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including the right to development**

Practices of so-called “conversion therapy”

Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*

Summary

The present report is submitted to the Human Rights Council pursuant to Council resolutions 32/2 and 41/18. In it, the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz, explores practices of so-called “conversion therapy” across the globe, including their impact on victims, their human rights implications and their connection with violence and discrimination based on sexual orientation and gender identity, as well as measures adopted to prevent them and to penalize or prosecute those who perform them and remedies provided to victims.

* Agreement was reached to publish the present report after the standard publication date owing to circumstances beyond the submitter’s control.



I. Introduction

1. The present report is submitted to the Human Rights Council by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz, in furtherance of Human Rights Council resolutions 32/2 and 41/18, and covers the period from 1 May 2019 to 30 April 2020.
2. The report also reflects the Independent Expert's research on practices known as so-called "conversion therapy" (see para. 17 below), the proponents and providers of which seek to change non-heteronormative sexual orientations and non-cisnormative gender identities. The analysis is focused on the impact of those practices on the people who are subjected to them, the human rights implications of those practices and their connection with violence and discrimination based on sexual orientation and gender identity, as well as the related measures of prevention, accountability and redress.

II. Activities carried out during the reporting period

3. The Independent Expert is committed to active engagement with the widest scope of stakeholders and trusts that all dialogue has the following as a point of departure: violence and discrimination based on sexual orientation and gender identity are never justified and must be prevented and condemned.
4. The Independent Expert held public consultations on thematic issues in Geneva on 26 June 2019 and 5 February 2020 and an expert meeting in Cambridge, Massachusetts, United States of America, on 28 February 2020.
5. The Independent Expert conducted a country visit to Ukraine from 30 April to 10 May 2019, and intended to carry out a visit to Sri Lanka, which was unfortunately postponed due to force majeure. He thanks both States for the invitation and collaboration he received. He sent visit requests to Burkina Faso, Cambodia, Ghana, India, Japan, Kenya, Nepal, Poland, Thailand and Tunisia. In addition, at the invitation of the University of Iceland, he carried out a visit to Reykjavik from 2 to 4 September 2019, during which he delivered a keynote speech on social inclusion at the Nordic House, carried out a working session with the Directors of Human Rights of the Nordic and Baltic countries and met with Icelandic political and religious authorities and Icelandic civil society organizations.
6. On the margins of his interactive dialogue at the Human Rights Council and the seventy-fourth session of the General Assembly, he held meetings and consultations with Member States, representatives of United Nations entities, representatives of civil society and business leaders. In August, September and December 2019 he met with representatives of the Organization of American States (OAS) LGBTI Core Group in Washington, D.C., the United Nations LGBTI Core Group and the Equal Rights Coalition in New York, regional groups in Geneva, and held many bilateral exchanges with Member States.
7. At the invitation of the respective Special Rapporteurs, the Independent Expert took part in two expert meetings: in Tunis, on 11 June 2019, on freedom of religion or belief and gender equality; and in New York, on 22 October 2019, on cultural rights defenders. At the invitation of United Nations entities, the Independent Expert took part in several meetings: on 29 and 30 June 2019, on engaging the private sector for the equality of lesbian, gay, bisexual, trans and intersex persons (Office of the United Nations High Commissioner for Human Rights); on 9 July 2019, on data privacy for lesbian, gay, bisexual, trans and intersex persons in cyberspace (United Nations Development Programme (UNDP)); and, on 15 July 2019, on gender diversity beyond binaries (United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)), the United Nations Gay, Lesbian and Bisexual Employees (UN-GLOBE) and OutRight Action International). The Independent Expert also held formal exchanges with the Working Group on discrimination against women and girls on 5 June 2019 and 30 January 2020, with the Working Group on the issue of human rights and transnational corporations and other business enterprises on 6 February 2020, and with the Committee on Economic Social and Cultural Rights on 5 March 2020.

8. Together with the Rapporteur on the Rights of Lesbian, Gay, Bisexual, Trans and Intersex Persons of the Inter-American Commission on Human Rights, and as part of a strategic alliance between both mandate holders, Commonwealth and UNDP, on 1 and 2 October 2019, the Independent Expert held a consultation in Bridgetown on the economic, social and cultural inclusion of lesbian, gay, bisexual, trans and intersex persons in the Caribbean region.

9. Between 1 May and 31 December 2019, at the invitation of academia and civil society organizations, the Independent Expert carried out the following activities:

(a) **Keynote addresses.** 21 August (International Lesbian, Gay, Bisexual, Trans and Intersex Association, Asia Regional Conference, Seoul); 24 September (Ludwig Boltzmann Institute, Vienna); 20 November (National Meeting of the Afro-LGBTI Network, Cartagena); 21 November (International Lesbian, Gay, Bisexual, Trans and Intersex Association for Latin America and the Caribbean Conference, Bogotá); 7 December (OutRight Action International Conference, New York); 10 December (ARC International and Jindal Global University International Dialogue, New Delhi); and 13 December (National Law School of India University, Bangalore);

(b) **Panels and presentations.** 27 June on needs, best practices and risks of research and data collection on sexual orientation and gender identity (International Lesbian, Gay, Bisexual, Trans and Intersex Association and COC Nederland, Geneva); 23 October (Jacob Blaustein Institute for the Advancement of Human Rights, New York); 18 November (Dejusticia and Colombia Diversa, Bogotá), and 6 December (OutRight Action International, New York).

10. Between 1 January and 30 April 2020, the Independent Expert carried out the following activities:

(a) **Keynote addresses.** 20 January (United Nations House, Brasilia); 24 January (International Institute on Race, Equality and Human Rights, Rio de Janeiro, Brazil); and 2 March (Global Equality Fund, Johannesburg, South Africa);

(b) **Panels and presentations.** 13 January (Northeastern University, Boston, Massachusetts); 22 January (International Institute on Race, Equality and Human Rights, Salvador, Brazil); 10 February (OAS, Washington, D.C.); and 12 February (Carr Center for Human Rights Policy of the Harvard Kennedy School of Government, Cambridge, Massachusetts).

11. On 11 March 2020, the World Health Organization made the assessment that the coronavirus disease 2019 (COVID-19) outbreak could be characterized as a pandemic. From that date, as a result of the global state of force majeure created by the COVID-19 crisis, activities requiring travel by or the physical presence of the Independent Expert were postponed or cancelled.

12. During the reporting period, the Independent Expert gave more than 30 in-depth interviews for television, radio and print media and issued essays and op-eds relevant to the mandate. He also issued 18 individual or joint official press releases and media statements and developed an active social media presence.

13. The Independent Expert sent 16 communications, individually or jointly, in which allegations of human rights violations in relation to sexual orientation and gender identity were raised and/or by which he sought to provide technical advice on legislation and policies.

14. The Independent Expert is indebted to the vast group of entities, organizations and individuals that significantly contributed to the furtherance of the mandate during the reporting period.

III. Methodology

15. For the preparation of the present report, the Independent Expert carried out an extensive literature review and outreach measures. On 21 November 2019, he issued a call for written submissions, in response to which he received 33 contributions from Member

States, including national human rights institutions, and 99 from civil society organizations, academics, medical practitioners, faith-based leaders, parliamentarians and individuals.¹ On 5 February 2020, he held a public consultation in Geneva and, on 29 February 2020, he convened a meeting of experts in Cambridge, Massachusetts.

16. Given their import, written submissions will be posted on the webpage of the Independent Expert,² with the exception of those for which the authors have requested confidentiality. He is concerned about the lack of information received from certain regions. Given the persuasive evidence that practices of “conversion therapy”, including its most heinous forms, exist in every corner of the world, the Independent Expert is perplexed by the lack of interest of certain States in engaging in a process that was designed to address an issue that deeply damages millions of persons under their jurisdictions.

IV. Overview

17. “Conversion therapy” is used as an umbrella term to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person’s sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what other actors in a given setting and time perceive as the desirable norm, in particular when the person is lesbian, gay, bisexual, trans or gender diverse. Such practices are therefore consistently aimed at effecting a change from non-heterosexual to heterosexual and from trans or gender diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.³

18. During his country visits and other dialogue activities, the Independent Expert heard many testimonies of lesbian, gay, bisexual, trans and gender-diverse persons subjected to those practices. In Mozambique, he heard accounts from persons subjected to exorcisms by churches or traditional healers and to so-called “corrective” rapes arranged by the families of lesbian women, the community, authorities in faith-based organizations or traditional healers. Similarly, in Ukraine, he met with a 16-year-old gay young person who had been sent by his parents to a psychologist for treatment and to a priest to express repentance, forced to cut all contact with his brother and his friends, ousted from the family home, deprived of his livelihood and threatened with violence and death. The young man, exhausted but determined and resilient, had finally decided to make his family believe that he had changed – until such time as he could freely make his own life decisions.

19. The Independent Expert has been particularly struck by the resilience of those persons whom he has met with and by the extent to which their lives were marked by those practices. The attempts to pathologize and erase the identity of individuals, negate their existence as lesbian, gay, bisexual, trans or gender diverse and provoke self-loathing have profound consequences on their physical and psychological integrity and well-being. In recent global studies, many respondents spoke of the profound damage resulting from being subjected to “conversion therapy”, including in a survey with 8,000 respondents from 100 countries, in which a staggering 98 per cent of the 940 persons who reported having undergone those practices testified to having suffered damage. When asked to report the main consequence of the practice, 4.5 per cent of the victims reported suicidal thoughts, and other main forms of consequential damage reported were permanent physical harm (1.8 per cent of victims),

¹ Statistical information available at www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnPracticesOfConversion.aspx.

² Submissions to the Independent Expert are available at www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/SubmissionsReportPracticesConversion.aspx.

³ Submission by the Global Interfaith Network for People of All Sexes, Sexual Orientation, Gender Identity and Expression.

suicidal attempts (2.9 per cent), depression (5.9 per cent), anxiety (6.3 per cent), shame (6.1 per cent), self-hatred (4.1 per cent) and loss of faith (3.5 per cent).⁴

20. The term “therapy”, derived from the Greek, denotes “healing”. Practices of “conversion therapy” are however the contrary, relying on the medically false pathologization of sexual orientation and gender identity, manifested through interventions that inflict severe pain and suffering and result in psychological and physical damage. In 2012, the Pan American Health Organization noted that “conversion therapies” had no medical justification and represented a severe threat to the health and human rights of the affected persons,⁵ and in 2016, the World Psychiatric Association found that “there is no sound scientific evidence that innate sexual orientation can be changed”,⁶ conclusions supported by the consensus of professional associations around the world.⁷

21. It is generally unethical for health-care professionals to purport to treat anything that is not a disorder,⁸ and they are compelled by the “do no harm” principle not to offer treatments that are recognized as ineffective or purport to achieve unattainable results.⁹ For those and other reasons, the Independent Forensic Expert Group of the International Rehabilitation Council for Torture Victims, a group of preeminent international medico-legal specialists from 23 countries, has declared that offering “conversion therapy” is a form of deception, false advertising and fraud.¹⁰

22. The pathologization of diverse sexual orientations and gender identities is the result of historical processes, as previously identified by the Independent Expert (see A/73/152).¹¹ In the late 19th century, scientists began to scrutinize – and eventually classified as illnesses – behaviours considered morally unacceptable, including homosexuality and transvestism,¹² and theorized possible cures for them. Most schools within psychology and psychiatry, bolstered by the mental disorder classifications of the 1940s to early 1970s, operated as providers of “conversion therapy”.¹³

23. From the mid-20th century, sexual and gender diversity began to be recognized as part of the normal range of human development,¹⁴ a process that gained coherence with their removal as mental health diagnoses under international classifications.¹⁵ Understanding of and opposition to the often severe physical and psychological harm caused by practices of “conversion therapy” also began to increase.

⁴ Submission by LGBT Foundation. See also OutRight Action International, “Harmful treatment: the global reach of so-called conversion therapy”, 2019. Available at outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

⁵ See www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703.

⁶ See https://3ba346de-fde6-473f-b1da-98661f9c.filesusr.com/ugd/e172f3_e7d4dac33acd4000921b942f7ec70df0.pdf.

⁷ See www.thelancet.com/action/showPdf?pii=S0140-6736%2816%2900013-1; http://media.mlive.com/news/detroit_impact/other/APA_position_conversion%20therapy.pdf; www.apa.org/pi/lgbt/resources/therapeutic-response.pdf; and Lucas Ramón Mendos (International Lesbian, Gay, Bisexual, Trans and Intersex Association World), “Curbing deception: a world survey on legal regulation of so-called ‘conversion therapies’”, 2020 Available at ilga.org/Conversion-therapy-global-research-ILGA-World.

⁸ See www.ncbi.nlm.nih.gov/pmc/articles/PMC5032493/.

⁹ See www.wma.net/policies-post/wma-declaration-of-geneva/; and www.wma.net/policies-post/wma-international-code-of-medical-ethics/.

¹⁰ See www.sciencedirect.com/science/article/pii/S1752928X20300366.

¹¹ See also www.researchgate.net/publication/282671297_The_legacy_of_medicalising_homosexuality_A_discussion_on_the_historical_effects_of_non-heterosexual_diagnostic_classifications.

¹² Jack Drescher, “Queer diagnoses: parallels and contrasts in the history of homosexuality, gender variance, and the Diagnostic and Statistical Manual”, *Archives of Sexual Behavior*, vol. 39.

¹³ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁴ Carl G. Streed and others., “Changing medical practice, not patients - putting an end to conversion therapy”, *The New England Journal of Medicine*, vol. 381.

¹⁵ A/73/152, paras. 10–16.

A. Current state of the practices

24. A recent desk review of available public reports found sources indicating that practices of “conversion therapy” occur in at least 68 countries;¹⁶ similarly, several surveys yielded testimonies of its existence in all regions of the world,¹⁷ with a majority of respondents in one survey answering that they were “very common” in Africa and “somewhat common” in Latin America and the Caribbean and in Asia.¹⁸ In a study conducted in 2018 in the United States, researchers concluded that 698,000 lesbian, gay, bisexual, trans or gender-diverse adults between 18 and 59 years of age, and almost 20 per cent of trans adults who had ever spoken to a professional about their gender identity, had been subjected to such a practice at some point of their life;¹⁹ in another recent study, at least 10 organizations in Australia and New Zealand were found to currently advertise the practice.²⁰

B. Promoters and providers

25. Subjection to practices known as “conversion therapy” is the result of a complex series of relations between stakeholders surrounding the victim. The honour of the family was cited as a main driver in Asia,²¹ and a conclusion in a global survey was that, among the group of 1,480 persons who reported having been subjected to practices of “conversion therapy”, 21.9 per cent reported that family members coerced the victim, 11.9 per cent reported coercion by religious leaders, 11 per cent by members of the surrounding communities and 9.7 per cent by mental health practitioners. A particularly worrying finding is that 3.6 per cent reported coercion from their employers, 5 per cent from school authorities and 4 per cent from State authorities.²² Misconceptions among the general public remain a major issue; in Lebanon, around 79 per cent of respondents to a survey indicated that homosexuality was a “hormonal sickness” and that homosexuals should be taken in for psychological or hormonal treatment.²³ At the systemic level, leaders of faith-based organizations and political authorities have endorsed the practice in countries as diverse as Colombia, Israel, the Philippines, Uganda and the United States.²⁴

26. Reportedly, children most often undergo practices of “conversion therapy” as a result of the desire of parents or guardians to have them conform to expectations, either theirs or their communities’, regarding sexual orientation and gender identity.²⁵ Children and adolescents often lack the legal authority to make medical or mental health decisions,²⁶ and, in instances where they have the right to consent or to refuse treatment, they are especially prone to undue influence or coercion, particularly from family members or others in a position of authority.²⁷

¹⁶ International Rehabilitation Council for Torture Victims, “It’s torture not therapy: a global overview of conversion therapy: practices, perpetrators, and the role of States”, 2020. Available from irct.org/media-and-resources/latest-news/article/1027.

¹⁷ Submission by LGBT Foundation.

¹⁸ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

¹⁹ See <https://williamsinstitute.law.ucla.edu/publications/conversion-therapy-and-lgbt-youth/>; and <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2749479>.

²⁰ See <https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/5bd78764eef1a1ba57990efe/1540851637658/LGBT+conversion+therapy+in+Australia+v2.pdf>.

²¹ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

²² Submission by LGBT Foundation.

²³ See <http://afemena.org/wp-content/uploads/2015/12/Report-high-resolution.pdf>.

²⁴ See ilga.org/Conversion-therapy-global-research-ILGA-World.

²⁵ See www.minnesotalawreview.org/wp-content/uploads/2014/04/Rachmilovitz_MLR.pdf; and www.utah.gov/pmn/files/513643.pdf.

²⁶ Submission by Choice for Youth and Sexuality.

²⁷ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy. See also www.utah.gov/pmn/files/513643.pdf.

27. It is confirmed in an abundance of the literature that mental health professionals continue to carry out such practices, for example in China, the Republic of Korea,²⁸ the United States²⁹ and countries in Eastern Europe.³⁰ In China, a randomized survey found that roughly 50 per cent of “conversion” agents were public hospitals.³¹ Roughly one third of some 1,000 mental health professionals interviewed in a study carried out in China said that being gay was a form of mental illness and that they regarded practices of “conversion therapy” as effective.³²

28. In a recent global survey, a total of 1,641 survivors of practices of “conversion therapy” identified main perpetrators. Medical and mental health providers were identified as the main perpetrators in 45.8 per cent of cases, religious authorities, traditional healers and groups in 18.9 per cent, conversion camps and rehabilitation centres in 8.5 per cent and parents in per cent. State authorities – such as police, military and other entities – accounted for 4.4 per cent of cases, and school authorities in 4.4 per cent.³³

29. Perpetration of the practice may be the result of a coalition between those groups; in Ghana, Christian, Muslim and traditionalist organizations have reportedly created a coalition to articulate their views on what is the correct stance on human sexuality and to offer practices of “conversion therapy”, including treatment in a teaching hospital in Accra.³⁴ In a recent inspection carried out by State and non-State entities of centres that used those practices in Brazil, it was found that all institutions visited had religious practices as a point of reference.³⁵

30. Faith-based organizations and religious authorities in particular operate in a space surrounded by blurred lines,³⁶ advising the family and victim and often promoting or providing the practices alone or in partnership with others; in a recent survey conducted in the United Kingdom of Great Britain and Northern Ireland, more than half of the providers were shown to be faith-based organizations (51 per cent).³⁷ In Kenya, a church was found to have been running a programme that used starvation and incessant prayer over the course of three days as its main methods.³⁸ In Nigeria, several churches subject sexually diverse and gender-diverse persons to “deliverance” to set them free of demons that allegedly cause same-sex attraction or influence gender identity.³⁹

31. In investigating the economics behind practices of “conversion therapy”, the Independent Expert has received persuasive evidence that they are, in many cases, a lucrative business for providers around the world. In the United States, the cost for a single episode of “conversion therapy” may range from no cost to \$26,000.00;⁴⁰ in Ecuador, the average monthly cost of internment is estimated at \$500.00.⁴¹ In the Republic of Korea, the cost

²⁸ Korean Society of Law and Policy on Sexual Orientation and Gender Identity, “Human rights situation of LGBTI in South Korea”, 2016.

²⁹ See <https://williamsinstitute.law.ucla.edu/publications/conversion-therapy-and-lgbt-youth/>; and www.utah.gov/pmn/files/513643.pdf.

³⁰ Submission by the Eastern European Coalition for LGBT+ Equality. Such cases have been documented by the Russian LGBT Network.

³¹ FanFan, “Five years later, who really needs to be ‘corrected’?”, LGBT Rights Advocacy China, public WeChat account, 2019. Available at <https://mp.weixin.qq.com/s/5CzIP3b59wZCNoirtc6kzA>.

³² Beijing LGBT Center, “Investigation report on attitudes of mental health and psychological counseling practitioners towards minorities”, 2017.

³³ Submission by LGBT Foundation.

³⁴ OutRight (2019) See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

³⁵ See www.mpf.mp.br/atuacao-tematica/pfdc/midioteca/nossas-publicacoes/relatorio-da-inspecao-nacional-em-comunidades-terapeuticas-2017/view (in Portuguese).

³⁶ See <https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/5bd78764eef1a1ba57990efe/1540851637658/LGBT+conversion+therapy+in+Australia+v2.pdf>.

³⁷ See www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report.

³⁸ OutRight (2019) See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

³⁹ See www.premiumtimesng.com/entertainment/naija-fashion/282248-pastors-activists-debate-gay-rights-in-nigeria.html.

⁴⁰ See Annesa Flentje and others, “Sexual reorientation therapy interventions: perspectives of ex-ex-gay individuals”, *Journal of Gay & Lesbian Mental Health*, vol. 17, No. 3.

⁴¹ Submission by Pedro Felipe Rivadeneira Orellana.

ranges from less than 30,000 won (\$25.88) to more than 30,000,000 won (\$25,875.68).⁴² Marketing mechanisms operate to support the business model.⁴³ The economic dimension is even present in arrangements in which there is no clear fee or monetary compensation, as with informal arrangements between family members and religious leaders that offer some kind of contribution to the group, church or institution without a direct or explicit link to the “conversion therapy” provided.

32. Some States actively perpetrate or promote abuse through practices of “conversion therapy”. Dominica still contemplates psychiatric treatment as the penalty established by law for consensual same-sex sexual acts.⁴⁴ Elsewhere, State officials, including judges or police officers, may order “conversion therapy”, even in the absence of explicit legal provisions,⁴⁵ as was allegedly the case in 2019 of the gay and lesbian prison inmates who were forced into such treatment by the Office of the Head of the Ministry of Law and Human Rights in West Java province, Indonesia.⁴⁶

33. Other States are implementing measures through public policy. Malaysia has adopted several programmes and plans to curb behaviours perceived as immoral, including same-sex behaviour, and specifically promotes practices of “conversion therapy”,⁴⁷ including through university programmes, and reports indicate that it supports other practices, including exorcism.⁴⁸ In February 2018, homosexuality was officially classified as a mental disorder in Indonesia,⁴⁹ and, according to information received by the Independent Expert, several officials in West Java province called for policies that would target lesbian, gay, bisexual, trans and gender-diverse people for arrest and so-called “rehabilitation”, a policy that motivated an expression of concern from the Independent Expert and other mandate holders.⁵⁰ That follows a pattern of increasingly discriminatory and pathologizing policies:⁵¹ in 2016, several religious councils released a joint statement that lesbian, gay, bisexual, trans and gender-diverse people could be helped to “get back on track to normalcy” and to eradicate so-called “deviant sexual tendencies”.⁵²

34. In addition, the Independent Expert notes that the criminalization of diversity in sexual orientation and gender identity encourages practices of “conversion therapy”.

C. Persons subjected to practices of “conversion therapy”

35. Research has often focused on practices of “conversion therapy” in relation to sexual orientation, rather than gender identity, and, within the former, on the impact on gay men: of 55 studies reviewed by the American Psychological Association in 2009, 43 were exclusively

⁴² Submission by SungWon Yoon-Lee and Eunhui Yoon.

⁴³ See <https://doi.org/10.1176/appi.pn.2019.9b9>.

⁴⁴ Dominica, Sexual Offences Act (1998), section 16.

⁴⁵ See irct.org/media-and-resources/latest-news/article/1027.

⁴⁶ See www.prison-insider.com/en/articles/indonesie-prison-officials-believe-inmates-are-turning-gay-after-sleeping-next-to-the-same-ex.

⁴⁷ National strategic plan to end AIDS, 2016–2030, and the action plan to address social ills of LGBT behaviour. See also www.hrw.org/news/2017/06/07/malaysia-health-ministry-propagates-harmful-anti-lgbt-myths.

⁴⁸ Traditional and complementary medicine blueprint, 2018–2027; Asia Pacific Transgender Network presentation at expert meeting. See also www.abc.net.au/news/2018-12-06/indonesia-lgbtqi-conversion-therapy/10576900.

⁴⁹ In 2016, the Indonesian Psychiatrists Association classified homosexuality, bisexuality and transsexualism as mental disorders that “can be cured through proper treatment”; see www.thejakartapost.com/news/2016/02/24/indonesian-psychiatrists-label-lgbt-mental-disorders.html.

⁵⁰ See <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=24329>.

⁵¹ Asia Pacific Transgender Network presentation at expert meeting.

⁵² See www.thejakartapost.com/news/2016/02/18/must-not-support-lgbt-heal-them-religious-leaders.html.

on gay or bisexual men, and only one exclusively on lesbians, a bias that overlooks the impact on lesbian and bisexual women, trans people and gender-diverse persons.⁵³

36. Young people are disproportionately subjected to practices of “conversion therapy”. A recent global survey suggests that 4 out of 5 persons subjected to them were 24 years of age or younger at the time and, of those, roughly half were under 18 years of age.⁵⁴

D. Nature of the practices

37. While some of the practices are directly aimed at changing sexual orientation and gender identity, others are aimed at supporting individuals not to act on their same-sex desires. Providers often combine a number of methods and religious interventions with traditional rituals and/or pseudo-medical or mental health consultations, especially when it appears that one type of intervention is not working. In Viet Nam, there are reports of lesbian, gay, bisexual, trans and gender-diverse people being sent to traditional healers, while at the same time receiving psychiatric treatment.⁵⁵ In the United Republic of Tanzania, reports indicate that medical approaches and traditional approaches are practised, often in conjunction with circumcision rites and religious worship.⁵⁶

38. Victims may suffer treatment of heinous physical and psychological violence in institutions and in the context of programmes carrying out practices of “conversion therapy”. Accounts of lesbian women being shackled, beaten, subjected to force-feeding or food deprivation, forced nudity, isolation and solitary confinement, restrained for days and raped in so-called “clinics” in Ecuador were reported by the Inter-American Commission on Human Rights in 2015.⁵⁷

39. Practices of sexual violence carried out in other contexts have also been linked to alleged intentions of conversion. The evidence base available to the Independent Expert depicts a harrowing picture of pervasive rape – grotesquely called “corrective” – and other forms of sexual violence against lesbian, bisexual and trans women in all regions of the world, including in India,⁵⁸ Nigeria⁵⁹ and South Africa,⁶⁰ and against gay and trans men in settings such as Kenya.⁶¹ In a recent global survey, over 870 persons who had experienced such heinous methods provided additional examples for this catalogue of human misery: detention or imprisonment, physical abuse, kidnapping and forced pregnancy.⁶² Similarly, coercive anal examinations may be used to punish individuals on the basis of their sexual orientation and to police their sexual orientation.⁶³ Practices of “conversion” are often combined with other mechanisms of family or community-based coercion. The loss of financial means, dedication to activities seen as gender-specific, excessive exercise and the promotion of same-sex bonding are used in some 20 per cent of recently reported cases, and they can be just as harmful in their impact on lesbian, gay, bisexual, trans and gender-diverse young people: as previously reported by the Independent Expert, they are disproportionately affected by homelessness resulting from religious and cultural intolerance that may include sexual and other violence, as well as socioeconomic deprivation. Exclusion from the family home as a result of refusal to undertake practices of “conversion therapy” triggers a cycle,

⁵³ See www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

⁵⁴ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

⁵⁵ See www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-blia-viet-nam-country-report.pdf.

⁵⁶ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

⁵⁷ See www.reuters.com/article/ecuador-lgbt-rights/feature-gays-in-ecuador-raped-and-beaten-in-rehab-clinics-to-cure-them-idUSL8N1P03QO; Inter-American Commission on Human Rights, “Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas”, 2015, para. 200; and Submission by Pedro Felipe Rivadeneira Orellana.

⁵⁸ Submission by Choice for Youth and Sexuality.

⁵⁹ Ibid.

⁶⁰ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

⁶¹ Submission by Choice for Youth and Sexuality.

⁶² Submission by LGBT Foundation.

⁶³ See <https://irct.org/assets/uploads/Vol%2026%20No%202%20Statement%20on%20anal%20by%20Independent%20Forensic.pdf>.

with lesbian, gay, bisexual, trans and gender-diverse young people being disproportionately represented in foster care, begging and sex work and more likely to be turned away from shelters.

40. Some participants at the expert meeting highlighted that practices of “conversion therapy” became a “moving target”, making it difficult to identify, monitor and punish perpetrators of such abuse. When facing restrictions or bans on practices specifically denominated “conversion therapy”, proponents have rebranded and reshaped their communications strategies.

41. With due attention to those specificities, the Independent Expert considers it useful to describe three main approaches that seem to guide practices of “conversion therapy”: psychotherapeutic, medical and faith-based. It should be noted, however, that academic literature disproportionately represents lived experiences from the global North, including Australia, and China and, despite the inclusion of non-scientific sources, information on religious practices remains scarce compared with those that are health-based.

1. Psychotherapy

42. The use of psychotherapy as a practice of “conversion therapy” appears to be based on the belief that sexual or gender diversity is a product of an abnormal upbringing or experience. Providers claim to rectify deviations and support the development of desire for members of the opposite sex, which is considered the desirable norm, by having subjects work through past experiences, like absent paternal or officious maternal figures.⁶⁴ That category comprised the majority of evidence in the Independent Expert’s literature review, with numerous variations of psychotherapy classified under, *inter alia*, psychodynamic, behavioural, cognitive and interpersonal therapies.

43. Aversion is another frequent practice, through which a person is subjected to a negative, painful or otherwise distressing sensation while being exposed to a certain stimulus, under the premise that the stimulus will become associated with the negative sensation. Aversion methodologies have seen a sharp decline in use, especially after the late 1970s, but recent reports indicate that electric shocks have been used in aversive treatments in Australia,⁶⁵ China,⁶⁶ Ecuador, India,⁶⁷ Indonesia, Iran (Islamic Republic of),⁶⁸ Lebanon, Malaysia, Panama, the Russian Federation, Sri Lanka, Uganda, the United States, Viet Nam and Zimbabwe⁶⁹. Other aversion practices include injecting nausea-inducing or paralysis-inducing drugs while exposing the subject to erotic material on a large screen, reportedly still being used in Iran (Islamic Republic of) and the United States.⁷⁰

44. Other practices include subjects being encouraged to masturbate while fantasising about persons of a different gender (Iran (Islamic Republic of),⁷¹ Peru,⁷² Spain⁷³ and United

⁶⁴ Ibid.

⁶⁵ See <https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/5bd78764eef1a1ba57990efe/1540851637658/LGBT+conversion+therapy+in+Australia+v2.pdf>.

⁶⁶ See www.hrw.org/report/2017/11/15/have-you-considered-your-parents-happiness/conversion-therapy-against-lgbt-people.

⁶⁷ See www.dailymail.co.uk/indiahome/indianews/article-3098146/Exposed-Delhi-doctors-claim-cure-homosexuality-hormone-therapy-seizure-inducing-drugs-electric-shocks.html.

⁶⁸ See ilga.org/Conversion-therapy-global-research-ILGA-World. For the Islamic Republic of Iran, see www.ilgaasia.org/news/2018/7/13/repost-from-6rang-reparative-therapies-on-gays-and-lesbians-through-cruel-inhumane-and-humiliating-treatments-has-increased-in-iran.

⁶⁹ See irct.org/media-and-resources/latest-news/article/1027.

⁷⁰ See irct.org/media-and-resources/latest-news/article/1027; see also www.ilgaasia.org/news/2018/7/13/repost-from-6rang-reparative-therapies-on-gays-and-lesbians-through-cruel-inhumane-and-humiliating-treatments-has-increased-in-iran.

⁷¹ See www.ilgaasia.org/news/2018/7/13/repost-from-6rang-reparative-therapies-on-gays-and-lesbians-through-cruel-inhumane-and-humiliating-treatments-has-increased-in-iran.

⁷² See <https://larepublica.pe/politica/2019/08/12/las-terapias-de-la-tortura/> (in Spanish).

⁷³ See https://elpais.com/diario/2010/06/20/sociedad/1276984802_850215.html (in Spanish).

States)⁷⁴ and hypnosis (China, Indonesia, Iran (Islamic Republic of), Kazakhstan, Panama, Russian Federation, Sri Lanka and United States).⁷⁵

45. Other techniques include trying to make patients' behaviour more stereotypically feminine or masculine or teaching heterosexual dating skills. Practices aimed at changing gender identity include preventing trans young people from transitioning.⁷⁶ Several victims explained that they were subjected to psychological violence by mental health practitioners, and the fear of being subjected to such treatment deters many trans people from seeking mental health care.⁷⁷

2. Medical

46. Medical practices function on “the postulation that [sexual orientation and gender identity] is the by-product of an inherent biological dysfunction ... which can be treated exogenously”, relying archaically on lobotomies or the removal of sexual organs.⁷⁸ Current medical practices mostly rely on pharmaceutical approaches, such as medication or hormone or steroid therapy,⁷⁹ which is reportedly the case in the Islamic Republic of Iran, where hormone therapy is prescribed to lesbians to allegedly “cure” their so-called “gay affliction”.⁸⁰

47. The invalid use of medication appears to be widely prevalent, taking place in numerous countries, including China, Ecuador, El Salvador, France, India, Iran (Islamic Republic of), Panama, the Russian Federation, Sri Lanka, Turkey, Uganda, the United Arab Emirates, the United States and Viet Nam.⁸¹ A journalistic investigation conducted in 2015 highlighted the use of hormonal treatment being prescribed in New Delhi by a sexologist who claimed to have “cured over 1,000 homosexuals” in the preceding 15 years.⁸²

48. Ayurvedic, homeopathic and other traditional medical approaches are also reputedly applied, including in India⁸³ and Sri Lanka. In the United Republic of Tanzania, medical and traditional approaches are often practised in conjunction with circumcision rites and religious worship involving pre-adolescent and adolescent boys.⁸⁴ Miracle cures have been reported, including the pouring of oil in the vagina in Nigeria.⁸⁵ Reports indicate that parents are taking their lesbian, gay, bisexual, trans and gender-diverse children to traditional healers to “cure” them, where “treatment” sometimes includes an element of physical punishment, for example in Cambodia⁸⁶ and Viet Nam.⁸⁷

⁷⁴ See www.tandfonline.com/doi/abs/10.1080/19359705.2013.773268.

⁷⁵ Submissions by the Eastern European Coalition for LGBT+ Equality; the Trevor Project; Born Perfect; Feminita; Darius Longarino; and 6Rang. See also www.irct.org/media-and-resources/latest-news/article/1027.

⁷⁶ Florence Ashley, “Torture isn’t therapy: banning conversion practices targeting transgender people”, 2020 (cited in www.ilga.org/Conversion-therapy-global-research-ILGA-World).

⁷⁷ See www.ilga.org/Conversion-therapy-global-research-ILGA-World. See also www.hrw.org/report/2019/09/03/dont-punish-me-who-i-am/systemic-discrimination-against-transgender-women-lebanon.

⁷⁸ Submission by Tyler Adamson, Stef Baral and Chris Beyrer.

⁷⁹ *Ibid.*

⁸⁰ See www.ilgaasia.org/news/2018/7/13/repost-from-6rang-reparative-therapies-on-gays-and-lesbians-through-cruel-inhumane-and-humiliating-treatments-has-increased-in-iran; and <https://outrightinternational.org/content/human-rights-report-being-lesbian-iran>.

⁸¹ See www.irct.org/media-and-resources/latest-news/article/1027.

⁸² See www.indiatoday.in/mail-today/story/homosexuality-cure-delhi-doctors-exposed-conversion-therapy-254849-2015-05-27.

⁸³ See www.irct.org/media-and-resources/latest-news/article/1027.

⁸⁴ See outrightinternational.org/reports/global-reach-so-called-conversion-therapy.

⁸⁵ See www.bbc.com/news/av/world-africa-50869022/gay-in-nigeria-everybody-sees-me-as-an-abomination.

⁸⁶ See www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/being-lgbt-in-asia--cambodia-country-report.html.

⁸⁷ See www.vn.undp.org/content/vietnam/en/home/library/democratic_governance/viet_nam_lgbt_report.html.

49. Several countries, with their own compendiums of illnesses or that have not yet incorporated global classifications into their national system, continue pathologizing non-heteronormative sexual orientations and non-cisnormative gender identities.⁸⁸ In the Islamic Republic of Iran, individuals who inevitably fail at “converting” their sexual orientation will often be pressured to undergo surgery, in the belief that gender-affirming surgery will neutralize their orientation.⁸⁹

3. Faith-based

50. Faith-based organizations that actively promote, and often perpetrate, practices of “conversion therapy” act on the premise that there is something inherently evil in diverse sexual orientations and gender identities.⁹⁰ In a study conducted in Australia, the purpose of religious counselling in those contexts was shown to make the subjects feel that the problem was their identity. Trans people from Malaysia and Viet Nam have described being forced to see leaders of faith-based organizations to be “healed” by prayers.⁹¹ In Indonesia, a group created branches in 40 cities, offering mentoring so that lesbian, gay, bisexual, trans and gender-diverse persons could “live with heterosexual identities and be comfortable on the path of local religion and customs”.⁹² In the Russian Federation, there have been reports of lesbian, gay, bisexual, trans and gender-diverse children being taken to church and beaten with rods while others prayed for them.⁹³

51. In many faith-based settings, approaches are often aimed at treating a person’s sexual orientation and gender identity as an addiction that can be overcome by following the tenets of a spiritual advisor, but can also include practices modelled on 12-step programmes supporting the underlying premise of “sexual brokenness” or “gender confusion”,⁹⁴ an approach in which the dividing boundaries between religion and psychotherapy are blurred.

52. Approaches include treatment of great cruelty. In 2015, the New Jersey Superior Court, United States, ruled against a Jewish “conversion” organization, finding it liable for violating the New Jersey Consumer Fraud Act. Defendants testified to having been blindfolded and pummelled with basketballs, bound with duct tape, rolled up into blankets and subjected to anti-gay slurs.⁹⁵ Anecdotal evidence indicates the existence of camps or “rehabilitation facilities” in Kenya and Somalia, where captives receive an Islamic education and are subjected to beatings, shackling and food deprivation, among other things.⁹⁶ An investigation conducted in 2017 in the United States revealed cases of mistreatment in camps organized by Christian institutions, where teenage children were left in isolation and beaten because of their sexual orientation;⁹⁷ a trans man from South Carolina described being pressured into going to a religious-based “conversion therapy” camp by his parents and church when he was 13 years of age, after struggling with his gender identity. According to his testimony, he was shamed at the camp and told repeatedly that his actions, thoughts and desires were sinful. He reported that others at the camp were subject to multiple electric shocks while simultaneously being shown pornographic images depicting same-sex couples.

⁸⁸ The Chinese Classification of Mental Disorders, third edition, for example, still lists “ego-dystonic sexual orientation” as a mental disorder. See China LBT Rights Initiative, “Discrimination faced by lesbian, bisexual and transgender women in China”, 2014.

⁸⁹ See www.ilgaasia.org/news/2018/7/13/repost-from-6rang-reparative-therapies-on-gays-and-lesbians-through-cruel-inhumane-and-humiliating-treatments-has-increased-in-iran.

⁹⁰ See www.ncbi.nlm.nih.gov/pmc/articles/PMC4706071/.

⁹¹ See https://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/57d92eb037c5812a4b8957a4/1473851143850/APTB+FINAL_corrected_December2015.pdf.

⁹² See www.abc.net.au/news/2018-12-06/indonesia-lgbtqi-conversion-therapy/10576900.

⁹³ See www.bbc.com/news/world-europe-39777612.

⁹⁴ Submission by the Trevor Project.

⁹⁵ New Jersey Superior Court, *Ferguson et al. v. JONAH et al.*

⁹⁶ See www.bbc.com/news/world-us-canada-43066082; <https://theithacan.org/opinion/escaping-gay-conversion-therapy-in-kenya/>; and <https://afroqueerpodcast.com/2019/11/21/season-two-episode-05/>.

⁹⁷ See www.youtube.com/watch?v=LGwCJsaoKSU; and <https://newrepublic.com/article/141294/abominable-legacy-gay-conversion-therapy>.

The patient now identifies as a transgender man and still has negative flashbacks of the treatment he suffered at the camp.⁹⁸

53. Faith-based interventions are sometimes combined with exorcism. Sexual and gender diversity are sometimes associated with demonic forces, and some leaders of faith-based organizations and traditional healers perform rituals and exorcism to drive the evil out. There are testimonies of such rituals being performed in contexts as wide-ranging as Bolivia, Brazil, Canada, France, Germany, Italy, Mexico, Nigeria, Peru, the Republic of Moldova and the United Kingdom,⁹⁹ often in evangelical Christian churches. In Chechnya, Russian Federation, demonic djinn expulsion by mullahs is prevalent, but if no djinn is detected, the subject will be deemed as having deliberately chosen the deviant behaviour and therefore deserving of death.¹⁰⁰

54. Celibacy is sometimes presented as a way of obtaining redemption. In the Philippines, Christian “ex-gay movements” do not necessarily attempt to change the subject’s orientation, but homosexuals are directed not to engage in same-sex sexual activities.¹⁰¹

V. Effects and related human rights violations

A. Damage

55. All evidence provided to the Independent Expert depicting, among other harmful acts, beatings, rape, forced nudity, force-feeding or food deprivation, isolation and confinement, forced medication, verbal abuse, humiliation and electrocution, suggests that the methods and means commonly utilized to implement practices of “conversion therapy” are conducive to psychological and physical pain and suffering.¹⁰² In that regard, the Independent Forensic Expert Group has concluded that:

All practices attempting conversion are inherently humiliating, demeaning and discriminatory. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes. The injury caused by practices of “conversion therapy” begins with the notion that an individual is sick, diseased, and abnormal due to their sexual orientation or gender identity and must therefore be treated. This starts a process of victimization.¹⁰³

56. The deep impact on individuals includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering.¹⁰⁴

⁹⁸ See <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.9b9>.

⁹⁹ See ilga.org/Conversion-therapy-global-research-ILGA-World. For France, see www2.assemblee-nationale.fr/content/download/183270/1836882/version/1/file/Synth%C3%A8se+4+pages+MI+th%C3%A9rapies+de+conversion++version+d%C3%A9finitive.pdf.

¹⁰⁰ Ekaterina Petrova, “Chechnya: banishing devils – Chechen authorities against laws of life?” in Lucas Ramon Mendos, “State-sponsored homophobia 2019: global legislation overview update” (See ilga.org/Conversion-therapy-global-research-ILGA-World).

¹⁰¹ See www.undp.org/content/undp/en/home/librarypage/hiv-aids/being-lgbt-in-asia--the-philippine-country-report.html.

¹⁰² John Dehlin and others., “Sexual orientation change efforts among current or former LDS church members”, *Journal of Counseling Psychology*, vol. 62, No. 2. See also www.tandfonline.com/doi/abs/10.1300/J236v05n03_08; <https://ozanne.foundation/faith-sexuality-survey-2018/>; and <https://pdfs.semanticscholar.org/a8fa/f008ed1c74f105da2ddaf5d20172033e2d4a.pdf>.

¹⁰³ See www.sciencedirect.com/science/article/pii/S1752928X20300366.

¹⁰⁴ See <https://psycnet.apa.org/doi/10.1037/0735-7028.33.3.249>; www.tandfonline.com/doi/abs/10.1300/J236v05n03_08; <https://academiccommons.columbia.edu/doi/10.7916/d8-cf6d-rd43/download>; www.reuters.com/article/us-usa-lgbt-therapy

57. Children and young people are particularly vulnerable to the impact of practices of “conversion therapy”. A recent study of transgender adults found that, exposure before 10 years of age “was significantly associated with increased odds of severe psychological distress ... and lifetime suicide attempts”. In addition to suicidal tendencies, children also experience a pronounced loss of self-esteem and a sharp increase in depressive tendencies, which can lead to school dropout and the adoption of high-risk behaviours and substance abuse.¹⁰⁵

58. The long-term duration of many practices of “conversion therapy”, which can last for several years to more than a decade, can be particularly harmful.¹⁰⁶ In addition to the aforementioned effects, it creates chronic stress, which has been known to result in many negative health consequences, including stomach ulcers, gastrointestinal disorders, skin diseases, sexual and eating disorders and migraines.¹⁰⁷

B. Applicable international human rights law

1. Non-discrimination

59. The application of international human rights law is guided by the fundamental principles of universality, equality and non-discrimination.¹⁰⁸ Practices of “conversion therapy” target a specific group on the exclusive basis of sexual orientation and gender identity, with the specific aim of interfering in their personal integrity and autonomy. In that sense, such practices are per se discriminatory, as has been ascertained by several United Nations treaty bodies, including the Human Rights Committee¹⁰⁹ and the Committee on the Elimination of Discrimination against Women.¹¹⁰ In its general comment No. 6 (2018) on equality and non-discrimination, the Committee on the Rights of Persons with Disabilities found that discrimination occurred in brutal forms such as non-consensual and/or forced medical or hormone-based interventions, forced drugging and forced electroshocks, confinement and denial of access to health care.¹¹¹

2. Right to health

60. Every person, without distinction, should be able to enjoy the highest attainable standard of physical and mental health¹¹² and freedom from non-consensual medical treatment.¹¹³ Furthermore, the right to sexual and reproductive health encompasses the right of persons to be fully respected for their sexual orientation and gender identity. In that regard, the Committee on Economic, Social and Cultural Rights found that regulations requiring that lesbian, gay, bisexual transgender and intersex persons be treated as mental or psychiatric

trfn/american-medical-association-announces-support-for-u-s-ban-on-conversion-therapy-idUSKBN1XT2PJ; and www.sciencedirect.com/science/article/pii/S1752928X20300366.

¹⁰⁵ Jack L. Turban and others, “Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults”, *JAMA Psychiatry*, vol. 77, No. 1; Caitlin Ryan and others, “Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment”, *Journal of Homosexuality*, vol. 67, No. 2; and Jo Fjelstrom, “Sexual orientation change efforts and the search for authenticity”, *Journal of Homosexuality*, vol. 60, No. 6. See also www.sciencedirect.com/science/article/pii/S1752928X20300366.

¹⁰⁶ See <https://doi.org/10.1037/cou0000011>; and <https://doi.org/10.1080/00918369.2013.774830>.

¹⁰⁷ See www.sciencedirect.com/science/article/pii/S1752928X20300366.

¹⁰⁸ Universal Declaration of Human Rights, article 1.

¹⁰⁹ CCPR/C/KOR/CO/4, paras. 14–15.

¹¹⁰ CEDAW/C/MYS/Q/3-5, para. 21.

¹¹¹ Committee on the Rights of Persons with Disabilities, general comment No. 6 (2018) on equality and non-discrimination, para. 7.

¹¹² International Covenant on Economic, Social and Cultural Rights, article 12.

¹¹³ Committee on Economic, Social and Cultural Rights, general comment No. 14 (2000) on the right to the highest attainable standard of health, para. 8.

patients or requiring that they be “cured” by so-called “treatment”, were a clear violation of their right to sexual and reproductive health.¹¹⁴

61. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Independent Expert expressed grave concerns that stigma and prejudice, criminalization of sexual orientation and gender identity, negation and the remnants of pathologization have a negative impact on national health policies and practices.¹¹⁵ Similarly, the Committee on the Rights of Persons with Disabilities expressed concerns about discrimination against persons perceived to have a disability in the Islamic Republic of Iran, including on the grounds of sexual orientation and gender identity, who were forced to undergo medical treatment.¹¹⁶ In 2018, in its concluding observations on the initial report of Poland, the Committee expressed concerns about the integrity of lesbian, gay, bisexual, trans or gender-diverse persons who were reportedly subjected to practices of “conversion therapy”.¹¹⁷ As noted above, the psychological pain and suffering inflicted by practices of “conversion therapy” are deep and long-lasting and often exacerbate the risk of suicide.¹¹⁸

3. Prohibition of torture and ill-treatment

62. United Nations entities and human rights mechanisms have expressed concern about practices of “conversion therapy”,¹¹⁹ and the United Nations anti-torture machinery has concluded that they can amount to torture, cruel, inhuman or degrading treatment.¹²⁰ The Committee against Torture and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment have issued explicit reproaches against the treatments that are forced, involuntary or otherwise coercive or abusive,¹²¹ and the Committee on the Rights of the Child has connected those practices with violations of the rights of all adolescents to freedom of expression and respect for their physical and psychological integrity, gender identity and emerging autonomy.¹²² In 2020, the Independent Forensic Expert Group concluded that “conversion therapy constitutes cruel, inhuman, or degrading treatment when it is conducted forcibly or without an individual’s consent and may amount to torture depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted”.¹²³

63. The Independent Expert observes that all practices of “conversion therapy” take as a point of departure the belief that sexually diverse or gender-diverse persons are somehow inferior – morally, spiritually or physically – than their heterosexual and cisgender siblings and must modify their orientation or identity to remedy that inferiority. The opposite view, supported by international human rights law, is that lesbian, gay, bisexual, trans and gender-diverse persons are equal to others, that their sexual orientation and gender identity are a natural part of their development, without any detrimental qualification to their moral stature, their mental or physical health or their ability to seek and achieve fulfilment through spirituality. That recognition is fundamental to giving content to the principle of dignity, according to which there is an innate and equal value of all human beings.

¹¹⁴ Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016) on the right to sexual and reproductive health, para. 23.

¹¹⁵ See www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25128&LangID=E#_ftn13.

¹¹⁶ CRPD/C/IRN/CO/1, para. 12 (b).

¹¹⁷ CRPD/C/POL/CO/1, para. 30.

¹¹⁸ A/74/148, para. 48; and A/HRC/38/43, para. 47.

¹¹⁹ CRC/C/RUS/CO/4-5, para. 55; CCPR/C/EQU/CO/6, para. 12; CEDAW/C/EQU/CO/8-9; and Committee on Economic, Social and Cultural Rights, general comment No. 22.

¹²⁰ CAT/C/CHN/CO/5, para. 55; CAT/C/EQU/CO/7, para. 49; CAT/C/57/4, para. 69; CCPR/C/UKR/CO/7, para. 10; CCPR/C/NAM/CO/2, para. 9; A/74/148, para. 50; A/56/156, para. 24; A/HRC/43/49, para. 37; and A/HRC/22/53, paras. 76 and 88. See also A/HRC/19/41 and A/HRC/29/23.

¹²¹ A/74/148, para. 50; A/56/156, para. 24; A/HRC/43/49; and CAT/C/CHN/CO/5, para. 56.

¹²² See Committee on the Rights of the Child, general comment No. 20 (2016) on the implementation of the rights of the child during adolescence.

¹²³ See www.sciencedirect.com/science/article/pii/S1752928X20300366.

64. It follows that means and mechanisms that treat lesbian, gay, bisexual, trans or gender-diverse persons as lesser human beings are degrading by their very definition. The Independent Expert observes that sexual orientation and gender identity are a fundamental part of the personal integrity of such persons and part of the furtherance of their life plans and the pursuit of happiness. All practices of “conversion therapy” however share the premise that sexual orientation and gender identity can be extricated – expelled, cured or rehabilitated – as if they were alien to the person, a most inhuman understanding of human existence. The overwhelming evidence available on the psychological and physical suffering inflicted on victims, as well as its lasting effects, leads the Independent Expert to conclude that perpetrators must act on callous disregard for human suffering. The asymmetrical power relationship between an enlightened converter and a benighted convert further evokes the dehumanization, moral exclusion and delegitimizing rationale, which not only is an enabling mechanism of torture, but lies at the base of most gross human rights violations in recorded history.

65. Given the Independent Expert’s conclusions that practices of “conversion therapy” comprise treatment that is degrading, inhuman and cruel in its very essence and on the risks that it creates for the perpetration of torture, he considers that specific claims of perpetration of practices of “conversion therapy” should be promptly investigated and, if relevant, prosecuted and punished, under the parameters established under the international human rights obligations pertaining to the prohibition of torture and cruel, inhuman or degrading treatment or punishment. It follows that, under the conditions established therein, those cases may engage the international responsibility of the State.

4. Right to freedom of conscience and religion and freedom of expression

66. The Independent Expert has received submissions from those that argue that practices of “conversion therapy” may be a tool for the furtherance of human rights of persons who experience same-sex desire but wish to pursue their life plan as heterosexuals or of persons experiencing an existential want to identify as a gender different than that assigned to them, but nonetheless wish to pursue their life under the gender assigned to them.

67. Such submissions often expound on a distinction between coercive and abusive practices and non-coercive and non-abusive practices and submit that prohibiting all practices of “conversion therapy” would contravene the right to self-determination or liberty, the right to freedom of opinion and expression and the right to freedom of belief and religion.¹²⁴

68. The Independent Expert notes that there is no direct correlation between religion and exclusion of sexual orientation and/or gender identity; throughout his work, he has been encouraged to see that some churches and religious communities adopt an inclusive interpretation of religion and embrace and value diversity and welcome lesbian, gay, bisexual, trans and gender-diverse people – as they are – within their community and that some of those have also condemned practices of “conversion therapy”.¹²⁵ In a similar vein, the Special Rapporteur on freedom of religion or belief has rejected any claim that religious beliefs can be invoked to justify violence or discrimination against people on the basis of their sexual orientation and gender identity. The Special Rapporteur recommended that States combat all forms of violence and coercion perpetrated against lesbian, gay, bisexual and transgender persons justified with reference to religious practice or belief.¹²⁶

69. The Independent Expert is mindful and respectful of existential dilemmas expressed by individuals experiencing conflict between deeply felt emotion and desire and their personal convictions as to what is a desirable norm in relation to sexual orientation and gender identity, and that they may wish to align their behaviour and expression to the latter.¹²⁷ Self-determination creates the space for individuals to decide on the manner in which they wish to identify; as the Independent Expert has constantly stated, the principles of freedom

¹²⁴ See submissions by Family Watch International; the International Federation for Therapeutic and Counselling Choice (Science and Research Council) and Voice of the Voiceless.

¹²⁵ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹²⁶ See A/HRC/43/48.

¹²⁷ Submission by Voice of the Voiceless.

and autonomy directly contradict the idea that a person is born to play a certain role in society.¹²⁸

70. In processes of self-determination and addressing the existential dilemmas that may be connected to those processes, individuals may choose to avail themselves of mechanisms of support and counselling, some of which may be based on psychological, medical or religious approaches related to the exploration, free development and/or affirmation of one's identity. As established in the present report, however, based on the overwhelming evidence available, none of those approaches can claim "conversion" as an outcome, just as none can claim that diverse sexual orientation or gender identity is an illness or disorder requiring therapy.

5. Rights of the child

71. Children and young people are particularly vulnerable to practices of "conversion therapy", which are extremely harmful to their well-being and development, and the Committee on the Rights of the Child has urged States to eliminate such practices.¹²⁹ While the decision to subject children to those practices may be taken by some parents due to the belief that it serves the child's best interests,¹³⁰ research has shown that parents tend to be motivated by religious beliefs that consider sexual and gender diversity to be "immoral" and incompatible with their religious tenets,¹³¹ but are ill-informed about the nature of sexual and gender diversity, the invalidity and ineffectiveness of those practices and the significant and possibly life-long injury that they will cause their children. In the light of those realities, subjecting children to practices of "conversion therapy" constitutes ill-treatment and may constitute torture, as well as contravene domestic and international laws against child abuse and neglect.

72. The Independent Expert recalls States' obligations to protect children from violence, harmful practices and cruel, inhuman or degrading treatment and torture, to respect the right of the child to identity, physical and psychological integrity, health and freedom of expression and to uphold the core principle of the best interests of the child at all times. Moreover, the Committee on the Rights of the Child has clarified that the right of the child to identity, which includes sexual orientation and gender identity, must be respected and taken into consideration when assessing the child's best interests. According to the Committee, assessment of the child's best interests must also include consideration of the child's safety, that is, the right to protection against all forms of physical or mental violence, injury or abuse.¹³²

73. The Independent Expert therefore concludes that the imposition of practices of "conversion therapy" on children runs counter to States' obligation to protect them from violence, harmful practices and cruel, inhuman or degrading treatment, to respect the right of the child to identity, physical and psychological integrity, health and freedom of expression and to uphold the core principle of taking the best interests of the child as a primary consideration at all times.¹³³

74. The Independent Expert is therefore persuaded that it is contrary to international human rights law to subject children to practices of "conversion therapy", such as those described above, and urges States to take urgent measures to ban them.

¹²⁸ A/73/152, para. 21.

¹²⁹ Committee on the Rights of the Child, general comment No. 20, para. 34.

¹³⁰ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹³¹ *Ibid.*

¹³² Committee on the Rights of the Child, general comment No. 13 (2011) on the right of the child to freedom from all forms of violence, para. 21; and general comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, paras. 55 and 73.

¹³³ Convention on the Rights of the Child, articles 3 (1), 8, 19, 24 and 37.

VI. Effective State measures

A. Legislation

75. The Independent Expert has identified a recent trend towards banning practices of “conversion therapy” in certain parts of the world. In a few countries, such as Ecuador and Malta,¹³⁴ it is considered a criminal practice. In several others, such as Canada,¹³⁵ Spain¹³⁶ and the United States,¹³⁷ bans have been introduced at local levels.

76. Specific legislation follows different models:

(a) **Wide-reaching bans.** The most comprehensive approach is to prohibit all practices of “conversion therapy”, including faith-based organization-based counselling, by any person for any reason. Whereas there is no such nationwide law yet, there are a few examples at the state or local level. In 2019, Edmonton, Canada, approved a by-law that prohibited “any business” from offering or providing counselling or behaviour modification techniques, the administration or prescription of medication, or any other purported treatment, service or tactic used for the objective of changing a person’s sexual orientation, gender identity, gender expression or gender preference, or eliminating or reducing sexual attraction or sexual behaviour between persons of the same sex.¹³⁸ Similar examples can be found in autonomous regions in Spain.¹³⁹

(b) **Recipient-based restrictions.** Some States prohibit practices of “conversion therapy” for any individuals, regardless of age, whereas others only prohibit them for children or individuals particularly susceptible to coercion or family pressure.¹⁴⁰ Several bans in force in the United States protect children from practices performed by mental health professionals only,¹⁴¹ whereas in bans in Europe, all providers are included. In the regions of Aragon and Valencia, Spain, practices cannot be validated upon consent.¹⁴² Malta, however, excludes adults who freely consent from the ban, although the ban has a specific subsection under the definition of “vulnerable adult”, which opens the door for consent given by an adult to be invalidated on grounds that are broader than the usual coercion-based grounds required to annul consent.¹⁴³ In several countries, the scope of bans has been extended over time. In Brazil, the first resolution restricting those practices, in 1999, referred only to “homosexuality”;¹⁴⁴ gender identity and expression were added in 2018.¹⁴⁵ Ecuador and Malta, among others, also prohibit practices regarding gender identity, but the latter expressly excludes from the restriction: (a) any services related to the exploration, free development and/or affirmation of one’s identity with regard to one or more of the characteristics being affirmed by the act, through counselling, psychotherapeutic services and/or similar services; or (b) any health-care service related to the free development and/or affirmation of one’s gender identity and/or gender expression.¹⁴⁶

¹³⁴ Malta, Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, 2016; and Ecuador, Comprehensive Organic Penal Code, article 151 (3). For a critique on actual implementation, see Martina Guglielmo, “Fight against “reparative sexual therapy” in Ecuador”, *Council on Hemispheric Affairs*, 2017.

¹³⁵ Ontario, Nova Scotia, Prince Edward Island, Vancouver and Edmonton. Submission by Egale Canada.

¹³⁶ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹³⁷ Twenty states, the District of Columbia and Puerto Rico.

¹³⁸ Canada, City of Edmonton Bylaw 19061: Prohibited Businesses Bylaw (2019), Schedule A - Prohibited Businesses.

¹³⁹ Submission by G37 Despacho Internacional.

¹⁴⁰ Submission by Human Rights Watch.

¹⁴¹ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁴² Submission by G37 Despacho Internacional.

¹⁴³ Submission by Malta.

¹⁴⁴ Submission by Brazil.

¹⁴⁵ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁴⁶ Submission by Malta.

(c) **Provider-based restrictions.** In Madrid, “religious interventions” are explicitly included in the definition of “conversion therapies”.¹⁴⁷ In contrast, the regulation in Brazil only applies to licensed psychologists.¹⁴⁸ Some jurisdictions regulate non-professionals when they are in a position of trust or authority towards a young person (Nova Scotia, Canada)¹⁴⁹ or perform practices commercially (Connecticut and Illinois, United States).¹⁵⁰

(d) **Practice-based restrictions.** In Malta and Madrid, the law prohibits professionals not only from offering and performing, but also from making a referral to any other person to perform, practices of “conversion” on any person.¹⁵¹ In Brazil, psychologists are also required to refrain from participating in pronouncements that legitimize or reinforce prejudice towards transgender and travesti people.¹⁵² In Illinois, advertisement is regulated, with the prohibition of any deception of material fact in advertising “conversion” services, such as representing homosexuality as a mental disease.¹⁵³ Some jurisdictions in the Latin America and the Pacific region do not directly regulate practices of “conversion therapy” but prohibit any diagnosis on the base of sexual orientation and gender identity, as is the case in Argentina¹⁵⁴ and Uruguay, or sexual orientation, as is the case in Fiji, Nauru and Samoa.¹⁵⁵ The provisions do not apply to providers working outside the mental health field, including faith-based organization-based counsellors.¹⁵⁶

77. Some jurisdictions do not have specific legislation targeting practices of “conversion therapy” and rely on other existing criminal provisions, such as if violence or threat of violence is carried out as a part of the practices,¹⁵⁷ or civil liabilities, such as if the practice infringes the patients’ will.¹⁵⁸ In other countries, anti-discrimination law can be utilized. In Chile, persons claiming discrimination connected to those practices may file complaints with the health information and complaints offices and the Superintendence of Health.¹⁵⁹

B. Judiciary

78. In some cases, the courts create accountability for practices of “conversion therapy”. In New Jersey in 2015, a jury unanimously found that a defendant fraudulently claimed to provide “services that could significantly reduce or eliminate same-sex attraction”.¹⁶⁰ In California in 2012, the relationship between free speech and parental rights was considered when two groups of plaintiffs challenged the first law in the United States prohibiting state-licensed health providers from engaging in such practices with patients under 18 years of age.¹⁶¹ The plaintiffs’ arguments were ultimately dismissed, and the law went into effect in June 2014.

79. In China, there are at least two cases where courts supported victims who underwent aversive treatment using electric shock and medical injections. The court ordered the defendants to pay compensation and issue an apology.¹⁶² However, because the courts did

¹⁴⁷ Law 3/2016 of 22 July on comprehensive protection against LGTBI-phobia and discrimination on grounds of sexual orientation and identity in the Community of Madrid, article 3 (o).

¹⁴⁸ Submission by Brazil.

¹⁴⁹ Sexual Orientation and Gender Identity Protection Act (2018), sections 6–7.

¹⁵⁰ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁵¹ Malta, Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, article 3 (b). Submission by G37 Despacho Internacional.

¹⁵² See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁵³ Ibid.

¹⁵⁴ Submission by INDH Argentina.

¹⁵⁵ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁵⁶ Ibid.

¹⁵⁷ Submission by Denmark.

¹⁵⁸ Submission by Lithuania, Sweden, SungWon Yoon-Lee and others.

¹⁵⁹ Submission by Chile.

¹⁶⁰ *Ferguson et al v. JONAH et al.*

¹⁶¹ United States District Court for the Eastern District of California, *Pickup et al. v. Brown et al* and *Welch et al. v. Brown et al.*

¹⁶² Submission by Darius Longarino.

not rule on the general legality of those practices, medical facilities, including one of the defendants, reportedly still promote them.¹⁶³

C. Public policy

80. Examples of policies being adopted are the following:

(a) **Enforcement agencies.** The Inter-American Commission on Human Rights recommended that OAS member States adequately monitor the activity of professionals who offer practices of “conversion therapy”.¹⁶⁴ In Hawaii, United States, a sexual orientation counselling task force was established to address the concerns of minors seeking counselling on sexual orientation, gender identity, gender expression and related behaviours;¹⁶⁵

(b) **Complaint system.** In Victoria, Australia, the Government established a Health Complaints Commissioner with a mandate in respect of “health services”, broadly defined to allow a complaint to be made in relation to practices of “conversion”;¹⁶⁶

(c) **Health insurance coverage.** In the Netherlands, since 2012, costs connected to practices of “conversion” are not reimbursed by the national health insurance;¹⁶⁷

(d) **Public funding.** In certain states in Maryland, New York and North Carolina, United States, state funds cannot be used to conduct practices of “conversion”.¹⁶⁸ In Puerto Rico, the offer, either direct or indirect, of “conversion therapy” practices prevents the granting of economic incentives for activities, services and investments in the scientific, hospital or medical field;¹⁶⁹ in the Netherlands, financial support to an organization involved in subjecting lesbian, gay, bisexual, trans or gender-diverse persons to those practices was ended;¹⁷⁰

(e) **Public facilities bans.** In New York, local laws regulating mental health services were amended in 2016 to prohibit such practices in public facilities;¹⁷¹

(f) **Gathering data.** In 2017, the United Kingdom Government Equalities Office conducted a national survey on the basis of which the Government established the national action plan on lesbian, gay, bisexual, trans and gender-diverse persons, in which it sets out the intention to fully consider all legislative and non-legislative options to prohibit promoting, offering or conducting such practices;¹⁷²

(g) **Education.** Some have expressed the view that creating awareness on the ineffectiveness of the practice and where victims can seek help if harm has been caused would be more beneficial than a legislative ban.

81. Although no regulations are in place yet, official messages condemning practices of “conversion therapy” can set the tone that states will not tolerate those practices. At the regional level, the European Parliament welcomed initiatives prohibiting them,¹⁷³ the Prime Minister of Luxembourg publicly denounced them¹⁷⁴ and, in 2018, Ireland included a commitment to prohibit their promotion or practice by health professionals in its national strategy on lesbian, gay, bisexual, trans and intersex young people.¹⁷⁵

¹⁶³ Submission by Berfu Yalcin.

¹⁶⁴ Inter-American Commission on Human Rights, “Advances and challenges towards the recognition of the rights of LGBTI persons in the Americas”, 2018, recommendation (8) (a).

¹⁶⁵ Senate Bill 270, A bill for an act relating to minors (2018), section 2.

¹⁶⁶ Submission by Equality Australia.

¹⁶⁷ Submission by Choice for Youth and Sexuality.

¹⁶⁸ Submission by the Trevor Project.

¹⁶⁹ See ilga.org/Conversion-therapy-global-research-ILGA-World.

¹⁷⁰ Submission by the Netherlands.

¹⁷¹ *New York Compiled Codes Rules and Regulations*, Title 14, Chapter XIII, Section 527.8.

¹⁷² Submission by the Equality and Human Rights Commission.

¹⁷³ See www.europarl.europa.eu/doceo/document/TA-8-2018-0056_EN.html.

¹⁷⁴ Submission by Commission consultative des droits de l’homme.

¹⁷⁵ Submission by Ireland.

D. National human rights institutions and equality bodies

82. National human rights institutions can contribute to preventing violence and discrimination based on sexual orientation and gender identity. The Ombudsperson of Peru stated that practices of “conversion therapy” constituted an unjustified and unethical practice and must be denounced and sanctioned¹⁷⁶ and, in Ecuador, the Office of the Ombudsman has developed a framework providing lines of action and coordination in case of alleged human rights violations related to those practices, including complaints, comprehensive protection and social care, investigation and sanctions and reparations.¹⁷⁷

VII. Conclusions and recommendations

83. Practices of “conversion therapy”, based on the incorrect and harmful notion that sexual and gender diversity are disorders to be corrected, are discriminatory in nature. Furthermore, actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of “conversion therapy” are by their very nature degrading, inhuman and cruel and create a significant risk of torture. States must examine specific cases in the light of the international, regional and local framework on torture and cruel, inhuman or degrading treatment and/or punishment.

84. Perpetrators of abuse through practices of “conversion therapy” include private and public mental health-care providers, faith-based organizations, traditional healers and State agents; promoters additionally include family and community members, political authorities and other agents.

85. Under the conditions established by international human rights law and the international framework on torture and cruel, inhuman and degrading treatment or punishment, practices of “conversion therapy” may engage the international responsibility of the State.

86. Practices of “conversion therapy” provoke profound psychological and physical damage in lesbian, gay, bisexual, trans or gender-diverse persons of all ages, in all regions of the world.

87. In view of the foregoing, the Independent Expert recommends that States:

(a) Ban the practices of “conversion therapy” as described in the present report, including by:

(i) Clearly establishing, through appropriate legal or administrative means, a definition of prohibited practices of “conversion therapy”, and ensuring that public funds are not used, directly or indirectly, to support them;

(ii) Banning practices of “conversion therapy” from being advertised and carried out in health-care, religious, education, community, commercial or any other settings, public or private;

(iii) Establishing a system of sanctions for non-compliance with the ban on practices of “conversion therapy”, commensurate with their gravity, including in particular, that claims should be promptly investigated and, if relevant, prosecuted and punished, under the parameters established under the international human rights obligations pertaining to the prohibition of torture and cruel, inhuman or degrading treatment or punishment;

(iv) Creating monitoring, support and complaint mechanisms so that victims of practices of “conversion therapy” have access to all forms of reparations, including the right to rehabilitation, as well as legal assistance;

(b) Take urgent measures to protect children and young people from practices of “conversion therapy”, including by giving priority to the design and implementation of

¹⁷⁶ Submission by PROMSEX.

¹⁷⁷ Submission by Ecuador.

monitoring programmes for health-care, religious, education, community, commercial and any other settings, public or private, where children and young people are deprived of liberty by organs such as national human rights institutions or, if applicable, national preventive mechanisms;

(c) Carry out campaigns to raise awareness among parents, families and communities about the invalidity and ineffectiveness of and the damage caused by practices of “conversion therapy”;

(d) Adopt and facilitate health-care and other services related to the exploration, free development and/or affirmation of sexual orientation and/or gender identity, with a focus on addressing the conflicts that may arise between a patient’s orientation, identity and religious, social, or internalized norms and prejudices, with a focus on identity exploration and development, reducing distress and the need to address “minority stress”, as well as focusing on active coping and social support and the concept of affirmation;

(e) Foster dialogue with key stakeholders, including medical and health professional organizations, faith-based organizations, educational institutions and community-based organizations, to raise awareness about the human rights violations connected to practices of “conversion therapy”.

88. Furthermore, the Independent Expert reiterates his recommendations that States:

(a) Repeal laws and regulations that enable, promote or fuel practices of “conversion therapy, key among them being laws criminalizing diversity in sexual orientations or gender identities;

(b) Adopt appropriate anti-discrimination measures of a legislative, administrative or judiciary nature to ensure protection from violence and discrimination based on sexual orientation and gender identity;

(c) Ensure the de-pathologization of diversity in sexual orientation and gender identity in State and non-State medical classifications that have an impact on public health policies and diagnostics in all health-care settings, including in medical curricula, accreditation procedures and continuing education;

(d) Adopt all measures necessary to eliminate the social stigma associated with gender diversity, including the development, implementation and evaluation of an education and sensitization campaign, and in particular, all measures necessary to protect trans and gender-diverse children from all forms of discrimination and violence;

(e) Support the development of research and data collection, disaggregated by all relevant dimensions, on the specific issue of practices of “conversion therapy” and pursuant to the principles and safeguards identified by the Independent Expert, key among them being the participation of affected communities, populations and peoples;

(f) Design, implement and constantly evaluate education, training and public information campaigns to tackle stigma and prejudice against lesbian, gay, bisexual, trans or gender-diverse people and promote their social inclusion.
