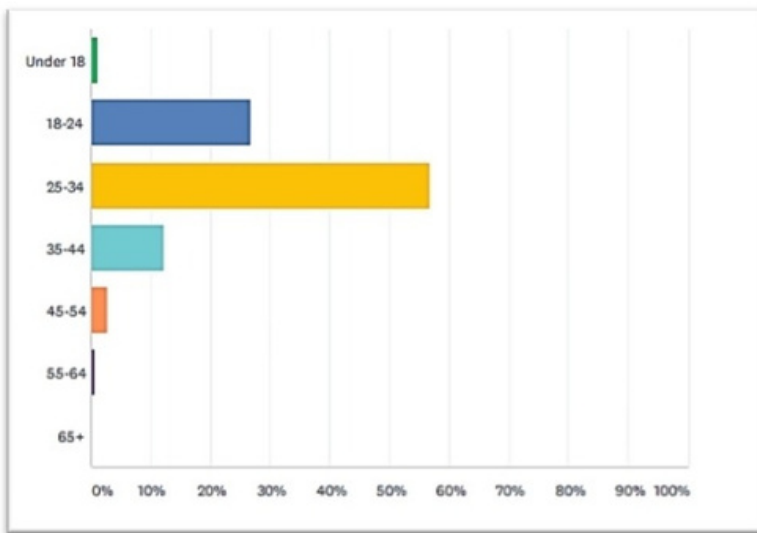
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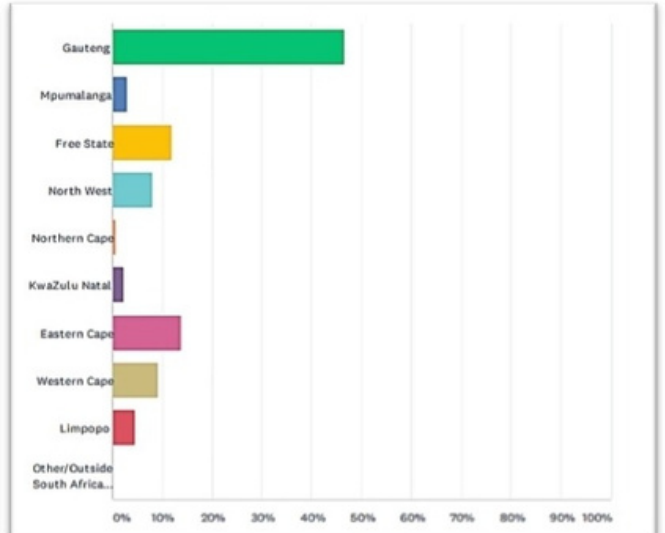
Annexure 1 : Tables & Graphs of Findings

Section A – Demographics of Survey Respondents The Occurrence of ‘Conversion Practices’ in South Africa

1. Age

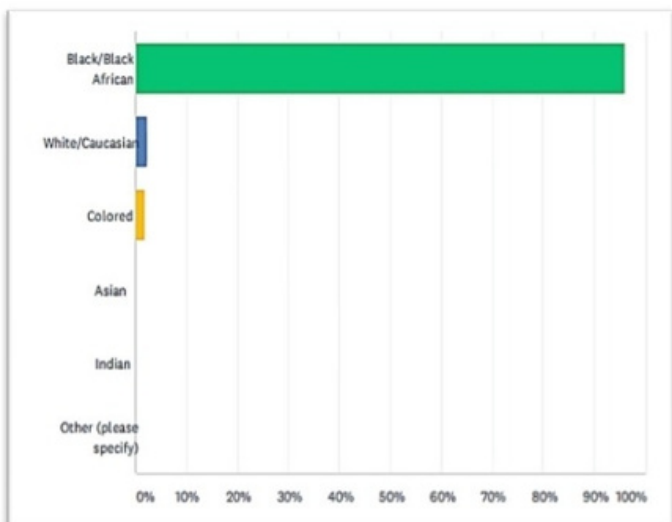


2. Geographical Location

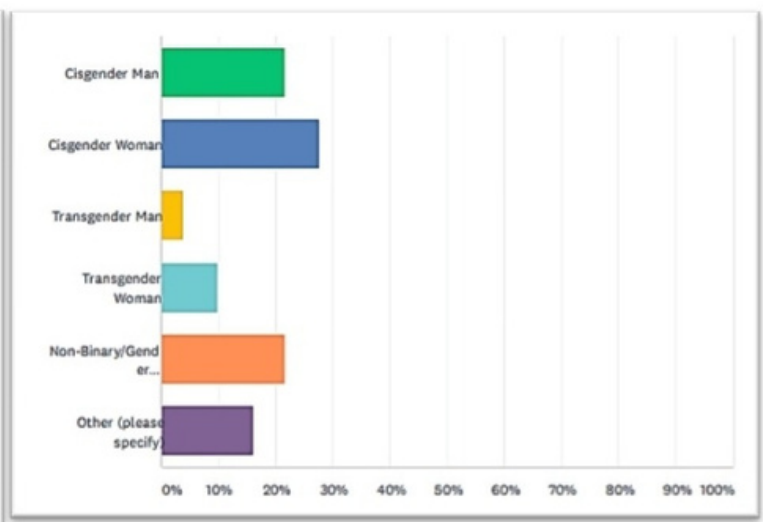


The majority of the participants, or 57 percent, were between the ages of 25-34 years old, followed by 18-24 years old. Thus, most of the respondents to the survey were between the ages of 18-34 years old which in South Africa are ages considered as youth. South Africa is made from 9 provinces and most of the respondents (47 percent) were from Gauteng, as the most population dense province in the country. Northern Cape had the least number of respondents.

3. Race/Ethnicity – Population Group

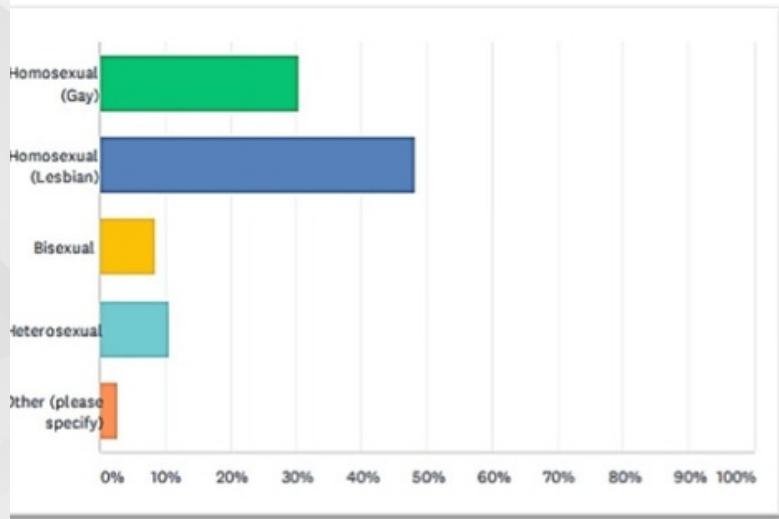


4. Gender Identity

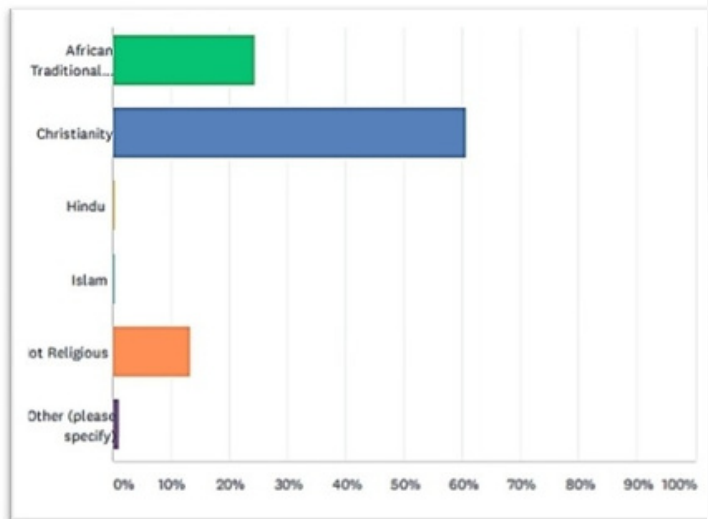


Even though South Africa is a multi-racial country, most of the participants were Black (96 percent) followed by White/Caucasian at 2 percent. It was important to request the participants to specify their gender identity. Identifying gender allows a clear indication of how many participants (a) are aware of their gender identity and (b) indicates the statistical correlation between gender identity findings and how many participants have experienced ‘Conversion Practices.’ Some participants conflated gender identity with biological sex and sexual orientation. Respondents choose “Other” and provided sexual orientation and in instances their biological sex as gender identity. Asking gender identity also helped to know how many transgender women and how many transgender men have experienced ‘Conversion Practices.’

5. Sexual Orientation

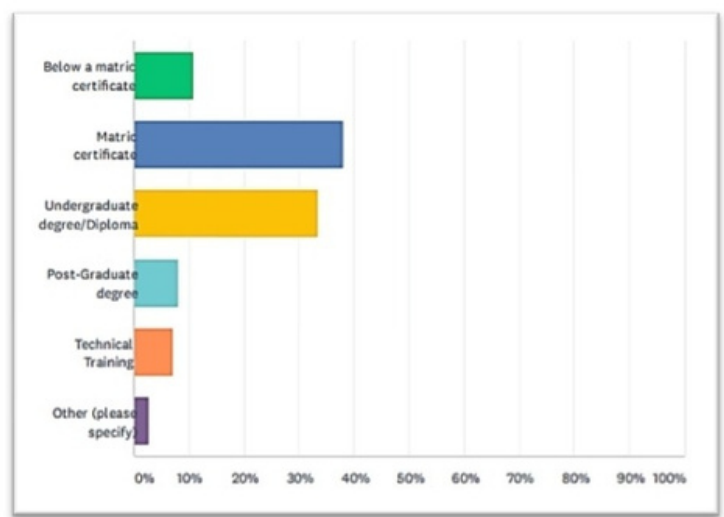


6. Religious Affiliations

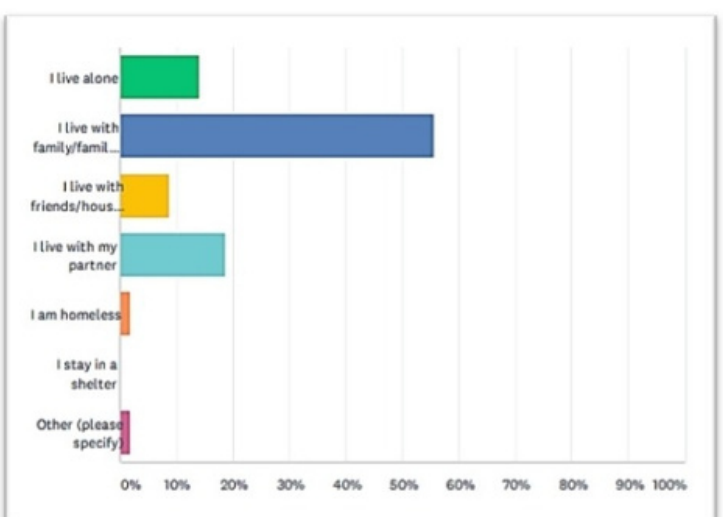


Forty-eight percent of the participants identified as homosexual lesbian followed by 30 percent who identified as homosexual gay. Ten percent of the respondents identified as heterosexual which corresponds with the transgender (men and women) percentages. A majority of the participants identified as Christian (61 percent) with 25 percent as African Traditional religion and only 13 percent identify as not religious.

7. Level of Education

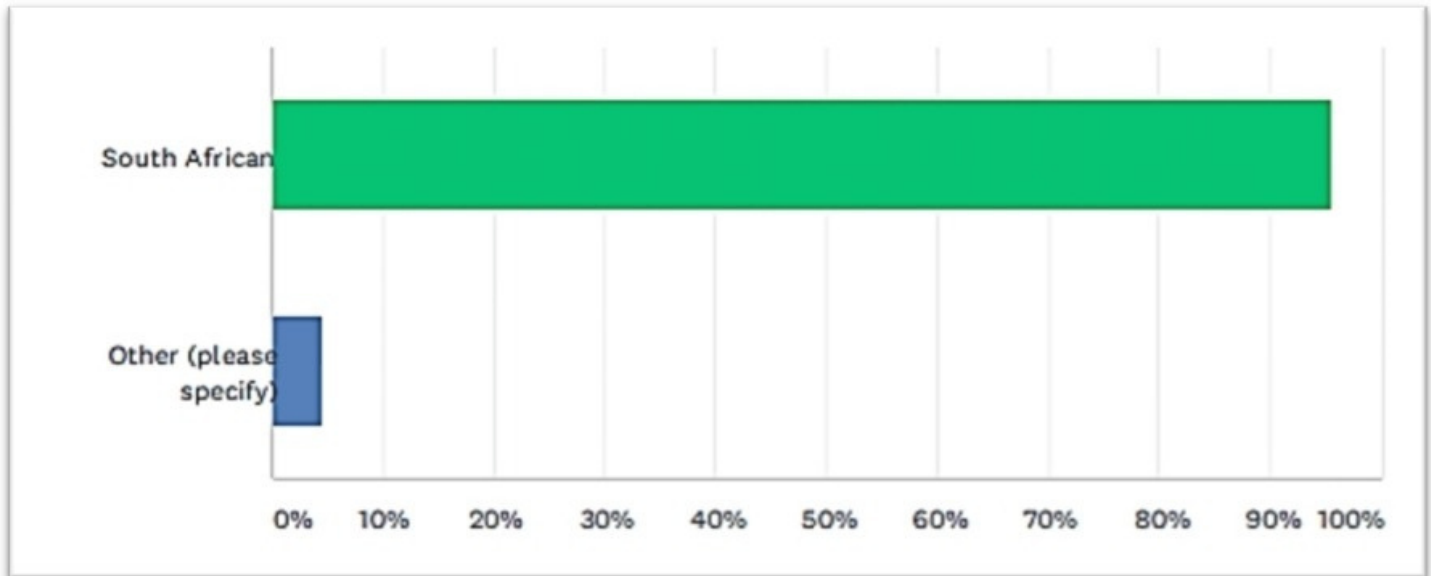


8. Living Situation

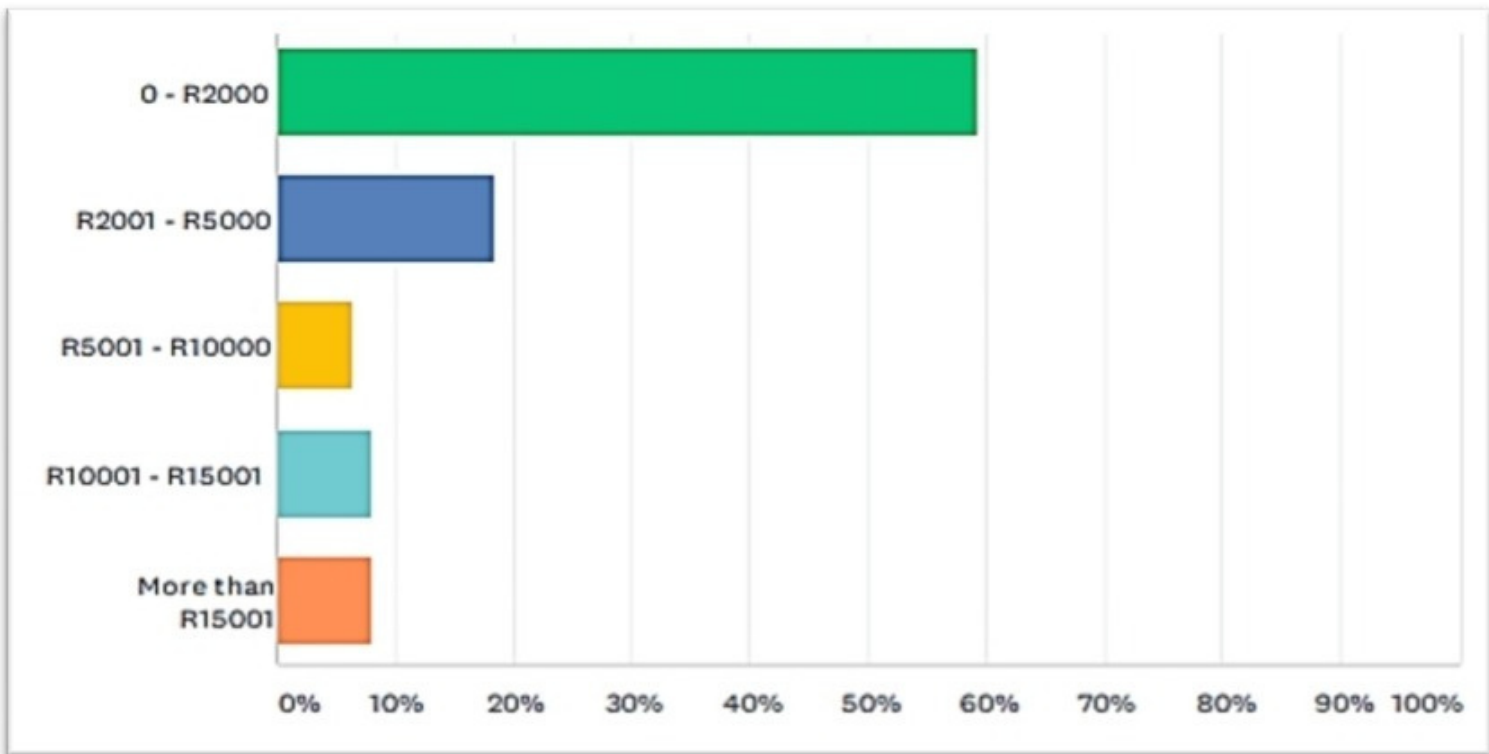


Most of the participants (38 percent) had a matric certificate with 34 percent having an undergraduate degree/diploma. Thus, the majority of the participants have the minimum qualifications to perform above average formal employment. Despite having a matric and above in terms of qualifications, (a) most participants stayed at home with family (56 percent). This can be correlated with how many respondents experienced ‘Conversion Practices’ at home level; (b) the second largest percentage of respondents stay with their partners (19 percent).

9. Nationality and Monthly Earning Bracket

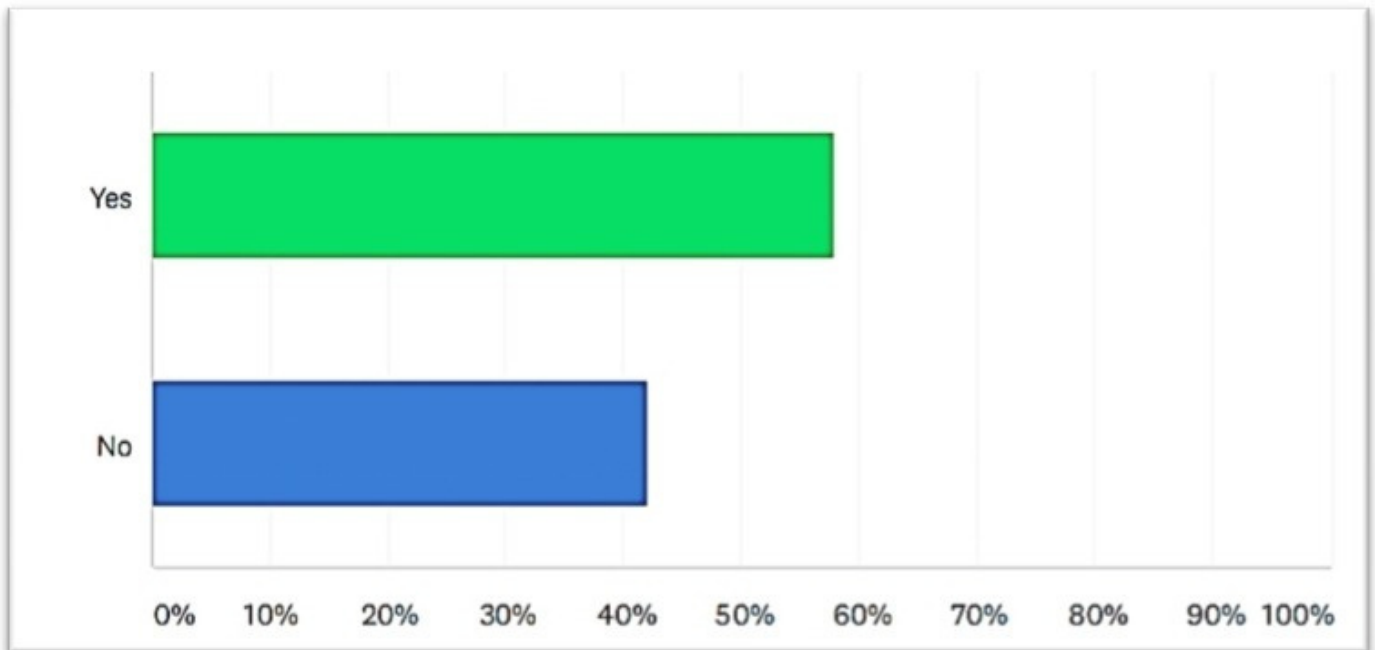


Because the study was predominantly South African, 96 percent of the respondents were South African, and the remaining 4 percent were from Botswana, Zambia, Botswana, Zimbabwe, Lesotho, Mozambique, Kenya, Cameroon, and Swaziland. From the interest received from other nationals within the South African shores, this is an indication that more studies of foreign nationals experiencing ‘Conversion Practices’ in South Africa would be valuable and more studies that focus on LGBTI+ migrants, asylum seekers and refugees in South Africa would allow for greater understanding of their lived social experiences. Even though most of the participants have matric and undergraduate degree, 59 percent earn below R2000 with 18 percent under the minimum bracket of (R20001 – R5000) standard salary. Thus, most LGBTI+ people are struggling to make ends meet and there is a lack of academic work in this area.



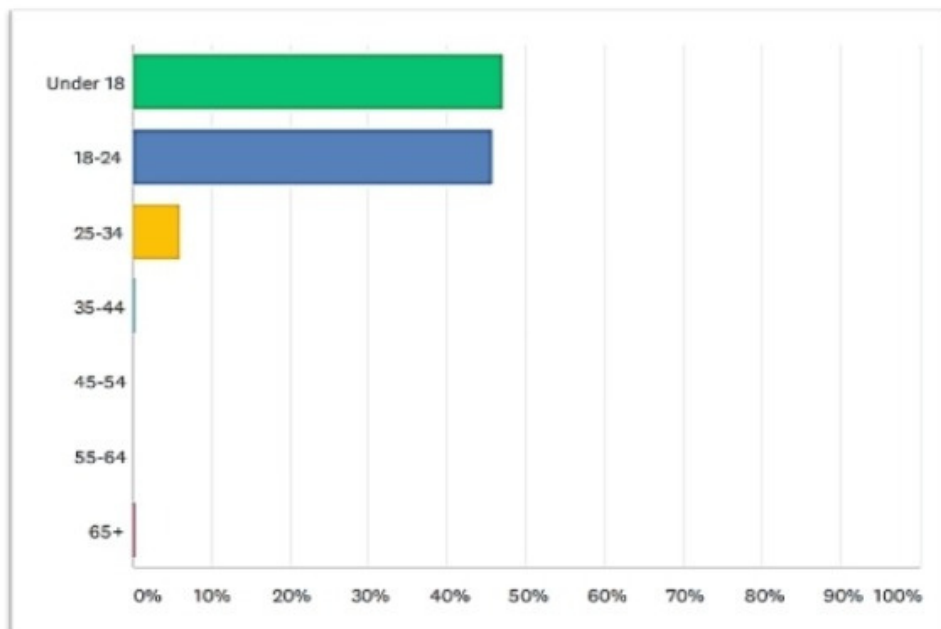
Section B – Experiences on ‘Conversion Practices’: Who Undergoes ‘Conversion Practices’ in South Africa?

1. Participants who have experienced ‘Conversion Practices’



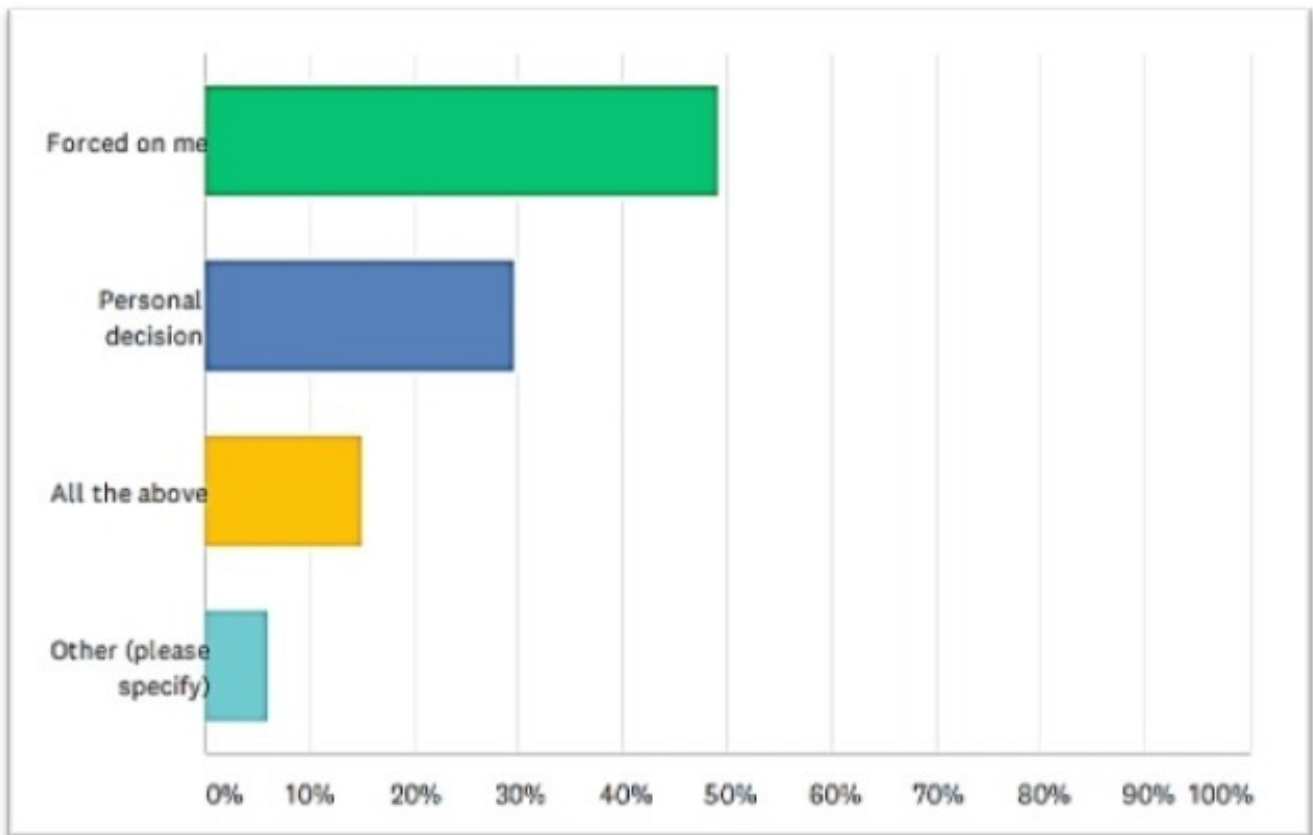
Fifty-eight percent of the survey participants have experienced ‘Conversion Practices.’ It must be noted that due to individuals not being familiar with the concept and being asked early in the survey, it resulted in participants responding “No,” but later during in-depth questions participants related further experiences indicating some familiarity. This question must be correlated with question 15, “Which of the following ‘Conversion Practices’ did you experience?” in order to get a true reflection of participants who have experienced ‘Conversion Practices.’

2. Age at Which ‘Conversion Practices’ Were Experienced?



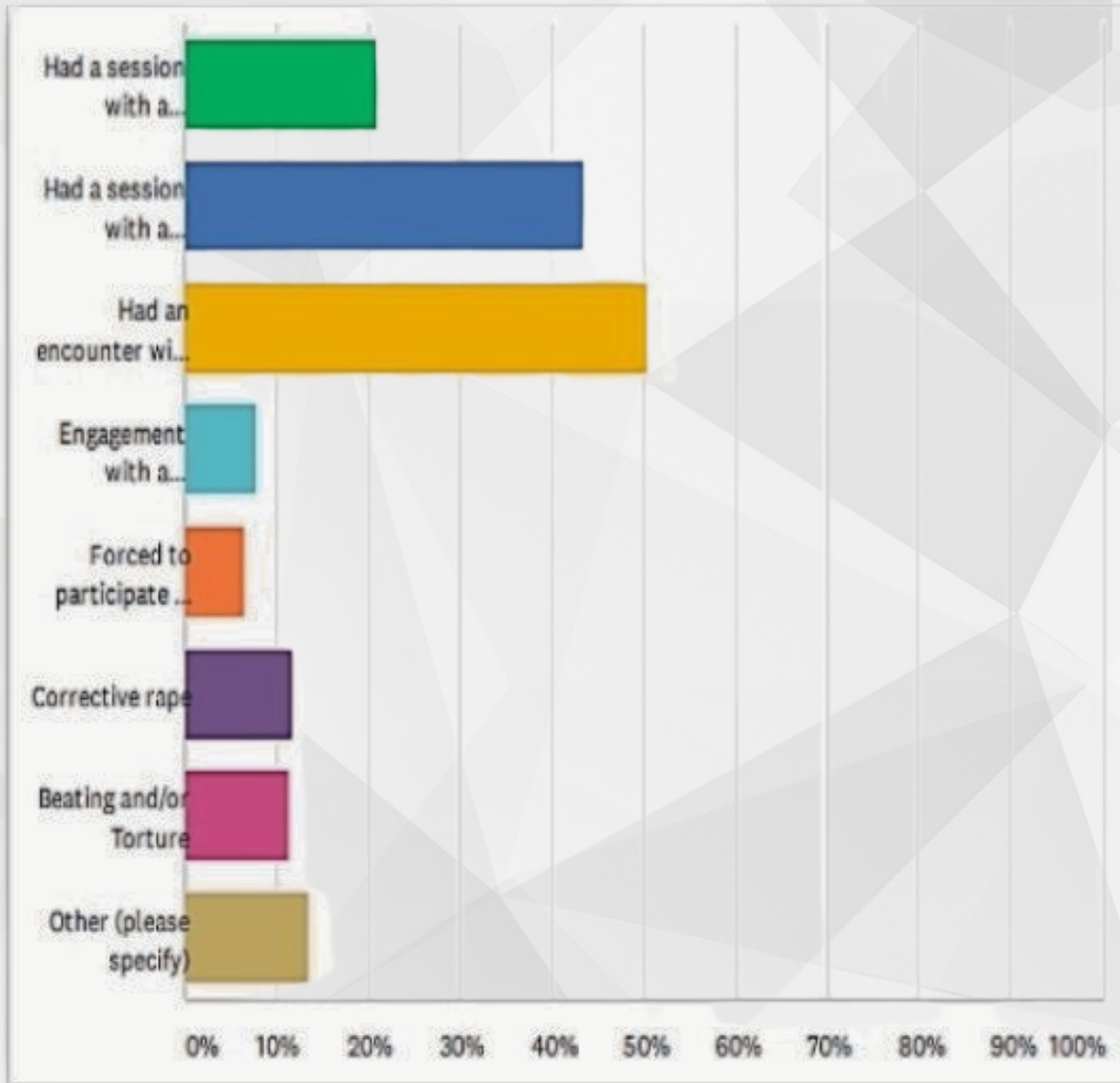
From Section A on demographics, a large number of the participants were between the ages of 18-34 years old. It is a significant correlation that (a) 47 percent of the participants experienced ‘Conversion Practices’ when they were under the age of 18 which raises issues relating to schooling; (b) 46 percent those between the ages of 18-24), and (c) 6 percent being participants between the ages of 25-34. From the above, most LGBTI+ people are still going through ‘Conversion Practices’ in South Africa. These findings must be related with question 16 on “What took place.” This will ensure practical interventions are implemented.

3. In Which Manner Were ‘Conversion Practices’ Experienced?



‘Conversion Practices’ were forced on 49 percent of the participants, 30 percent being a personal decision which is also termed ‘Self-Conversion’ as a resultant of external influences and social environments that are not conducive to LGBTI+ individuals. Fifteen percent of the participants experienced both which is a significant number for participants who have experienced intersectional modes of conversion practices.

What Happened? After getting an impression on whether ‘Conversion Practices’ were forced on participants or if they sought such practices or both, it then became important to ask what happened? Options were provided; however, participants also had an opportunity to explain their own version.



52 participants had a session with a professional psychologist

108 participants had a session with a religious representative

125 participants had an encounter with a family member

19 participants had an engagement with a traditional (e.g., Sangoma) or cultural (e.g., Chief) representative

16 participants were forced to participate in a traditional ritual (e.g., forced marriage, initiation school, etc.)

29 experienced ‘corrective rape’

28 were beaten and/or tortured.

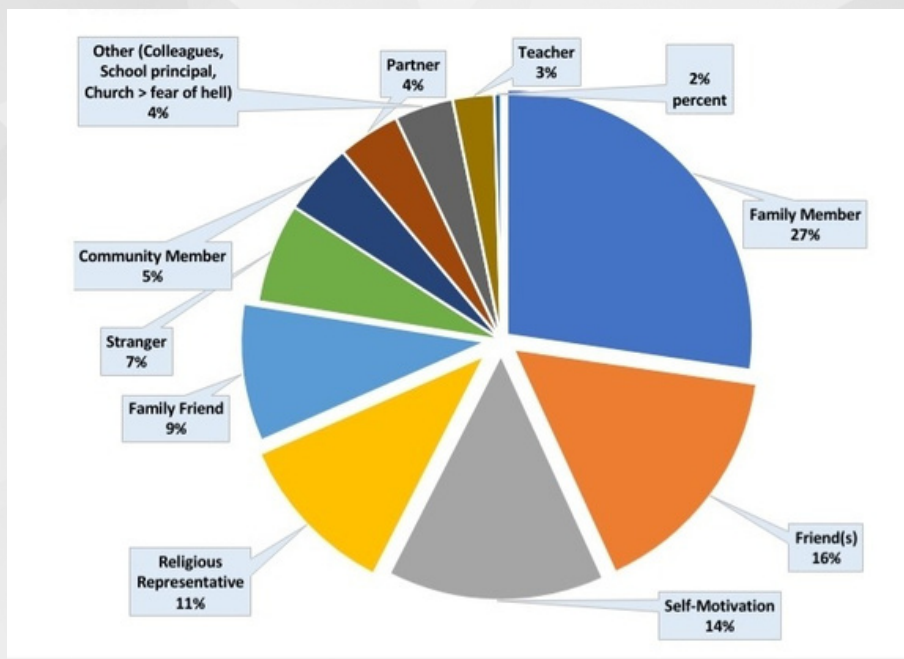
The “Other” option provided an opportunity for participants to narrate their individual stories. A large number of participants had an encounter with a family member; this supports the view that discrimination first happens in the family setting. The second largest number of encounters with ‘Conversion Practices’ took place with a religious representative.

Section C – Impact of ‘Conversion Practices’ in South Africa Who Promotes or Encourages vs. Who Typically Carries Out ‘Conversion Practices’ in South Africa?

1. Perpetrators of ‘Conversion Practices’ in South Africa - Ranked as Reported by Participants

‘Conversion Practices’ were forced on 49 percent of the participants, 30 percent being a personal decision which is also termed ‘Self-Conversion’ as a resultant of external influences and social environments that are not conducive to LGBTI+ individuals. Fifteen percent of the participants experienced both which is a significant number for participants who have experienced intersectional modes of conversion practices.

What Happened? After getting an impression on whether ‘Conversion Practices’ were forced on participants or if they sought such practices or both, it then became important to ask what happened? Options were provided; however, participants also had an opportunity to explain their own version.



I was at initiation school so the wife of mu Gobela was a church goer so ke umama had a problem with me being a lesbian so she started asking questions why i don't love man or have feelings for man And why do i think it's right dating another woman and its sin.. So i sat down with her mad her understand that it's not something you decide to do kodwa you are born this way she said but in the bible its says a man suppose to marry a man and i asked her then why do i have feelings for woman ke then she couldn't answer I told her i didn't wake and decide to love woman...and no man has ever hurt me so am not dating woman because i was hurt by man ...she said still she doesn't understand ngathi wait till you have a homosexual child ..

4/11/2021 7:19 AM

I was engaged to a man,who thought I'd out grown the "lesbian phase",so when he figured out that it's still there he suggested traditional healing and when that didn't work out to his satisfaction he convinced me to go to church for salvation.

4/12/2021 12:54 PM

I was beaten until my left arm couldnt work by my own mother it didnt happen once everytime she finds me with a butch she would beat me. I love church but i could feel it was now forced to me prayer meeting were called for me saying i have demons

4/11/2021 5:13 PM

2. 'Conversion Practices' During School Year/On Schooling

In order to evaluate impact, participants were asked if 'Conversion Practices' changed their sexual orientation and/or gender identity in any form. This was also designed to illustrate the harmful nature in which 'Conversion Practices' manifest themselves post the actual experiences.

It happened when I was in high school. I thought was dirty, and cursed. I believed I needed to change. I attempted suicide a number of time and I thought I probably am not meant to be in this world.

2/18/2021 6:15 PM

My grades weren't good at all because of being distracted, pressured, uncomfortable and sick mentally. Even when grade 12 results came out in 2018 since I was doing grade 12 in 2017, I didn't do well and I understood why. At some point I was so madly in love with a heterosexual guy who did not even love me back yet he passed so well. It was just alot but I managed to pull through. 4 years later I am happy, open and comfortable with my sexuality.

3/28/2021 3:55 PM

'Conversion Practices' from the participants narratives did have an impact on their schooling. However, through resilience and self-determination participants often persevered in their studies. Thus, studies become a weapon to fight against 'Conversion Practices'

There is a huge academic gap in the South African discourse on Sexualities in understanding resilience amongst LGBTI+ learners who have experienced and continue experiencing 'Conversion Practices' even in their adult ages. Because of the lack of teachers affirming sexual difference and gender identity at the school level, learners have adopted their own strategies in coping with 'Conversion Practices.'

3. Impact of 'Conversion Practices' on the Individuals' Sexual Orientation and/or Gender Identity

From the participants narratives, it became clear that 'Conversion Practices' are harmful practices that perpetuate heteronormative understanding of sexual orientation and gender identity. Participants have described all the painful journeys being forced to change and/or convert. However, none of these practices have changed their sexual orientation and/or gender identity.

No it does not work, I eventually decided its better I be on the streets where am most comfortable being myself

4/10/2021 2:40 PM

No it didn't because by then I had already accepted myself as I am and I remained the same person even after the "conversion" took place

4/11/2021 12:14 PM

I am the voice of telling people that whenever you get involved in "conversion practices" such as an initiation school whether you were forced or not, it doesn't contribute to your sexuality. If you go there heterosexual or homosexual or bisexual, chances are always high that you going to come back like that. So for me, it was my decision and nothing really changed because I didn't choose to be gay, I didn't decide to be gay, it was something that was always there from a younger age up until today. For me the conversion practice was just to groom me in other parts of my teenage and adult hood but other than that, I am still the person I was when I went there and even better because of growth and self acceptance.

3/28/2021 3:55 PM

I've always felt like a guy and I still feel like a guy. Conversion hasn't changed anything. I just felt impure because I used to be religious and lacked self-love. Ngoku I feel like a human. A male human having feelings for other male humans (sexually attracted to men more). My not religious now I don't care what my Christian family says of my sexuality. My religion is love and if God is love, then surely love understands what I have no control over.

4/13/2021 5:30 PM

4. How Do 'Conversion Practices' Make an Individual Feel?

In order to understand the impact of 'Conversion Practices,' there is a need to re-examine narratives and unpack the layers of unhappiness, anger, depression, humiliation, anxiety, and isolation experienced by those subjected to 'Conversion Practices'

PTSD Depression and suicidal Self hate and self loathing Hopeless Guilty Fear of hell Poor self-esteem Dirty I felt i deserved the abuse

2/19/2021 7:16 AM

It made me feel like I don't belong, it made me feel unloved and had a time felt like ending my life because I had to face family that wants to change the person I am it was so unhuman and no one deserve humiliated based on their gender identity or sexual orientation

4/8/2021 12:28 PM

I hated life I've tried committing suicide 3 times in my life and that landed me in Weskoppies psychiatric hospital

4/11/2021 5:13 PM

I felt unlove, unappreciated because as my family i expected thrm to react a little less than how they reacted

4/11/2021 5:13 PM

Section D – Messages from the Survivors of 'Conversion Practices' in South Africa

I would like all the families who are putting their children into conversion therapy to know that they should learn more about their children sexual orientation, allow them to be the people they are, if they keep pushing them they are leading them into doing things such as committing suicide, they should love and respect their sexual orientation

4/11/2021 11:44 AM

I would like to say I understand that people have their beliefs and expectations and pressure from families and people that they go to church with but I think people should also consider that it is not easy to live a lie and sometime it put pressure to their children and leads to depression. We have lost lot people our combrate and sometimes we experience corrective rape people of people who thinks and believed that we need to be corrected...families should start talking about differences in our homes, homosexuality and gender identity should be the daily discussions or if not when parents starts talking about menstrual periods and ukukhuliswa komfana include these topics in doing so we will be normalising these topics and people will be more accepting of differences

4/10/2021 11:07 PM

If you have children and none of them falls under the umbrella why is it make you the perfect candidate to crucify us and to your eyes why are we concluded not perfect, what are we doing so wrong that y'all against it. What have we done you wrong that y'all feel entitled to rectify our sexualities. We can't always be preaching acceptance and support to people who don't even wanna learn us. We can't always be educating people who don't want to be told what is what and why is why. We can't be a generation of breaking generational curses yet y'all don't wanna leave the generational stigmas that you created yourselves. Why y'all feel entitled to people's lives to the extend of y'all even sexually abusing them all in the name of corrective rape. Are we much of that threat to y'all to the point that y'all end up brutally killing us. You are a nation of hate any child shouldn't born at be it a gay child a black child a girl child. Senzeni thina!

4/2/2021 1:01 PM

1. To Families/Family Members Who Conduct 'Conversion Practices':

I would like all the families who are putting their children into conversion therapy to know that they should learn more about their children sexual orientation, allow them to be the people they are, if they keep pushing them they are leading them into doing things such as committing suicide, they should love and respect their sexual orientation

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4/10/2021 11:07 PM

Its already difficult to live in a world where everyone thinks that you are different or a curse. We are also human beings and dis not choose to be who we are, as much as a zebra didnt choose to be striped black and white. Its not by choice, it is by birth. Love us , hate us we will forever remain queer. Love that child, love him unconditionally and they will conquer the world with your love and support...

4/7/2021 7:52 PM

2. To Community Members Who Conduct 'Conversion Practices':

You're condoning a system of suppression, that will destroy the present and future generations. You're destroying people's Mental health and condoning suicide and self harm. You're helping them kill us

4/1/2021 9:19 PM

STOP IT , the times have change ,we need to be dealing with other issues in our country ,issues of Covid ,issue of Unemployment for our Queer members ,issues reviving our economy. We have a generation that needs our love ,our support and our leadership so the best thing is for everyone to stop doing things that discriminate others

2/18/2021 4:28 PM

If you have children and none of them falls under the umbrella why is it make you the perfect candidate to crucify us and to your eyes why are we concluded not perfect, what are we doing so wrong that y'all against it. What have we done you wrong that y'all feel entitled to rectify our sexualities. We can't always be preaching acceptance and support to people who don't even wanna learn us. We can't always be educating people who don't want to be told what is what and why is why. We can't be a generation of breaking generational curses yet y'all don't wanna leave the generational stigmas that you created yourselves. Why y'all feel entitled to people's lives to the extend of y'all even sexually abusing them all in the name of corrective rape. Are we much of that threat to y'all to the point that y'all end up brutally killing us. You are a nation of hate any child shouldn't born at be it a gay child a black child a girl child. Senzeni thina!

4/2/2021 1:01 PM

3. To Institutions Such as Universities and Schools:

We are people first before differences/Ubuntu humanity comes first apart from individual choices.

4/1/2021 11:09 AM

IGBTi repat in universities must work closely with NGO so that the information they are conveying at school be the same with the one we are preaching. They must make learners and students understand that no one is better than another. This is the tendency of undermining LGBTI from rural areas

4/10/2021 6:30 AM

Schools must have modules that talk about all gender and preferences and that respect is the key irrespective of gender or sexual preferences....when a department is employing lecturers they should make sure they employ people of all genders and with different preferences to normalize diversity

4/10/2021 11:07 PM

4. Messages from the Survivors of 'Conversion Practices' in South Africa to the South African Government:

Educate and inform the students about conversion practices, implement LGBTQIA+ safe spaces, laws, rights, programs and activities for the victims and any other interested candidates, always be the voice of the rainbow nation.

3/28/2021 3:55 PM

It needs to be criminalized. Not just trying to convert but even mentioning that being LGBTQ is wrong. It is just evil that people are allowed to do this. You have religious freedom in this country. Just as people are being prosecuted for being racist, why not homophobic.

2/27/2021 11:25 PM

So far we have seen you trying but not just enough. Can we at least have LGBTI support groups at clinics like the drugs projects TB and HIV programmes where we can meet and discuss our issues help each other deal and improve. More of an empowerment thing. Our rights too have to be addressed in schools to teachers so they don't dim other children's lights. Some people don't ever come out from the depression, some even drop out of high school. Whatever that involves the state it's politics, once life and politics mix it's chaos so I'll stop here. From you we just asking for equality and protection

4/2/2021 1:01 PM



WHERE WE ARE

