**1. What different practices fall under the scope of so-called “conversion therapy” and what is the common denominators that allow their grouping under this denomination?**

Before answering this question, it's important to discuss the terms being used and some basic principles that guide our thinking on this issue.

We understand homosexuality to have 3 facets: Sexual Orientation, Sexual Identity, and Sexual Behavior. There are numerous studies that have looked at genetic, environmental, hormonal, and other factors in an attempt to understand the origins of homosexuality. But the zero sum of these studies is inconclusive and therefore there is no scientifically known path to homosexuality. It’s largely believed that sexual orientation is not a choice. However, sexual behavior is controlled by the individual and could be modified. Similarly, sexual identity is chosen by the individual. We believe that a healthy individual is an individual who is able to identify sexually and behave sexually in a manner that is harmonious with the person’s sexual orientation.

Gender identity is a separate concept from sexual orientation and it entails the gender that a person identifies with. For individuals with gender dysphoria, who identify with a gender that is different from the gender they were biologically born into, pursuing modalities to change their gender including hormonal treatment, plastic surgeries, top, and bottom surgeries can be therapeutic and sometimes lifesaving.

We at the Lebanese Medical Association for Sexual Health (LebMASH) prefer to use the term Sexual Orientation Change Efforts or (SOCE) for several reasons:

      We find the term "conversion therapy" misleading as there is nothing "therapeutic" about attempting to change a person's sexual orientation, especially when done in a coercive way.

      SOCE specifically speaks of sexual orientation, which we believe is not a choice and can’t be “changed” and attempts to change it can be detrimental.

      SOCE does not include changes to one’s gender identity which could be therapeutic for individuals with gender dysphoria

In 2018, LebMASH conducted a community pilot project to explore the practice of SOCE in Lebanon. The team communicated with 10 individuals who had been subjected to SOCE. The team also talked to five mental health professionals who had heard about SOCE practices through their patients and three providers who practiced SOCE. In addition, the team reviewed television interviews involving health care professionals who discussed SOCE between 2010 and 2016. The team also reviewed a recording of a 2017 lecture presented at a university by a Lebanese urologist who practiced SOCE.

The project provided insight into SOCE practices in Lebanon, including practitioners’ profiles, methods, and approaches; the driving forces behind SOCE; and the sequelae of such efforts.

       SOCE practitioners’ profiles: The SOCE practitioners who were encountered during the project were mental health professionals (non-psychiatrists), physicians, and clerics. It is important to point out that in Lebanon, not all mental health professionals are licensed, and physicians and mental health professionals are not necessarily affiliated with major professional organizations.

       SOCE methods and approaches: SOCE appear to be guided by a combination of religious beliefs, traditions, culture, and misinformation with regard to modern health care practices and up-to-date professional clinical guidelines. SOCE practitioners perpetuate inaccurate and largely refuted theories about sexual orientation, such as the belief that same-sex attraction is caused by trauma or the absence of a father figure, that having sexual relations with the opposite sex can change sexual orientation, that homosexuality is a temporary phase, and that homosexuality is related to pedophilia.

       Most SOCE practices focused on counseling and pressure. Examples include pressure to act differently or try having sex with someone of the opposite sex, or insidious messages such as “maybe you are bisexual”.

       In addition, there were reports of the use of hormonal interventions and other medications, such as medications for erectile dysfunction. These tend to be administered by non-mental health professionals, namely by urologists.

(<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2018.11a9>)

**2. Are there definitions adopted and used by States on practices of so-called “conversion therapy”? If so, what are those definitions and what was the process through which they were created or adopted?**

None that we are aware of.

**3. What are the current efforts by States to increase their knowledge of practices of so called “conversion therapy”? Are there efforts to produce information and data on these practices?**

None that we are aware of.

**4. What kinds of information and data are collected by States to understand the nature and extent of so-called “conversion therapies” (e.g. through inspections, inquiries, surveys)?**

None that we are aware of.
LebMASH has provided a hotline to encourage people to report SOCE practices but our experience is that people have been extremely reluctant to discuss these experiences due to shame, stigma and fear of being re-traumatized.

**5. Has there been an identification of risks associated with practices of so-called “conversion therapy”?**

Our study showed that Lesbian and gay individuals who have been subjected to SOCE reported negative comments from the practitioners, as well as violation of provider-patient confidentiality and privacy. They experienced anxiety, depression, feelings of guilt and shame, and even suicidal thoughts following SOCE sessions.

**6. Is there a State position on what safeguards are needed, and what safeguards are in place to protect the human rights of individuals in relation to practices of so-called “conversion therapy”?**

This question includes the following:
a. Safeguards to protect individuals from being subjected to “conversion therapies”.
b. Broader statutory rules or administrative policies to ensure accountability of health care and other providers.

None that we are aware of.

**7. Are there any State institutions, organizations or entities involved in the execution of practices of so-called conversion therapy? If so, what criteria have been followed to consider these as a form of valid State action?**

There have been several Muslim and Christian religious groups that have organized public events promoting homophobia and SOCE.

On March 30, 2017, the Arts, Sciences and Technology University in Lebanon hosted a seminar organized by the Muslim organization “*Jamiyat al Irshad wal Islah al Khayriya al Islamia*” during which Dr. Raef Rida who is a urologist, spoke negatively about homosexuality and promoted SOCE. He bosted that he conducted research that involves administering “shock therapy” to homosexual men while they were watching porn.

(<https://www.huffpost.com/entry/the-lebanese-medical-association-for-sexual-health_b_58e4c655e4b02ef7e0e6e23a>)

On November 20, 2016 a Christian religious group held a symposium titled “A Conversation on Sexual and Gender Identity and the Integration of Faith and Psychology” which featured Christopher Doyle, a well-known proponent of conversion “therapy” in the United States.

During his visit to Lebanon, Christopher Doyle also facilitated a “healing seminar” November 18-20, 2016 under the title “Men’s Breakthrough Healing Seminar” which was described as a “life changing experiential healing seminar for men that desire to overcome hurts and wounds”. The seminar was held at *The Sisters of Crucified Jesus* Monastery in Byblos, Lebanon.

Not directly related to conversion therapy, a religious extremist group in Lebanon called *The Muslim Olama Organization* has been systematically attacking the LGBT community and advancing homophobia. The group, with implicit support from the government, has successfully cancelled or blocked several high-profile LGBT events including most notably the Pride events that were scheduled in May 2017.

**8. Have any State institutions taken a position in relation to practices of so-called “conversion therapy”, in particular:
a. Entities or State branches in charge of public policy;
b. Parliamentary bodies;
c. The Judiciary;
d. National Human Rights Institutions or other State institutions;
e. Any other entities or organizations.**

The Lebanese Psychiatric Society (LPS), which is an official chapter of the Lebanese Order of Physicians and the professional body that oversees the practice of psychiatry in Lebanon came out with a very clear statement in 2013 affirming that homosexuality is not a mental illness and condemning SOCE. The LPS has repeatedly encouraged the reported of SOCE cases.

(<http://blogs.nature.com/houseofwisdom/2013/08/homosexuality-not-a-disease-says-lebanese-psychiatric-society.html>)

Similarly, the Lebanese Psychological Association (LPA) which is a professional organization for psychologists, came out with a statement in 2013 affirming that homosexuality is not a mental illness and condemning SOCE.

(<https://www.lorientlejour.com/article/826900/homosexualite-la-lpa-denonce-la-therapie-de-conversion.html>)

Not all mental health professionals in Lebanon are members of the LPS or LPA. Some SOCE practitioners are not mental health professionals.