

# Statement on Conversion Therapy

## Independent Forensic Expert Group\*

### Introduction

Conversion therapy is a set of practices that aim to change or alter an individual's sexual orientation or gender identity. It is premised on a belief that an individual's sexual orientation or gender identity can be changed and that doing so is a desirable outcome for the individual, family, or community. Other terms used to describe this practice include sexual orientation change effort (SOCE), reparative therapy, reintegrative therapy, reorientation therapy, ex-gay therapy, and gay cure.

Conversion therapy is practiced in every region of the world. We have identified sources

confirming or indicating that conversion therapy is performed in over 60 countries<sup>1</sup>.

In those countries where it is performed, a wide and variable range of practices are believed to create change in an individual's sexual orientation or gender identity. Some examples of these include: talk therapy or psychotherapy (e.g., exploring life events to identify the cause); group therapy; medication (including anti-psychotics, anti-depressants, anti-anxiety, and psychoactive drugs, and hormone injections); Eye Movement Desensitization and Reprocessing (where an individual focuses on a traumatic memory while simultaneously experiencing bilateral stimulation); electroshock or electroconvulsive therapy (ECT) (where electrodes are attached to the head and electric current is passed between them to induce seizure); aversive treatments (including electric shock to the hands and/or genitals or nausea-inducing medication administered with presentation of homoerotic stimuli); exorcism or ritual cleansing (e.g., beating the individual with a broomstick while reading holy verses or burning the individual's head, back, and palms); force-feeding or food deprivation; forced nudity; behavioural conditioning (e.g., being forced to dress or walk in a particular

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<sup>1</sup> IRCT research on conversion therapy available at [https://irct.org/uploads/media/IRCT\\_research\\_on\\_conversion\\_therapy.pdf](https://irct.org/uploads/media/IRCT_research_on_conversion_therapy.pdf).

way); isolation (sometimes for long periods of time, which may include solitary confinement or being kept from interacting with the outside world); verbal abuse; humiliation; hypnosis; hospital confinement; beatings; and “corrective” rape.

Conversion therapy appears to be performed widely by health professionals, including medical doctors, psychiatrists, psychologists, sexologists, and therapists. It is also conducted by spiritual leaders, religious practitioners, traditional healers, and community or family members. Conversion therapy is undertaken both in contexts under state control, e.g., hospitals, schools, and juvenile detention facilities, as well as in private settings like homes, religious institutions, or youth camps and retreats. In some countries, conversion therapy is imposed by the order or instructions of public officials, judges, or the police.

The practice is undertaken with both adults and minors who may be lesbian, gay, bisexual, trans, or gender diverse. Parents are also known to send their children back to their country of origin to receive it. The practice supports the belief that non-heterosexual orientations are deviations from the norm, reflecting a disease, disorder, or sin. The practitioner conveys the message that heterosexuality is the normal and healthy sexual orientation and gender identity.

The purpose of this medico-legal statement is to provide legal experts, adjudicators, health care professionals, and policy makers, among others, with an understanding of: 1) the lack of medical and scientific validity of conversion therapy; 2) the likely physical and psychological consequences of undergoing conversion therapy; and 3) whether, based on these effects, conversion therapy constitutes cruel, inhuman, or degrading treatment or torture when individuals are subjected to it

forcibly<sup>2</sup> or without their consent. This medico-legal statement also addresses the responsibility of states in regulating this practice, the ethical implications of offering or performing it, and the role that health professionals and medical and mental health organisations should play with regards to this practice.

Definitions of conversion therapy vary. Some include any attempt to change, suppress, or divert an individual’s sexual orientation, gender identity, or gender expression. This medico-legal statement only addresses those practices that practitioners believe can effect a genuine change in an individual’s sexual orientation or gender identity. Acts of physical and psychological violence or discrimination that aim solely to inflict pain and suffering or punish individuals due to their sexual orientation or gender identity, are not addressed, but are wholly condemned.

This medico-legal statement follows along the lines of our previous publications on Anal Examinations in Cases of Alleged Homosexuality<sup>3</sup> and on Forced Virginity Testing<sup>4</sup>. In those statements, we opposed attempts to minimise the severity of physical and psychological pain and suffering caused by these

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- 2 This statement considers an examination to be “forcibly conducted” when it is “committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person incapable of giving genuine consent.” International Criminal Court. Elements of Crimes. Art. 7(1)(g)-1. RC/11. 2011:8.
  - 3 Independent Forensic Expert Group. Statement on Anal Examinations in Cases of Alleged Homosexuality. *Torture*. 2016; 26(2):85-91. Available at: <https://irct.org/uploads/media/306a591c5f8207f6107f5c11e8c5c4fc.pdf>.
  - 4 Independent Forensic Expert Group. Statement on Virginity Testing. *Torture*. 2015; 25(1):62-68. Available at: <https://irct.org/uploads/media/1d6e1087759460fd9e473273a85c7e95.pdf>

examinations by qualifying them as medical in nature. There is no medical justification for inflicting on individuals torture or other cruel, inhuman, or degrading treatment or punishment. In addition, these statements reaffirmed that health professionals should take no role in attempting to control sexuality and knowingly or unknowingly supporting state-sponsored policing and punishing of individuals based on their sexual orientation or gender identity.

### About the Authors

The opinions expressed in this statement are based on international standards and the experiences of members of the Independent Forensic Expert Group (IFEG) in documenting the physical and psychological effects of torture and other cruel, inhuman, or degrading treatment or punishment (also ill-treatment). Consisting of 39 preeminent independent medico-legal specialists from 23 countries, the IFEG represents a vast collective experience in the evaluation and documentation of the physical and psychological evidence of torture and ill-treatment.

The IFEG provides technical advice and expertise in cases where allegations of torture or ill-treatment are made<sup>5</sup>. Its members are global experts on and authors of the Istanbul Protocol, the key international standard-setting instrument on the investigation and documentation of torture and ill-treatment<sup>6</sup>.

IFEG members also hold influential positions in and act as advisors to governments, international bodies, professional health associations, non-governmental organisations, and academic institutions worldwide on forensics in general and more specifically on the investigation and documentation of torture and ill-treatment.

### Medical and Scientific Validity

There is no empirical evidence to support pathologising or medicalising variations in sexual orientation and gender identity. Studies have found that variation in sexual orientation is ubiquitous and that there is substantial variability in patterns of sexual and gender expression both between individuals and within individuals across time<sup>7</sup>. The World Medical Association (WMA) has strongly emphasised “*that homosexuality does not represent a disease, but a normal variation within the realm of human sexuality.*”<sup>8</sup> For almost half a century, the Diagnostic and Statistical Manual of Mental Disorders (DMS-III, 1973) has stopped recognising homosexuality as a disorder. Similarly, for three decades, the World Health Organization (WHO), which issues the International Statistical Classification of Diseases and Related Health Problems, has not defined

5 See, e.g., Independent Forensic Expert Group. Statement on Hooding. Torture. 2011; 21(3):186-189; Independent Forensic Expert Group. Statement on access to relevant medical and other health records and relevant legal records for forensic medical evaluations of alleged torture and other cruel, inhuman or degrading treatment or punishment. Torture. 2012; 22 (Supplementum 1):39-48. Independent United Nations Office of the High Commissioner

for Human Rights. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the “Istanbul Protocol”). United Nations; 2004. HR/P/PT/8/Rev.1.

7 World Health Organization. Proposed declassification of disease categories related to sexual orientation in the international statistical classification of diseases and related health problems (ICD-11). Bulletin of the World Health Organization 2014;92:672-679.

8 World Medical Association. Statement on Natural Variations of Human Sexuality. World Medical Assembly; 2013.

homosexuality as a disorder (ICD-10, endorsed in 1990). Moreover, in 2018, the WHO declassified all remaining disorders correlated with same-sex attraction, such as ego-dystonic sexual orientation<sup>9</sup>, which had been (mis)used in the past to justify conversion therapy, thereby eliminating all medical bases correlated to sexual orientation that can be used to justify conversion therapy.

To our knowledge, there also are no credible scientific peer-reviewed studies that demonstrate that conversion therapy in any form is effective. On the contrary, in 2009, the American Psychological Association conducted a systematic review of peer-reviewed journal literature on conversion therapy and concluded that “*the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through [sexual orientation change efforts].*”<sup>10</sup> In 2016, the World Psychiatric Association issued a statement finding that “[*t]here is no sound scientific evidence that innate sexual orientation can be changed.*”<sup>11</sup> Practices that purport to change an individual’s sexual orientation or gender identity therefore lack any foundation

in science or medicine and are unlikely to be effective. Instead, they are based on an antiquated misconception about the nature of sexual orientation and gender identity.

### Physical and Psychological Effects

Conversion therapy represents a form of discrimination, stigmatisation, and social rejection. Many conversion therapy practices bear similarity to acts that are internationally acknowledged to constitute torture or other cruel, inhuman, or degrading treatment or punishment. Those include beatings, rape, forced nudity, force-feeding, isolation and confinement, deprivation of food, forced medication, verbal abuse, humiliation, and electrocution. These specific acts as well as the entire period during which the individual experiences them is recognised internationally to subject individuals to significant or severe physical and/or mental pain and suffering.

The fact that a treatment or practice has a valid medical use does not mean that it is not physically and psychologically harmful to individuals. In addition, a valid medical use for some conditions does not mean that the treatment is valid to treat other conditions under different circumstances. For instance, ECT or electroshock therapy applied with muscle relaxant and general anaesthesia is a recognised and valid form of treatment for psychiatric patients suffering from treatment-resistant, life-threatening depression. But in almost every instance, individuals will experience significant disorientation, cognitive deficits, and retrograde amnesia, which can be severely distressing. Concerningly, ECT is reportedly used for conversion therapy in some countries, although it is unproven and therefore medically invalid. In countries where ECT is still administered in its unmodified form (i.e., without anaesthetic

9 “The gender identity or sexual preference is not in doubt but the individual wishes it were different because of associated psychological and behavioural disorders and may seek treatment to change it.” World Health Organization. The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. 1992.

10 American Psychological Association. Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. 2009.

11 World Psychiatric Association. Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours. World Psychiatry. 2016;15(3):299–300.

and muscle relaxants), it not only causes significant psychological harm, but leads to violent convulsions commonly resulting in joint dislocations and bone fractures.

Medication is also used in conversion therapy and can cause significant physical and mental adverse effects. When such medication is medically inappropriate or used forcibly or without the individual's consent, it is likely to intensify the psychological terror or trauma related to the experience of conversion therapy and has been recognised as a method of torture or other cruel, inhuman, or degrading treatment<sup>12</sup>. Neuroleptics, anxiolytics, and anti-depressants (including thioridazine, citalopram, fluoxetine, and risperidone) have been used on individuals to diminish their sexual desire. In addition, they are often prescribed due to the false belief that psychosis or other mental disorder is the underlying cause of an individual's particular sexual orientation or gender expression. These anti-depressants, mostly from the selective serotonin reuptake inhibitor group, may cause sexual dysfunction, while anti-psychotic medications may cause movement disorders, mental slowing, tiredness, memory problems, numbness of the body, weight gain, and sexual dysfunction, among other effects, which serve only to compound an individual's distress and suffering.

All forms of conversion therapy, including talk or psychotherapy, can cause intense

psychological pain and suffering.<sup>13,14,15,16</sup> 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 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 victimisation through conversion therapy. Individuals who have undergone the practice often experience a decrease in self-esteem, episodes of significant anxiety, depressive tendencies, depressive syndromes, social isolation, intimacy difficulties, self-hatred, sexual dysfunction, and suicidal thoughts. In many studies, the rates of suicidal ideation and suicide attempt are several times higher than in other lesbian, gay, bisexual, trans, and gender diverse pop-

12 UN Human Rights Councils. Report of the United Nations High Commissioner for Human Rights. 31 January 2017. A/HRC/34/32.

13 Dehlin J, Galliher R, Bradshaw W, Hyde D, & Crowell K. Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*. 2015;62(2):95-105.

14 Ozanne Foundation. 2018 National Faith & Sexuality Survey. <https://ozanne.foundation/faith-sexuality-survey-2018/>. Published July 8, 2019.

15 Shidlo A & Schroeder M. Changing sexual orientation: a consumers' report. *Professional Psychology-Research and Practice*, 2002;33: 249-259.

16 Haldeman, D. Therapeutic Antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy*. 2002; 5 (3): 117-130.

ulations who have not been exposed to conversion therapy<sup>17 18 19</sup>.

Conversion therapy can often lead to posttraumatic stress disorder<sup>20,21</sup>. Group therapy, camps and retreats may incorporate highly traumatic elements such as exposure to physical, verbal, and sexual abuse and humiliation. Talk or psychotherapy can also become a repeatedly traumatic event. Session after session, the individual is confronted with their own “deviancy,” while repetition and duration increase its intensity and importance. We have seen that conversion therapies can lead to avoidance behaviours, hypervigilance (e.g., difficulty falling or staying asleep), intrusive flashbacks, traumatic nightmares, and other symptoms of posttraumatic stress disorder.

Children and minors are particularly vulnerable<sup>1,2,22</sup>. In children and minors exposed to conversion therapy, psychological symp-

oms are expressed in a significant loss of self-esteem and a sharp increase in suicidal or depressive tendencies. These can often lead to school dropout and the adoption of high-risk behaviours, self-destructive behaviours, and substance abuse. Conversion therapy causes a delay in sexual and personal development, which can lead to depression, increased feelings of guilt and stress, and can also bring about feelings of social rejection and social isolation. Minors are at especially high risk to develop serious psychological disorders afterwards, due to the loss of self-esteem, negative feelings toward oneself, self-loathing, feelings of debasement, and the forced rejection of one’s own identity.

The long-term duration of many conversion therapies can be particularly harmful. Individuals often undergo therapy for several years to more than a decade<sup>23,6</sup>. The long-term duration 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. Psychosomatic symptoms can be especially pronounced in children who are unable to express their difficulties and may manifest their distress through eczema breakouts, insomnia, sleep disorders, vomiting, asthma, and impaired growth or development. Psychological symptoms can become chronic. Despair, disillusion, and shame can last for many years. Even into adulthood, studies have found that exposure to conversion efforts results in adverse mental health outcomes, including severe psychological dis-

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- 17 Turban JL, Beckwith N, Reisner SL, & Keuroghlian AS. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*. 2020;77(1):68.
- 18 Ryan C, Toomey RB, Diaz RM, & Russell ST. Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment, *Journal of homosexuality*, 2009; 67(2):159-173.
- 19 The Trevor Project. National Survey on LGBTQ Mental Health 2019. <https://www.thetrevorproject.org/survey-2019/?section=Conversion-Therapy-Change-Attempts>. Published June 2019.
- 20 Shidlo A & Schroeder M. Changing sexual orientation: a consumers' report. *Professional Psychology-Research and Practice*, 2002;33: 249-259.
- 21 Horner J. Undoing the Damage: Working with LGBT clients in post conversion therapy. *Columbia Social Work Review*. 2010;1:8-16.
- 22 Fjellstrom, J. Sexual orientation change efforts and the search for authenticity. *Journal Of Homosexuality*, 2013;60(6): 801-827.

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- 23 Dehlin J, Galliher R, Bradshaw W, Hyde D, & Crowell K. Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*. 2015;62(2):95-105.

tress, lifetime suicidal thoughts, and lifetime suicide attempts<sup>24, 25</sup>.

In both adults and minors, the failure of conversion therapy often exacerbates the individual's feelings of inadequacy, self-worthlessness, and shame<sup>26,27</sup>. Individuals often feel intense guilt of failure, reinforced by the idea that they are ill, unacceptable, incurable, and a burden to their families.

When health professionals are involved in the performance of this harmful act, in our experience, their involvement is likely to exacerbate the pain and suffering experienced by individuals given the betrayal it represents of the social norm of trusting health professionals. Betrayal of the fragile trust between patient and clinician can have severe consequences, leading to feelings of guilt, rejection, and humiliation. The individual can lose self-esteem and may exhibit anger or withdrawal, which will impair their future interpersonal and romantic relationships and professional life.

Where conversion therapy is ordered, conducted, or supported by public authori-

ties, the experience of being betrayed by the law likely adds to the individual's mental pain and suffering. These amplify any shame and stigma they may already experience, including social rejection, victimisation and punishment by their family or religious community, and conflict with their faith.

### **Cruel, Inhuman, and Degrading Treatment and Torture**

Torture and other forms of cruel, inhuman, or degrading treatment or punishment are unequivocally prohibited, without exception, by the UN Convention against Torture<sup>28</sup> as well as other international and regional human rights instruments. The UN Committee against Torture, the UN Special Rapporteur on Torture, the UN Subcommittee on Prevention of Torture, and the Office of the High Commissioner for Human Rights (OHCHR) have stated that conversion therapy contravenes the prohibition against torture and other cruel, inhuman, or degrading treatment or punishment. In its 2015 annual report, the OHCHR stressed that states "*have an obligation to protect all persons, including LGBT and intersex persons, from torture and other cruel, inhuman or degrading treatment or punishment*" and found that conversion therapy breaches this duty<sup>29</sup>.

In May 2018, the UN Independent Expert on Sexual Orientation and Gender

24 Turban JL, Beckwith N, Reisner SL, & Keuroghlian AS. Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*. 2020;77(1):68.

25 Ryan C, Toomey RB, Diaz RM, & Russell ST. Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment. *Journal of homosexuality*, 2009; 67(2):159-173.

26 Dehlin J, Galliher R, Bradshaw W, Hyde D, & Crowell K. Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*. 2015;62(2):95-105.

27 Haldeman, D. Therapeutic Antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy*. 2002; 5 (3): 117-130.

28 United Nations Office of the High Commissioner for Human Rights. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Available at: <http://www.unhchr.ch/html/menu2/6/cat/treaties/opcat.htm>

29 UN Human Rights Council, Report of the Office of the United Nations High Commissioner for Human Rights, Discrimination and violence against individuals based on their sexual orientation and gender identity. 4 May 2015. A/HRC/29/23.

Identity observed that: “*The violence reported against persons on the basis of their actual or perceived sexual orientation or gender identity also includes ...so-called ‘conversion therapy’. Considering the pain and suffering caused and the implicit discriminatory purpose and intent of these acts, they may constitute torture or other cruel, inhuman or degrading treatment or punishment in situation where a State official is involved, at least by acquiescence.*”<sup>30</sup> Subsequently, the UN Special Rapporteur on Torture in July 2019 affirmed that: “*given that ‘conversion therapy’ can inflict severe pain or suffering, given also the absence both of a medical justification and of free and informed consent, and that it is rooted in discrimination based on sexual orientation or gender identity or expression, such practices can amount to torture or, in the absence of one or more of those constitutive elements, to other cruel, inhuman or degrading treatment or punishment.*”<sup>31</sup>

Based on these findings, the UN Committee against Torture, the UN Independent Expert on Sexual Orientation and Gender Identity, the UN Special Rapporteur on Torture, and the OHCHR have all called upon states to ban the practice. In 2016, the UN Committee against Torture recommended that a state take “*the necessary legislative, administrative and other measures to guarantee respect for the autonomy and physical and personal integrity of lesbian, gay, bisexual,*

*transgender and intersex persons and prohibit the practice of so-called ‘conversion therapy’.*”<sup>32</sup>

### State Involvement and Responsibility

The UN Convention against Torture and other international and regional human rights instruments not only prohibit torture, but oblige states to prevent public authorities from “*directly committing, instigating, inciting, encouraging, acquiescing in or otherwise participating or being complicit in any acts of torture*” and other cruel, inhuman, or degrading treatment or punishment<sup>4</sup>. In several countries, we have found that public officials are directly involved in the provision of conversion therapy. In some cases, the therapy is offered and performed by medical personnel in state hospitals, public clinics, schools, and juvenile detention centres. Sometimes, the therapy is performed pursuant to an order by public officials, judges, or the police. All these acts would seem to contravene the international legal obligations of these states to prohibit and prevent torture and other cruel, inhuman, or degrading treatment or punishment.

Furthermore, states have a responsibility to “*prohibit, prevent and redress torture and ill-treatment in all contexts of custody and control,*” not just those operated by public entities<sup>33</sup>. We have found in almost 30 countries that conversion therapy is being committed, instigated or supported by private institutions and private individuals acting in an official capacity and executing a state function. This includes health professionals in private clinics performing con-

30 UN Human Rights Council, Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. 11 May 2018. A/HRC/38/43.

31 UN General Assembly. Interim Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, relevance of the prohibition of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment to the Context of Domestic Violence. 12 July 2019. A/74/148.

32 UN Committee Against Torture. Concluding observations on the fifth periodic report of China. 3 February 2016. CAT/C/CHN/CO/5

33 UN Committee Against Torture. General Comment 2, Implementation of article 2 by States Parties. CAT/C/GC/2/CRP.1/Rev.4.2007



version therapies or private schools providing it. The UN Convention against Torture and other human rights instruments require that states oversee the provision of services that are in the public interest, such as health and education. As stated by the UN Committee against Torture, states have the special duty to protect the life and personal integrity of persons by regulating and supervising these services, regardless of whether the entity providing them is public or private<sup>1</sup>. Accordingly, personnel in private hospitals and clinics as well as teachers are considered to act in an official capacity on behalf of the state, as they are executing a state function<sup>34</sup> and should similarly be prevented from directly committing, instigating, inciting, encouraging, acquiescing in, or otherwise participating or being complicit in any acts of torture and ill-treatment, including conversion therapy.

In over a dozen countries, we found that conversion therapy practices, e.g., beatings, isolation, exorcisms, and “corrective” rape, appear to take place primarily in the private sphere by religious practitioners, traditional healers, or sometimes by community and family members. These acts which are not originally directly attributable to the state (i.e., acts committed by private individuals) can nevertheless lead to state responsibility, due to the lack of due diligence to eliminate, prevent, investigate, and punish acts of torture and other cruel, inhuman, or degrading treatment or punishment. The failure of the state to act in due diligence leads to a form of encouragement or *de facto* permission of those harmful practices<sup>1</sup>.

The UN Committee against Torture has applied this principle to states that have failed to prevent and protect victims from gender-based violence, such as rape, domestic violence, female genital mutilation, and trafficking<sup>1</sup>. A parallel can thus be drawn to the obligation to ban the practice of female genital mutilation which also takes place in a context of profound discrimination. As stated by the UN Special Rapporteur on Torture: “*Domestic laws permitting the practice contravene States’ obligation to prohibit and prevent torture and ill-treatment, as does States’ failure to take measures to prevent and prosecute instances of female genital mutilation by private persons.*”<sup>1</sup>

Children enjoy special protection. An alarming number of minors are subjected to conversion therapy; indeed, minors may account for the majority of all cases<sup>35</sup>. The UN Convention on the Rights of the Child requires the best interests of the child to be a primary consideration in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies<sup>36</sup>. The Convention on the Rights of the Child requires states to take all measures to “*protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*”<sup>33</sup> Conversion therapy, which is rooted in profound

<sup>34</sup> UN Committee Against Torture. General Comment 2, Implementation of article 2 by States Parties. CAT/C/GC/2/CRP.1/Rev.4.2007

<sup>35</sup> Mallory C, Brown TNT, & Conron KJ. Conversion therapy and LGBT youth. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>. Published January 2018.

<sup>36</sup> United Nations. Convention on the rights of the child. 20 November 1989. United Nations Treaty Series. vol. 1577. Art. 3(1).

discrimination, lacks scientific and medical validity, is ineffective, and is likely to cause the minor significant or severe pain and suffering, clearly violates these standards. When a minor is subjected to conversion therapy, in addition to amounting to torture or other cruel, inhuman, or degrading treatment, it may constitute a form of child abuse and neglect.

### Professional and Ethical Standards

Conversion therapy is inconsistent with the fundamental ethical principles and professional duties of health professionals for the following reasons:

1. It is clear that conversion therapy is a form of cruel, inhuman, or degrading treatment when it is conducted forcibly on individuals or without their consent and may amount to torture depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted. International standards of professional ethics unequivocally prohibit health professionals from participating in or condoning any treatment or procedure that may constitute cruel, inhuman, or degrading treatment or torture<sup>37,38</sup>.
2. Variation in sexual orientation and gender identity is not a disease or disorder. Health professionals, therefore, have no role in diagnosing it or treating it. The provision
3. Conversion therapy is ineffective and harmful. Health professionals must abide by their core ethical principles to act in the best interests of patients (beneficence) and to “do no harm” (non-maleficence)<sup>41</sup>. The likely harm of conversion therapy cannot be outweighed by any clinical benefits, as there are none. Moreover, health professionals are prohibited from offering treatments that are recognised as ineffective or purport to achieve unattainable results. Offering conversion therapy thereby constitutes a form of deception, false advertising, and fraud<sup>42</sup>.
4. Ensuring informed consent may be impossible in most circumstances. As noted in previous statements, examinations based on profound discrimination may create situations where a person is incapable of

37 World Medical Association. Declaration of Tokyo - guidelines for physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment. World Medical Assembly; 1975. Rev. 2006.

38 United Nations. Body of principles for the protection of all persons under any form of detention or imprisonment. United Nations; Dec. 1988. A/RES/43/173.

39 World Psychiatric Association. WPA position statement on gender identity and same-sex orientation, attraction, and behaviours. World Psychiatry. 2016;15(3):299–300.

40 American Counseling Association. Ethical issues related to conversion or reparative therapy. <https://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>. Published 16 January 2013.

41 World Medical Association. Declaration of Geneva. World Medical Assembly; 1948. Rev. 2017.

42 World Medical Association. International Code of Medical Ethics. World Medical Assembly; 1949. Rev. 2006.

giving genuine consent<sup>43</sup>. This is likely the case when conversion therapy is being conducted based on the order of a public authority, when the individual's liberty is restricted, or when the individual is a minor coerced by family members or others in a position of authority or trust.

In the case of conversion therapy, informed consent would require that an individual is informed about the practices that will be applied, as well as their ineffectiveness, the likely physical and psychological harm that will result, and the inability to achieve the desired result. The individual's consent must be considered invalid if acquired without this knowledge or as a result of false information; and it should be considered suspect, particularly in the case of minors.

5. Conversion therapy creates an inherently discriminatory environment. Even when an individual wants the therapy, the individual may be motivated by self-hatred or a conflict between their actual sexual orientation or gender identity and the self-image that they feel it is safe or acceptable to present to themselves and others. It would be counter therapeutic for the practitioner to add to those internalised feelings. Their efforts would be ineffective in reducing the individual's desires even if the individual's behaviour changes, leaving the client with unexpressed feelings that have the potential to be very damaging<sup>44</sup>. Instead, any psychiatric or

psychotherapeutic approaches to treatment must not focus on the individual's sexual orientation or gender identity, but on the conflicts that may arise between their orientation, identity, and religious, social, or internalised norms and prejudices<sup>45</sup>.

### **Role of Health Professionals in Policing and Punishing Sexual Orientation and Gender Identity**

The practice of conversion therapy runs contrary to respect for the dignity, humanity, and rights of individuals, including to privacy, self-determination, non-discrimination, and to be free from torture and ill-treatment.

Most major medical and mental health organisations have repudiated the practice of conversion therapy. It continues, however, to be widespread and practiced by health professionals and others due to pervasive discrimination and societal bias against lesbian, gay, bisexual, trans, and gender diverse individuals. This represents a challenge to individual health professionals and medical and mental health professional organisations.

Health professionals who are conducting conversion therapies are contributing to a social, cultural, or state-sponsored system of profound repression and stigmatisation against their patients, targeted on the basis of their sexual orientation and gender identity. Health professionals should understand that by providing these treatments, they are serving to perpetuate social customs and

43 Independent Forensic Expert Group. Statement on Anal Examinations in Cases of Alleged Homosexuality. *Torture*. 2016; 26(2):85-91. Available at: <https://irct.org/uploads/media/306a591c5f8207f6107f5c11e8c5c4fc.pdf>.

44 British Psychological Society. Guidelines and

literature review for psychologists working therapeutically with sexual and gender minority clients. February, 2012: 71-73.

45 World Medical Association. Statement on Natural Variations of Human Sexuality. October, 2013.

norms that are in conflict with their ethical obligations and respect for the rights and dignity of individuals, and that, ultimately, they may be facilitating or participating in cruel, inhuman, or degrading treatment or torture.

The WMA has condemned conversion therapy as a violation of human rights and has called for its practitioners to be denounced and subject to sanctions and penalties<sup>46</sup>. It has also called on national medical associations to “*promote ethical conduct among physicians for the benefit of their patients. Ethical violations must be promptly corrected, and the physicians guilty of ethical violations must be disciplined and rehabilitated.*”<sup>47</sup>

As more awareness is raised about the issue of conversion therapy both globally and nationally, national medical and mental health associations should create accessible mechanisms for the public to register complaints against health professionals who offer conversion therapy or who have harmed them by performing this practice. Health professionals who conduct conversion therapies violate the basic standards and ethics of our profession and should be reported by their colleagues to the appropriate authorities<sup>48</sup>. National medical and mental health associations should encourage and support health professionals in denouncing this practice and reporting colleagues who practice it.

Recently, there has been a growing trend to call for a ban on conversion therapy in

many parts of the world, although few countries have done so yet<sup>49</sup>. National medical and mental health associations should support these legislative initiatives and the development of programmes to support individuals who have been harmed by the practice<sup>50</sup>.

### Conclusion

Conversion therapy has no medical or scientific validity. The practice is ineffective, inherently repressive, and is likely to cause individuals significant or severe physical and mental pain and suffering with long-term harmful effects. It is our opinion 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.

As a form of cruel, inhuman, or degrading treatment or torture, states have an obligation to ensure that both public and private actors are not directly committing, instigating, inciting, encouraging, acquiescing in or otherwise participating or being complicit in conversion therapy. States also have a responsibility to regulate all health and education services, which may be promoting this harmful practice.

Health professionals that offer conversion therapy are violating the basic standards and ethics of our profession. Health professionals should understand that by offering these treatments, they are serving to perpetuate

46 World Medical Association. Statement on Natural Variations of Human Sexuality. October, 2013.

47 World Medical Association. Declaration of Madrid on Professional Autonomy and Self-Regulation. 2009.

48 World Medical Association. International Code of Medical Ethics. World Medical Assembly; 1949. Rev. 2006.

49 End of a 'cure'? U.S. ban on gay conversion therapy gains ground. Reuters. 13 June 2019. <https://www.reuters.com/article/us-usa-lgbt-religion/end-of-a-cure-us-ban-on-gay-conversion-therapy-gains-ground-idUSKCN1TE2AA>.

50 American Psychiatric Association. Position Statement on Conversion Therapy and LGBTQ Patients. 2018.

social customs and norms that are in conflict with respect for the rights and dignity of individuals; they are engaging in false advertising or fraud; and they may be facilitating and participating in cruel, inhuman, or degrading treatment or torture. Where minors are concerned, in addition to torture and other cruel, inhuman, or degrading treatment, they may be facilitating or perpetrating child abuse and neglect.

Health professionals should refuse to conduct conversion therapy and report their colleagues who advertise, offer, or perform them to the appropriate authorities. National medical and mental health associations should take steps to hold practitioners accountable and work with civil society and government officials to pass laws that ban conversion therapy.