

It's Torture Not Therapy

A GLOBAL OVERVIEW OF CONVERSION THERAPY:
PRACTICES,
PERPETRATORS, AND
THE ROLE OF STATES



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Acknowledgements

This paper was written by Josina Bothe based on wide-ranging internet research on the practices of conversion therapy worldwide.

The images used belong to a series “Until You Change” produced by Paola Paredes, which reconstructs the abuse of women in Ecuador’s conversion clinics, based on real life accounts. Paola, a photographer born in Quito, Ecuador, explores through her work issues facing the LGBT community and contemporary attitudes toward homosexuality in Ecuador.

See: <https://www.paolaparedes.com/>

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Cover Photograph

In front of the mirror, the ‘patient’ is observed by another girl, who monitors the correct application of the make-up. At 7.30am, she blots her lips with femininity, daubs cheeks, until she is deemed a ‘proper woman’.

From “Until You Change” series by Paola Paredes.

The Work of the IRCT

The IRCT strives to achieve “A World Without Torture.” As a network of **158 torture rehabilitation centres across 75 countries**, we are the world’s largest membership-based civil society organisation providing rehabilitation to victims, preventing torture, increasing access to justice and fighting impunity.

We believe that everyone has the right and obligation to stand up against torture. Our **membership supports more than 60,000 torture victims each year** to rebuild their lives. We provide holistic medical, psychological, socio-economic and legal rehabilitation to victims and persistently improve our techniques and share our knowledge on the best methods to support victims.

Remembering and telling the truth about torture are prerequisites for the restoration of social order and for the healing of victims. **We help victims tell their stories** whether through forensic evidence or by documenting patterns and practices of torture in society providing an evidence-base for legal, judicial, public and social advocacy.

Our network is diverse, but **we have a common commitment**. Every member is rooted in civil society; each provides services to at least 50 torture victims annually; and each is dedicated to sharing its experiences with others. Together, **we are a movement** working in solidarity to advocate for the rights of victims, to shine a light on torture wherever it occurs and to end it.

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158 / **75**
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INTRODUCTION

Conversion therapy – also known as sexual orientation change effort (SOCE), reparative therapy, reintegrative therapy, reorientation therapy, ex-gay therapy, and gay cure – proclaims to change, ‘repair’ or ‘cure’ an individual’s sexual orientation or gender identity. Most major medical and mental health associations have condemned it due to evidence that it’s harmful and its lack of scientific basis.^{1,2} In recent years, this discriminatory practice has received growing public attention, leading to various legislative calls to ban it, though few countries have done so yet.

Despite this growing trend, little information is readily available on the global breadth and scope of conversion therapy, which often occurs in the private sphere and represents a set of diverse acts from psychotherapy to ‘corrective’ violence. To our knowledge, the August 2019 report of OutRight Action International is the first comprehensive global report, based on 489 surveys across 80 countries, and convincingly establishes the existence of conversion therapy as a worldwide problem.²⁵

The objective of this report is to compile information on the practices, practitioners and roles of states in conducting, supporting, promoting and acquiescing in conversion therapy. This research is intended to provide a framework for examining the practice of conversion therapy through the lens of state obligations to prevent and prosecute torture and other cruel, inhuman or degrading treatment (also ill-treatment) and to provide redress to victims.

This report supplements the expert Statement on Conversion Therapy by the Independent Forensic Expert Group, which discusses its medical invalidity, its physical and psychological harm, and the legal and ethical obligations of states and health professionals regarding it and concludes that conversion therapy constitutes a form of cruel, inhuman or degrading treatment and may amount to torture.³ We hope this information can be helpful in developing effective domestic and international legislation and guidelines to eradicate conversion therapy and to help us achieve “A World Without Torture.”

“As an adolescent who experienced same-sex attraction, she was raped in her bedroom by an elderly man her mother had brought home from church one evening in 2005. The mother, who heard her daughter’s screams, shouted: ‘Pearl, you are making noise. Shut up.’ [...] This happened regularly over several months until, eventually, the mother asked him to move in and be Pearl’s husband. ‘He raped me almost every day from when I was 12 to 16 years old. My mother didn’t want me to be gay so she asked him to be my husband and hoped it would change me.’”

– A survivor from South Africa, from The Brutality of ‘Corrective Rape’, NY Times (2013)⁴⁶

METHODOLOGY

This research compiled available information from the internet on the practices, practitioners and the involvement of states in conversion therapy, as well as its promotion in health and education sectors. Internet searches were conducted on Google, with the personal results function disabled, primarily in the English language in relation to every country or region of the world using the terms “conversion therapy” and sometimes also “how to change my sexual orientation,” “change gay identity,” and “gay cure therapy.”

The first 100 search results from each search phrase were reviewed and all relevant information published since 2000 to September 2019 was recorded. Information from journals, government and NGO reports, broadcast, print and online news sources, as well as online portals, topic-oriented blogs and magazines was considered, while personal websites and testimonies were excluded.

We found a total of 207 sources dating from 2001 to September 2019 that mentioned specific practices, practitioners or state involvement in conversion therapy. We considered “conversion therapy” as practices that practitioners believe can effect a genuine change in an individual’s sexual orientation or gender identity. The table below shows the number of sources compiled according to publication year. Sources that did not include any specific details on practices, practitioners or state involvement were not recorded.

This review identified sources providing details on practices, practitioners, and the involvement of the state in at least 68 countries or regions (see [Annex A](#)). Some sources describe the experience of individuals to conversion attempts, while others discuss practitioners who offer or have been held liable for performing it. There are also sources that identify national laws and policies that promote conversion therapy.⁴

The review confirms that conversion therapy presents a worldwide problem and is practiced in all regions of the world. In addition, it demonstrates that state authorities are widely responsible for perpetuating it, whether actively or by acquiescence in many countries.

The following presents information on the identified practices, practitioners and the role of states in conversion therapy and helps paint a picture of their global breadth and scope. It is not possible, however, to provide a comprehensive reflection of the worldwide state of conversion therapy because the practice often occurs in secrecy and information is limited. The sources that are relied upon are faithfully cited. While 90% were published between 2013-September 2019, this paper is unable to ensure their accuracy. Moreover, there are several limitations of this review (notably, language and scope) as well as limitations in source information, which often lack detail or technical clarity as elaborated further below.

Year	2001-2006	2007-2012	2013-2017	2018	2019	not available
#	2	19	74	56	51	5

PRACTICES

We found a wide-ranging set of practices that are used separately or together in conversion attempts. Many bear similarity to acts that are internationally acknowledged to constitute torture or ill-treatment. On a domestic level, these acts may constitute battery and assault, among other crimes, as well as child abuse and neglect if performed on a minor.

Practices include:

- Talk therapy or psychotherapy, including group therapy (e.g., exploring life events to identify the cause)
- Medication (including anti-psychotics, anti-depressants, anti-anxiety, psychoactive drugs, and hormone injections)
- Eye Movement Desensitization and Reprocessing (where an individual focuses on a traumatic memory while simultaneously experiencing bilateral stimulation)
- Electroshock or electroconvulsive therapy (ECT) (where electrodes are attached to the head and electric current is passed between them to induce seizure)
- Aversive treatments (including electric shock to the hands and/or genitals or nausea-inducing medication administered with presentation of homoerotic stimuli)
- Exorcism (e.g., beating the individual with a broomstick while reading holy verses or burning the individual's head, back, and palms)
- Force-feeding or food deprivation
- Forcing an individual to be nude or undressed usually in the presence of others
- Behavioural conditioning (e.g., being forced to dress or walk in a particular way)
- Isolation (sometimes for long periods of time, which may include solitary confinement or being kept from interacting with the outside world)
- Verbal abuse and humiliation
- Hypnosis
- Hospital confinement
- Beatings and other 'corrective' violence, including rape

1. Aversive Treatment

(Australia, China, Ecuador, Hong Kong, India, Iran, Panama, Russia, Sri Lanka, Uganda, United States of America, Vietnam, Zimbabwe)

Sources indicate that, in at least 13 countries, health professionals use aversive treatments, combining electric shocks to the hands, head, stomach and/or genitals with presentation of homoerotic stimuli.⁵⁻⁹ Another common form involves administering nausea-inducing medication or having an individual snap an elastic band around the wrist to induce pain whenever the individual becomes aroused by same-sex imagery or thoughts.⁸ When electric shocks are used, it is generally unclear from sources how strong the electric shock current is, however, sources note that individuals often experience significant pain and they may be tied or strapped down during the practice.⁶



“... with a surgical table, and being restrained ... having an electrode attached to my labia; and images projected onto the ceiling; [voice breaking] and a lot of pain from the electrodes; and being left there for quite a long time afterwards, exposed and alone.”

- A survivor from Australia, from Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia, Human Rights Law Center (2018)⁵

2. Electroconvulsive therapy (ECT)

We have found sources indicating that, in a few countries, health professionals administer electroshock or electroconvulsive therapy (ECT) in order to attempt to change an individual's sexual orientation or gender identity. ECT involves attaching electrodes to the head and passing an electric current between them to induce seizure. It is a severe form of treatment used as a last resort for illnesses such as treatment-resistant life-threatening depression and invariably causes significant disorientation, cognitive deficits, and retrograde amnesia. When applied without anesthesia or muscle relaxant (in an unmodified form), it leads to violent convulsions commonly resulting in joint dislocations and bone fractures. Sources are often unclear about whether an individual has been subjected to ECT in contrast to electric shocks as part of aversive treatments, as they regularly mistakenly use the term “electroshock” or “electro shock” to describe both ECT and the latter. From the available descriptions, our review indicates that ECT is used in conversion therapy in Iran and India and potentially also other countries.^{10,16}

3. Medication

(China, Ecuador, El Salvador, France, India, Iran, Panama, Russia, Sri Lanka, Turkey, Uganda, United Arab Emirates, United States of America, Vietnam)

In at least 14 countries, medication is used. Even more concerning, there are reports that it is administered by force or threat in China, Russia and Vietnam, although in other countries, it is likely that an individual's consent is provided in coercive settings or is not duly informed.^{6,11-13} It appears that anti-anxiety medication, anti-psychotics, and anti-depressants are the most commonly used, often under the false belief that mental disorder is the underlying cause of the individual's non-heterosexual orientation or identity.¹⁴

“The pills turned out to be a heavy substance for a teenage body that had never consumed any narcotics or alcohol. They numbed my entire body ... to the point that I had become incontinent. I burst into tears when I found myself to be wet in the morning. I felt like I had been raped. The notion of rape should not be understood only in relation to sexual relations. I really felt as if this doctor had raped and violated me. This experience made me lose trust in all doctors.”

- A survivor from Iran, from *Diagnosing Identities, Wounding Bodies - Medical Abuses and Other Human Rights Violations Against Lesbian, Gay and Trans-Gender People in Iran*, Justice for Iran (JFI) & Iranian Lesbian and Transgender Network (6Rang) (2014)¹⁰

In five countries, hormone therapy, such as testosterone pills, are reportedly prescribed.^{10,13,15-18} Sedatives can also be administered in conjunction with hypnosis and individuals are advised to use Viagra.^{9,11,19} Some practitioners claim to be able to ‘cure homosexuality’ through alternative medicine, such as homeopathy and ayurveda.^{9,16,20} In most sources, the exact drugs or remedies that are employed are not specified.

4. Forced Confinement

In China, Ecuador, Mauritius, Uganda and Nigeria, sources indicate that individuals suffer forced confinement, including in psychiatric hospitals (China and Mauritius) and clinics (Ecuador), sometimes following abduction by their own families.^{6,7,19,21,22} In Nigeria, in the context of religious cleansing, individuals may be forcibly isolated in a dark room and made to fast and pray around the clock.¹⁹ Moreover, some parents abduct and/or confine their children at home and isolate them to control their interactions with the outside world.^{22,23}

In 2015, the Inter-American Commission on Human Rights found that once individuals were admitted to conversion clinics in Ecuador, they were: “exposed to systematic verbal abuse, yelling, humiliation, and rape threats; housed in overcrowded rooms; held in isolation for long periods of time; deprived of food for several days or forced to eat unsanitary food or drink water from wells infested with dead toads, cockroaches and other insects, forced to ‘dress and behave like prostitutes to learn feminine behaviour’ and have sexual relations with other male interns by order of their ‘therapists’; kept in handcuffs for more than three months or chained to toilets that were being used by other persons; awakened with cold water buckets or urine being thrown on them; subjected to electroshock therapy; and touched, molested, and even raped by custodial personnel.”²¹

Notably, Ecuador is one of the few countries in the world that has enacted a ban on conversion therapy, passing it in 2014.²⁴⁻²⁶ Despite the ban, individuals have continued to report being subjected to conversion therapy due to secrecy, lack of enforcement, and corruption.^{27,28} Although many clinics were closed by the government, some have allegedly reopened and others operate clandestinely.²⁸

“... exposed to systematic verbal abuse, yelling, humiliation, and rape threats; housed in overcrowded rooms; held in isolation for long periods of time; deprived of food for several days or forced to eat or drink unsanitary food or water”

- On the situation in Ecuador, from Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas, Inter-American Commission on Human Rights (2015)²¹



5. Psychotherapy

(Armenia, Austria, Cambodia, Dominican Republic, El Salvador, Egypt, Germany, Ghana, India, Iran, Italy, Lebanon, New Zealand, Nigeria, Panama, Peru, Poland, Russia, Sri Lanka, Switzerland, Tunisia, Turkey, Uganda, United Kingdom, United States of America)

Talk or psychotherapy is one of the most common conversion practices. We have found sources indicating that it takes place in at least 25 countries. As noted earlier, these practices are often directed to treating mental disorders that are believed to affect and divert an individual's sexual choices. Some psychotherapeutic approaches are premised on the belief that trauma is the underlying cause of a non-heterosexual orientation or identity and must be addressed. Sources indicate that practitioners may analyse an individual's childhood and relationships to try to identify and address a 'root cause' such as sexual abuse or parental discord.^{16,18,29-32}

Some practitioners also administer Eye Movement Desensitization and Reprocessing (EMDR).^{30,31} In EMDR, an individual focuses on a traumatic memory while simultaneously experiencing bilateral stimulation.³³ The practice is meant to alleviate the distress associated with traumatic memories by facilitating the accessing and processing of them. EMDR may be directed toward an alleged underlying trauma but has also been used to target an individual's "negative feelings toward straight sex."³³

Sources also indicate that hypnotherapy is used, including one report of past-life regression, which reputedly helps you access memories from your previous lives.^{8,9,17,31,34,35}

“We were searching for a sin I’d supposedly committed in a past life that might have ‘made me gay.’”

- A survivor from the United Kingdom, from Gay conversion therapy: “I thought being straight would make me happy”, BBC (2019).³¹

Individuals are also often isolated and advised or forced to end existing friendships and other relationships.^{9,36,37} Sources indicate that practitioners have repurposed clinical assessment tools such as the Rorschach test or the Minnesota Multiphasic Personality Inventory, which assesses personality traits and psychopathology, into tests “to clarify homosexual tendencies” or identify ‘root causes’.^{29,38,39} Behavioural therapy is also often used. Individuals may be instructed to practice the stereotypical behaviours and mannerisms of their gender assigned at birth, including wearing make-up or playing sports; date or have sex with members of the opposite sex; and look at or masturbate to pictures of the opposite sex or heterosexual pornography.^{9,10,40,41}

Concerningly, sources note that, in some countries, lesbian, gay, bisexual, trans and gender diverse individuals may be unable to find appropriate mental health support to help them address conflicts arising between their orientation, identity and religious, social or internalised norms. Individuals are being told that their sexual orientation or gender identity is a personal choice that should be changed. Furthermore, in some settings, these individuals are reputedly

unable to find mental health support for issues even unrelated to their sexual orientation or gender identity. In Russia, for example, Human Rights Watch reported that psychologists often attribute all of the individuals' problems to their sexual orientation or gender identity, leaving their real problems unaddressed and resulting in attempted conversion efforts instead.⁴²

The failure of psychotherapy itself can have damaging effects. According to the recently published Statement on Conversion Therapy by the Independent Forensic Expert Group, “[a]ll forms of conversion therapy, including talk or psychotherapy, can cause intense psychological pain and suffering [...] the failure of conversion therapy often exacerbates the individual’s feelings of inadequacy, self-worthlessness, and shame. Individuals often feel intense guilt over failure, reinforced by the idea that they are ill, unacceptable, incurable, and a burden to their families.”³

In some contexts, the results of failure can be even more severe. In Iran, for instance, individuals who ‘fail’ therapy are routinely pressured to undergo gender reassignment surgery.

“My psychiatrist told me that I should find a boy and have sex with him. He said he needed to see whether I was able to have sex with a boy or not. So I found this nicely built boy who agreed to partake in the experiment [...] After several months of further psychiatric therapy, my doctor finally accepted that I could not establish a proper sexual relationship with a man and therefore recommended that I pursue sex reassignment procedures [...]”

- A survivor in Iran, from Diagnosing Identities, Wounding Bodies - Medical Abuses and Other Human Rights Violations Against Lesbian, Gay and Trans-Gender People in Iran, Justice for Iran (JFI) & Iranian Lesbian and Transgender Network (6Rang) (2014)¹⁰

Recommending gender reassignment surgery in Iran originates from the belief that homosexuality is deviant, but that it is possible for a person to “be trapped in a body of the wrong sex.”⁴³ Once recommended, individuals face extreme pressure to undergo these surgeries.¹⁰ As reported by one individual, my family told me, “You need to either have your gender changed or we will kill you.”⁴³ Sources suggest that hundreds of individuals are subjected to these operations every year, and that 45% of them are not transgender, but lesbian or gay.⁴³ Moreover, these surgeries “drastically fall short of international clinical standards and often result in long-lasting health complications including chronic chest pain, severe back pain, unsightly scarring, loss of sexual sensation, debilitating infections, recto-vaginal and recto-urethral fistula and incontinence.”¹⁰

6. Corrective Violence

(Barbados, El Salvador, Ecuador, India, Kyrgyzstan, Lebanon, Mozambique, Nigeria, Peru, South Africa, Sri Lanka, Tajikistan, Uganda, Zimbabwe)

Corrective violence in conversion therapy can be defined as violence perpetrated on lesbian, gay, bisexual, trans or gender diverse individuals in order to punish them or enforce gender stereotypes. Corrective violence often takes the form of sexual assault or rape, which is sometimes referred to as homophobic or ‘corrective’ rape or ‘curative’ sex. In some cases, perpetrators see sexual orientation or gender identity as a choice. They believe that violence such as beatings and rape will compel individuals to change their so-called “chosen lifestyle.”⁴⁴ In other cases, perpetrators have argued that an individual should be raped so “she can experience sex differently and change.”⁴⁵ In addition to rape, individuals have reported beatings, ritual cutting, being tied up, flogging, the use of knives, stones and sticks, and other forms of physical violence.^{21,45-47}

Sources indicate that corrective violence is practiced in at least 14 states. It is often perpetrated by community or family members. For instance, according to a Human Rights Watch report, a mother in Barbados “confronted [her gay son] with passages from the Bible, while encouraging his brothers to beat him.”⁴⁸ Sometimes the perpetrators of ‘corrective’ rape are fathers, uncles and cousins, although there have also been cases where families pay or engage people outside the family to ‘cure’ their child through rape.^{46,49,50} Individuals have also reported experiencing corrective violence from neighbours and community members.^{46,51} Finally, there are reports that sexual assault and ‘corrective’ rape is conducted as part of an institutional practice of conversion therapy, such as in clinics in Ecuador.²¹ In Tajikistan, there is reportedly widespread incidences of rape by the police targeting lesbian, gay, bisexual, trans and gender diverse individuals, including cases of ‘corrective’ rape.⁵²

7. Exorcisms and Ritual Cleansing

(Cambodia, Ethiopia, France, Germany, Indonesia, Malaysia, Namibia, New Zealand, Nigeria, Russia, South Korea, Spain, Tajikistan, Trinidad and Tobago, Uganda, UK)

Conversion therapy frequently occurs in religious settings. When this is the case, sources indicate that it often involves extensive prayer and the reading of holy verses.^{32,54,55} On some occasions, this has been combined with religious acts such as the “anointing with oil” of the head or body or “dousing the person with water.”^{23,34,45,54,56,57} Sources indicate that more violent practices are sometimes also used during ritual cleansing or exorcism. In addition to prayers, practitioners may attempt to remove the unwanted ‘evil spirit’ or ‘demon’ through beatings, burning the head, back or palm, isolation or extreme fasting.^{19,34,45} Individuals may also be hit with a broomsticks, rods and bamboo.^{23,34,45,58-61} In Malaysia, the Islamic Medical Centre reputedly offers a program with multiple stages, one of them involving spraying the individual’s eyes with chewed black pepper.⁵⁸ In that same institution, the religious leader would wipe an individual’s buttocks “with vinegar water infused with salt and lime juice” before beating them to remove the devil.⁵⁸ In Nigeria, ritual cutting, beatings, being tied up, flogging and starvation are reputedly used in ritual cleansing, which may take place in churches or other places of worship.^{25,45} Individuals are also made to walk “naked through a public space, ‘including a market area, sometimes with one’s body marked and one’s head shaved.’”⁴⁵

PERPETRATORS

As is indicated, there is a wide spectrum of individuals who perform conversion therapies. According to sources, health professionals make up a large proportion of the practitioners in over 40 countries. These include doctors, psychologists, psychiatrists, psychotherapists, sexologists, professional counsellors, and ayurvedic practitioners.^{9,16,21,57,62} It may however be that terms like “doctor,” “therapist” or “counsellor” are being used in reports in a colloquial and not a technical sense. It is also likely in some situations that self-proclaimed health professionals offering conversion therapies are not duly educated, trained or licensed. Clients themselves may be unaware of or deceived by a practitioner’s (lack of) qualifications, particularly when the practice is undertaken in secrecy or in the private sphere. Nevertheless, sources provide compelling evidence that educated, trained and duly licensed health professionals are practicing conversion therapy all around the world, perpetuating unscientific beliefs and discrimination against their clients, in violation of their core ethical obligations.



Police and other security officials have also perpetrated ‘conversion’ acts, particularly in the form of so-called corrective violence.^{52,55,63} These practices may be so widespread or commonplace as to reflect express or unwritten policies or practices by their institutions. In addition, conversion therapy is often performed by religious practitioners, such as religious or spiritual leaders, counsellors, and religious community members or groups.^{32,54,64} Sources indicate that these include individuals following the Abrahamic religions, as well as other faiths and

belief systems such as monks, Kru Khmer practitioners (a traditional healer from Cambodia), shamans, and other traditional healers.^{23,58,65} Finally, sources indicate that parents, guardians, other family members and communities often practice conversion therapy in the private sphere and individuals may also subject themselves to it.^{46,48} Parents in the United States and United Kingdom are also known to send their children abroad to countries such as Kenya, Israel, Nigeria, Ethiopia, Uganda and the Dominican Republic to receive it.^{19,31,74}

No research is available to indicate which group of practitioners is most prevalent worldwide. On national or regional levels, it appears to differ between states and regions. For instance, according to the 2015 annual review by the Korean Society of Law and Policy on Sexual Orientation and Gender Identity, “[c]onversion therapy was conducted by counselling specialists (57.1%), religious persons (46.4%) and psychiatrists (28.6%); medical specialists were also found to have been involved in conversion therapy.”⁶⁶ In July 2017, the United Kingdom launched a national survey to “gather more information about the experiences of LGBT people in the UK.”⁶⁷ According to the respondents of that survey, conversion therapy is practiced by a “faith organization or group (51%); Healthcare provider or medical professional (19%); Parent, guardian or other family member (16%); any other individual or organization (14%) or a person from my community (9%).”⁶⁷ OutRight Action International’s 2019 report concludes 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 [Latin America and the Caribbean], religious leaders and institutions are most likely to perpetrate ‘conversion therapy,’ followed by private mental health providers.”²⁵



STATE INVOLVEMENT

Sources indicate that states are largely responsible worldwide for perpetuating conversion therapy by conducting, supporting, promoting and acquiescing in it. In some states, public authorities or institutions are directly involved in performing conversion therapies or giving financial support to providers. In addition, states have generally failed to prevent conversion therapy or punish practitioners when it occurs in the private health and education sectors although their responsibility to oversee those services and, particularly, to prevent torture and ill-treatment, child abuse and fraud is clear. State authorities are also involved in the promotion of conversion therapy, thereby lending legitimacy to this illegitimate practice. Furthermore, police in many states have often refused or failed to act when cases of corrective violence involving physical or sexual abuse are reported.

1. Provision or Financing

In some states, conversion therapy is performed pursuant to the order or action of state officials, such as judges and the police.^{4,55,58,63,65,68,69} For instance, in Tunisia, it is reportedly practiced by psychiatrists in juvenile detention facilities where minors accused of homosexual conduct may be committed pursuant to the order of a judge.⁶⁹ In Tajikistan, police are reported to target lesbian, gay, bisexual, trans and gender diverse individuals and subject them to so-called ‘corrective’ violence.⁵² In addition, some states also provide for conversion therapy in law. In Ukraine, for example, “the legal instrument regulating legal gender recognition states that ‘intensive psychotherapeutic work aimed at the patient’s refusal of change (correction) of sex should be conducted with them.’”⁴

Some states are also involved in the direct provision of conversion therapy through public institutions and programs. In Malaysia, for instance, the Islamic Development Department organizes a three-day-camp eight times a year where participants engage in “health and religious talks” aimed at changing their sexual orientation and gender identity.⁵⁸ In China, Iran and Mauritius, among others, conversion therapy is practiced in government-run hospitals or government-approved clinics, where some individuals also may be forcibly confined.^{6,22,41} In Turkey, it is reputedly provided by doctors working within hospitals, although it is unclear whether the hospitals themselves promote such practices.¹⁸

In some cases, states are responsible for directly or indirectly financing conversion therapy. For instance, sources indicate that health professionals in Switzerland and Germany have been reimbursed for these practices by the main public health insurance companies, as well as private insurance, which they may bill as “tiefenpsychologische Therapie” (deep psychological therapy) or “Erörterung einer lebensverändernden Erkrankung” (discussion of life-changing disease).^{30,57} In the United States, universities that espouse and perform these discriminatory and harmful practices may receive federal aid. For instance, the Corban University, a private Christian college in Salem, Oregon reputedly provides conversion therapy to its students and has allegedly threatened a student with expulsion if the student did not enter a gay conversion therapy program performed by school counsellors.⁷⁰

2. Failure to Regulate Health and Education

Where conversion therapy occurs, states have largely failed to regulate it, even when it causes harm to individuals and despite their responsibility to oversee the provision of services that are in the public interest, such as health and education, even when these are delegated to private actors.² Conversion therapy is often undertaken by private clinics, health professionals, and is promoted in schools. As noted earlier, sources indicate that psychotherapy and other medical practices are (mis)used in conversion therapy in at least 40 countries by health professionals who are or should be subject to monitoring, regulation and licensing regimes. It is, for instance, practiced by Egypt's first government-licensed sexologist.⁶² In addition, conversion therapy is often undertaken by private clinics that are licensed and supervised by government institutions, such as the National Health and Family Planning Commission in China.⁶ There is however little indication that it is sanctioned or sanctionable within most current legal and regulatory frameworks. Moreover, as noted in Sri Lanka, where homosexuality is illegal, "the practitioners of conversion therapy are allowed to operate freely and without question."⁹

Schools are also a common platform where conversion therapy is espoused despite its repressive message and the harm it can cause students. For instance, in Austria, a church related association has organised courses regularly in thirty-four elementary and middle schools where they taught that homosexuality is an "aberration" that can be changed.⁷¹ In Chile, the curricula in schools of psychology have reputedly taught conversion therapy.⁷² School officials in Trinidad and Tobago also have suggested to "boys exhibiting homosexual tendencies" to undergo it.⁷³ In addition, in the Dominican Republic, an abusive "Christian therapeutic residential boarding facility" offered conversion therapy to students, although it reputedly closed in 2011.⁷⁴ According to reports, however, there remains little or no government oversight to monitor educational quality or basic student safety in the Dominican Republic⁷⁵ and the Ministry of Health continues to fail to prohibit or regulate the practice.⁷⁶

3. Promotion and Legitimacy

There are also many instances where state institutions or authorities have been involved in the promotion of conversion therapy, thereby lending legitimacy to this illegitimate practice. In South Korea, for example, the National Assembly and National Human Rights Commission have received criticism for providing locations to host conversion therapy.⁷⁷ In Hong Kong, some of the city's social workers are reputedly recommending the practice, suggesting that it could help individuals "'correct' their sexuality and lead a happier life."⁷⁸ In addition, the Hong Kong Education Bureau has endorsed the distribution of pamphlets promoting conversion therapy at a number of secondary schools.⁷⁹ In El Salvador, Indonesia, Moldova, Israel and Uganda, government officials also have reportedly encouraged the development or use of conversion therapy.^{49,80-83} For instance, in Uganda, in 2017, the Ethics Minister Simon Lokodo announced the development of a government-sanctioned conversion therapy program "to rehabilitate members of the LGBT community, with the ultimate aim of giving them a chance to lead normal lives again."⁸² Moreover, in 2017, the Minister of Development of Poland (current Prime Minister, Mateusz Morawiecki), awarded the Truth-Cross-Liberation prize for "spiritual and therapeutic help for people with unwanted same sex attractions and their families" to Odwaga (Courage), a private organisation that views homosexuality as an "infliction" and performs conversion therapy.³⁶

4. Refusal to Act

There are many concerning reports that police have refused or failed to act when made aware of conversion attempts involving physical or sexual abuse.^{22,46,48,51,69} Sources indicate that, in Mali, ‘corrective’ violence is “generally ignored by the public” and the “police frequently refused to intervene.”⁵¹ Similarly, in Mauritius, “some families arrange the kidnapping of their own child.”²² In one case, “the police refused to take the complaint of her friend who had witnessed the abduction [...] arguing that there was nothing to prosecute.”²² As one individual from Barbados stated: “I would call the police, but because my mother knew the police at that station, if I called, then she would call them back and then they would not come. I was a voice in the wilderness and nobody’s paying me any attention.”⁴⁸ According to one journalist who collected the stories of 45 survivors in South Africa, “the most common reaction from police to corrective rape is laughter.”⁴⁷

CONCLUSIONS

The objective of this research was to compile detailed information on the practices, practitioners and role of the state in conversion therapy, which according to the Independent Forensic Expert Group is “likely to cause individuals significant or severe physical and mental pain and suffering with long-term harmful effects.”³ This information is meant to support an examination of the practice through the lens of state obligations to prevent and punish torture and ill-treatment. This review shows that conversion therapy is prevalent worldwide and encompasses a wide range of discriminatory practices, which are often also intended to punish the victim. To illustrate what this means in the lives of individual victims, the report provides detailed description of the most common practices identified.

The report also demonstrates that conversion therapy is often provided, financed, or encouraged by states or by individuals acting in an official capacity or executing a state function, such as providing health and education services. In other instances, conversion therapy is performed in the private sphere, e.g., by family members and spiritual leaders. Nevertheless, the state may be responsible for acquiescing in these cases due to its failure to exercise due diligence to eliminate this harmful and discriminatory practice. In addition, when the police refuse to investigate complaints of corrective violence, the state becomes complicit in these acts.

RECOMMENDATIONS

The IRCT recommends that states:

1. Repeal all laws criminalising individuals on the basis of their sexual orientation or gender identity

2. Issue an apology for discrimination and historical injustices against the lesbian, gay, bisexual, trans and gender diverse communities

3. Ban the practice of conversion therapy

4. Stop the provision and promotion of conversion therapy by all state institutions and their representatives and end financial support to private institutions performing the practice

5. Issue and enforce clear guidance to health institutions and health professionals prohibiting the performance and promotion of conversion therapy

6. Issue and enforce clear guidance to individuals and institutions in education prohibiting the performance and promotion of conversion therapy

7. Issue and enforce clear guidance to police and judicial actors requiring them to exercise due diligence in the investigation and prosecution of acts of conversion therapy when they may constitute criminal offenses

8. Establish and promote a system for individuals who have been offered or subjected to conversion therapy to report and file complaints

9. Establish programs to support and provide full reparation to individuals who have been harmed by conversion practices

10. Undertake comprehensive research into the practices of conversion therapy in order to shine a light on wherever it takes place

11. Provide widespread education on sexual orientation and gender identity and human rights principles

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