

PATHWAYS FOR ELIMINATING CONVERSION PRACTICES

Advocacy Toolkit



OUTRIGHT
INTERNATIONAL

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Overview

Why This Toolkit?

Outright International's report *Harmful Treatment: The Global Reach of So-called Conversion Therapy* found, first, that conversion practices occur in all regions of the world.¹ Second, for the most part, they are driven by religion and family. Third, while they may vary due to religious, cultural, or traditional norms and contexts, these harmful practices do not work; instead, they often cause deep, lasting trauma that affects every realm of life. Fourth, very few countries in the world are taking action against "conversion therapy" through regulation, prohibition, or other proactive efforts to counter these efforts and provide affirming services. Finally, the persistence of "conversion therapy" is directly related to societal beliefs about lesbian, gay, bisexual, transgender and queer (LGBTQ) people and the degree to which their lives are accepted and embraced within families, faiths, and societies at large.²

In recognizing the urgent need to respond to these harmful practices, Outright has carried out initiatives to contribute to the ongoing global efforts to challenge conversion practices. One of those initiatives was the convening of a series of expert meetings on pathways for the elimination of conversion practices.³ Through these meetings, we brought together LGBTQ activists, survivors of conversion practices, academics, legal professionals, medical and mental health practitioners, human rights experts and faith leaders to identify a set of advocacy recommendations that could be used in a variety of settings to challenge conversion practices at local, national, regional and international levels.

This toolkit is informed by the knowledge and expertise of 111 experts from 40 countries who participated in global and regional consultations that Outright convened in 2021. The toolkit sets out some of the most effective advocacy strategies that have been implemented, as well as those actively being considered by various partners globally. These strategies can be used to address conversion practices everywhere.

¹Outright International (2019). *Harmful Treatment: The Global Reach of So-called Conversion Therapy*. Washington, DC: Amie Bishop. <https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy> (accessed 26 May 2022).

²Ibid.

³These expert meetings included global research on the nature and extent of conversion practices; advocacy at the international and regional level to raise awareness on the nature, extent and negative impact of conversion practices on LGBTQ lives; implementation of a three-year project to challenge conversion practices in Kenya, Nigeria and South Africa; and development of a resource hub on conversion practices. Further information on OutRight's initiatives can be found at <https://outrightinternational.org/>. OutRight held three experts meeting on pathways for eliminating conversion practices: two regional meetings for Africa, held in September 2021, and an Asia and global meeting held in March 2021. These meetings brought together LGBTQ activists, survivors of conversion practices, academics, legal and medical professionals, mental health practitioners, human rights experts, and faith leaders to develop advocacy recommendations to challenge conversion practices towards the eradication of the harmful practices.

Whom Is This Toolkit Meant For?

Conversion practices cause well-documented harms and must be stopped. It will take a wide range of actors and strategies to effect lasting change that will result in a shift in hearts and minds to combat beliefs that fuel homophobia and transphobia and lead to the perpetuation of these harmful practices.

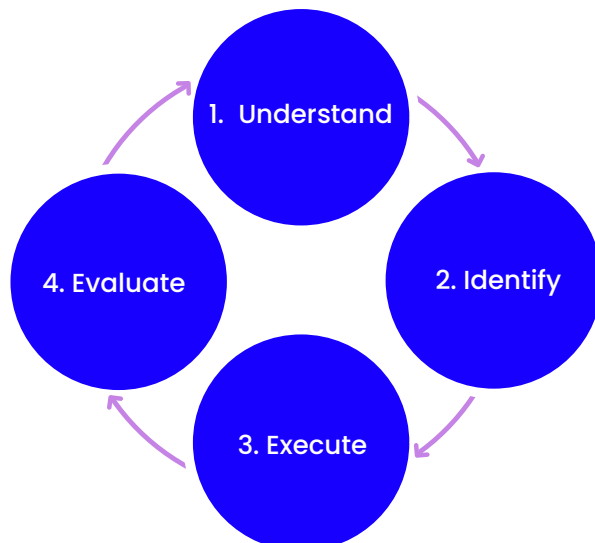
The Advocacy Toolkit is meant to be a resource for building a structured approach for sustained advocacy at local, national, regional and global levels. The tools are particularly relevant for:

- Survivors of conversion practices.
- Civil society organizations.
- Human rights activists.
- Medical and mental health professionals.
- Legal professionals.
- Traditional, religious and faith leaders.
- Academics and researchers.
- Policymakers.
- Educators.

The content of this toolkit will also be valuable to anyone who wants to expand their understanding of advocacy to challenge conversion practices and how these strategies can be applied.

How to Use this Toolkit

The aim of this toolkit is to provide readers with different advocacy strategies from which to choose, adapt or expand upon, depending on local realities. The toolkit has been designed so that users can quickly navigate to themes of interest and use them as they see fit. However, the toolkit should ideally be examined in the sequence presented in this guide, illustrated below.



1. Understand

In this section, we offer guidance for those seeking to understand the nature and extent of conversion practices so that one may devise targeted advocacy strategies and interventions for ending these practices.

We first need to understand the subject matter of conversion practices; second, we need to understand how these harmful practices manifest and impact LGBTQ lives in specific contexts; and third, we need to determine possible pathways to change before undertaking advocacy against conversion practices.

What are Conversion Practices?

Conversion practices are attempts to change, suppress, or divert a person's sexual orientation, gender identity or gender expression (SOGIE). They are both harmful and ineffective.

Many Western terms have been used interchangeably to describe conversion practices. These include conversion therapy, sexual orientation change efforts, reorientation therapy, reparative therapy, reintegrative therapy, gay cure therapy and ex-gay therapy.⁴ In many regions, these terms are not understood. For this reason, it is critical to investigate how these practices are referred to locally. Page 9 of this toolkit contains more information on how these practices are referred to in South Africa, specifically.

Conversion practices take on numerous forms including prayer, exorcism, talk therapy, confinement, fasting, corrective rape, beatings, and forced marriage, among others. The predominant forms differ depending on geographical, political, religious, cultural and other factors.

How Do Conversion Practices Manifest in Your Context?

To effectively combat conversion practices, it is critical to understand their local manifestations, including the actors promoting and perpetrating these practices, where they are occurring, who is being affected and what structures and beliefs are being leveraged to propagate conversion ideologies.

While some documentation exists globally, country-specific documentation is critical to increasing public awareness and generating local recommendations. In addition, having sound data also will be useful in treaty body submissions, shadow reports, legal action and other advocacy efforts.

Finally, developing an understanding of the structures, beliefs and processes through which conversion practices are promoted is critical for developing strategies to interrupt harmful messaging and for calling out those complicit in promoting conversion ideologies and practices.

⁴The term most widely used term is "conversion therapy," which is problematic because these practices are not therapeutic and do not work. Outright elects to refer to these harmful practices as conversion practices, which encapsulates a broad set of treatments, practices or sustained efforts that aim to repress, discourage or change a person's sexual orientation, gender identity or gender expression.

| | |
|---------------|---|
| What? | <ul style="list-style-type: none"> • Scope: Is there existing evidence that conversion practices are occurring in your setting? • Prevalence: How widely are they occurring? • Repetition: What trends can you identify? • Harm: What impact do they have? |
| How? | <ul style="list-style-type: none"> • Characteristics/nature: How are these conversion practices carried out? What forms do conversion practices take in your country? • Motivation: Do people who have undergone conversion practices seek out change themselves? Are conversion practices also forced on people? |
| Who? | <ul style="list-style-type: none"> • Drivers: Who initiates conversion practices? • Perpetrators: Who carries out conversion practices? • Survivors: Who are those affected by, or are victims of conversion practices? |
| Why? | <ul style="list-style-type: none"> • Ideologies: What religious or cultural beliefs or family values are used to justify conversion practices? • Legal framework: What laws are used to legitimize these practices? |
| Where? | <ul style="list-style-type: none"> • Location: Where are these practices being carried out? • Concentration: Are they concentrated in a particular region or among a particular group? |
| When? | <ul style="list-style-type: none"> • Age: At what age do conversion practices typically start? Are children under the age of 18 impacted? • Frequency: Are these efforts typically isolated events or are they repeated and sustained over time? |

Researching enables advocates to obtain both qualitative and quantitative data to:

- Build a body of knowledge on conversion practices in your context and contribute to existing knowledge on conversion practices globally.
- Provide evidence on the nature, extent, prevalence and impact of conversion practices that form a baseline that can be used to monitor changes regarding the occurrence of conversion practices.
- Provide evidence on the nature, extent, prevalence and impact of conversion practices that form a baseline that can be used to monitor changes regarding the occurrence of conversion practices.

A variety of methodologies can be used to document existing conversion practices, such as anonymous surveys, in-depth interviews, focus groups or written testimonials. Appendix 2 contains examples of tools that could be adapted for collecting data.

Keep in Mind:

- Data collection and documentation of conversion practices are not limited to the beginning of advocacy but can also be carried out regularly to acquire any additional data necessary to advance your advocacy. In addition, ongoing data collection can help monitor and evaluate your interventions to end conversion practices. See Section 4 of this toolkit for more detail.
- Data collection may involve not only collecting information and stories from survivors but also collecting information from stakeholders such as faith leaders and mental health professionals, including those who are perpetrators and supporters of conversion practices.
- Research and documentation efforts must include creating safe spaces for LGBTQ people and conversion practices survivors to share their stories. It is important to ensure that data collection does not retraumatize survivors.

SOUTH AFRICA

Access Chapter 2 (AC2), an organization that promotes the human rights of women, girls, and LGBTI+ persons, in their implementation of a project to establish the nature and extent of conversion practices in South Africa, organized community safe spaces to hold dialogues with LGBTI+ community members. During the discussions, it became apparent that the LGBTI+ community members were not aware of the terms “conversion therapy,” “conversion practices,” “SOGIE change efforts,” or other terms used to refer to these practices. They were, however, aware of what constitutes these practices. In response, AC2 delayed the data collection and focused on discussions of culturally appropriate terminology. After that, AC2 researchers were able to collect stories of lived realities from survivors.

AC2 went on to develop a campaign to challenge conversion practices in South Africa. Drawing on the organization’s conversations about terminology with LGBTIQ people, AC2 dubbed the campaign *Inxeba Lam*, which means “my wound” in Xhosa. The organization localized the discussion using a term that would resonate with many South Africans to refer to these harmful practices.

2. Identify

This section of the toolkit is intended to help you identify the steps for formulating your advocacy strategy. In doing so, you will need to determine, through analysis of the research findings, to what extent challenging conversion practices is an advocacy priority in your setting. Through the research, you will have identified:

1. The **nature and extent of conversion practices** in your setting.
2. The **root causes that lead to a demand for conversion practices**.
3. The **effect** that conversion practices have on LGBTQ lives.

These three components will help in designing the advocacy strategy.

If it is determined that challenging conversion practices is an advocacy priority, you will then proceed to identify:

- The **overall advocacy goal**: This is the positive change that you want to achieve within a set timeline in the process of eradicating conversion practices.
- The **advocacy pathways** that would be most ideal to explore in achieving the overall goal.
- The **targets** you want to achieve within a specific timeframe toward the achievement of the overall goal.
- The **expertise and capacity** of the organization or coalition to conduct this advocacy.⁵
- The external **prevailing environment** and if it is conducive for advocacy.⁶
- Potential **stakeholders** who will meaningfully contribute to the advocacy and be involved in achieving the overall goal.⁷
- Existing **advocacy efforts**: Your organization or coalition is probably not the only actor involved in advocacy work on LGBTQ human rights or other related human rights issues. Identifying existing campaigns or initiatives that you can leverage may provide additional traction to your work.

Key Considerations:

In addition to the above, there are cross-cutting themes that should be considered in developing advocacy strategies to end conversion practices. These are:

- Role of survivors.
- Terminology.
- Cultural and political contexts.

⁵SWOT analysis – An analysis of strengths, weaknesses, opportunities and threats of an organization for the development of a strategic plan for meeting its goals. An example of how to carry out a SWOT analysis can be found at <https://www.groupmap.com/map-templates/swot-analysis/>.

⁶PESTLE analysis – An analysis of key external factors that impact the performance of an organization in attaining its goals. An example of how to carry out a PESTLE analysis can be found at <https://pestleanalysis.com/how-to-do-a-pestle-analysis/>.

⁷Stakeholder analysis – Identify who your stakeholders are, define the roles and expectations of each stakeholder, prioritize their needs based on their level of interest and influence and engage.



Survivors' Voices

Survivors of conversion practices provide vital insights into creating effective and durable strategies for advocacy. They are uniquely positioned to:

- Understand the nuances and motivations behind conversion practices;
- Provide clarity on the manifestations of the practices, the long-term psychological impacts on survivors, and best practices for trauma-informed recovery;
- Enable others to deeply understand the circumstances under which individuals choose or are subjected to conversion practices; and
- Put a human face on conversion practices, which is vital for garnering support.



Context

Cultural and political contexts greatly influence which strategic pathway(s) to combat conversion practices will be relevant or effective in a given setting.

- **Political realities:** In countries that criminalize same-sex relations, pursuing legislation to prohibit or regulate conversion practices may not be feasible. Therefore, consider leveraging professional regulations or existing national legislation to end conversion practices.
- **Influence of religion and cultural values:** Influence of religion and cultural values: Conversion practices are common in societies dominated by conservative religious norms and cultural and family values. Effective advocacy may include building alliances with actors who are better positioned to influence more conservative stakeholders.



Terminology

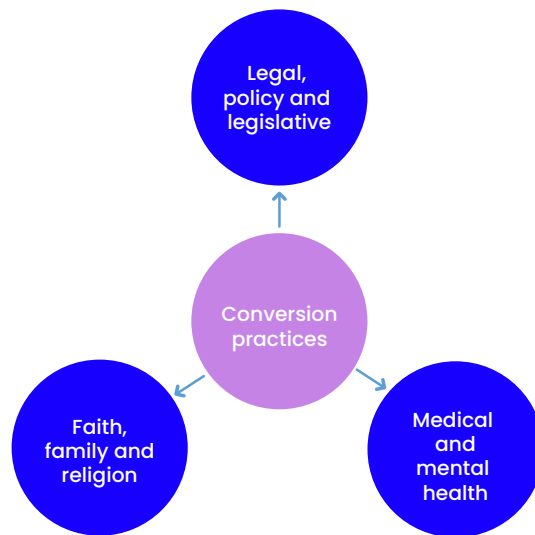
Language is central to drawing attention, understanding, compassion, and action in response to the practice and effects of conversion practices. Global North terms may not be widely understood in other contexts.

- National and local activists should introduce and define conversion practices to build a shared understanding and determine if localized terms exist and can be used.
- Language should be contextualized based on the audience's professional discipline and values.
- Advocacy within global or multilateral spaces would benefit from common, agreed-upon terminology, which still does not exist.

Conversion Practices Themes for Advocacy

This toolkit sets out three themes to offer guidance in determining advocacy strategies and targets. These themes have been identified through a consultative process as the prevailing cross-cutting themes relating to the drivers of conversion practices within various contexts.

- 1. Medical and mental health:** Although conversion practices are mostly carried out in the name of religion, many cases are reported to have been carried out by mental health providers.⁸ Identifying allies within the medical and mental health fields may be important for advocacy targeting professional norms and standards.
- 2. Family, faith, religion and culture:** Religious or cultural values often fuel homophobic and transphobic attitudes which give rise to conversion practices. Religious and faith leaders, along with family members, not only promote conversion practices but also perpetrate these harmful practices in the name of religion.⁹ Again, identifying allies among faith-based and traditional leaders will be important to the success of efforts to eradicate conversion practices and ideologies.
- 3. Legal, policy and legislative:** Anecdotal evidence suggests that conversion practices are more prevalent in jurisdictions that still criminalize same-sex relations. Criminalization legitimizes and perpetuates these harmful practices. Therefore, linking decriminalization advocacy with advocacy to stop conversion practices may be effective in some settings. Law can also be used to regulate and prohibit forms of conversion practices.



⁸For the report “Harmful Treatment: The Global Reach of So-called Conversion Therapy,” Outright surveyed 500 respondents from 80 countries about the settings in which they were subjected to such efforts. The findings indicate that 72% of respondents in Asia endured conversion practices at the hands of private mental health practitioners compared to 35% in Africa, and 46% in Latin America and the Caribbean.

⁹For the report *Harmful Treatment: The Global Reach of So-called Conversion Therapy*, Outright surveyed 500 respondents from 80 countries about the settings in which they were subjected to such efforts. The report found that 76% of the respondents from Africa, 27% of the respondents from Asia, and 88 % of the respondents from Latin America and the Caribbean identified religious leaders and institutions to be the leading perpetrators of conversion practices. Traditional healers were also identified as perpetrators of conversion practices by 42% of the respondents from Africa, 51% of the respondents from Asia, and 31 % of the respondents from Latin America and the Caribbean. In addition, religious leaders and institutions were identified as the leading promoters of conversion practices by 79% of the respondents from Africa, 27% of the respondents from Asia, and 95 % of the respondents from Latin America and the Caribbean. Further, family members were also identified as promoters of conversion practices by 68% of the respondents from Africa, 74% of the respondents from Asia, and 79 % of the respondents from Latin America and the Caribbean.

Keep in Mind:

- Where homophobia and transphobia prevail, so do stigma, discrimination and violence: all manifestations of social norms that dictate that being LGBTQ is unacceptable. This is the environment in which conversion practices thrive. Therefore, in designing advocacy interventions, it is important to address conversion practices within a broader spectrum of anti-LGBTQ discrimination which drives these harmful practices.
- Because cultural, religious and legal contexts in which conversion practices occur vary greatly around the world, no single approach to curtailing conversion practices will likely be applicable. These pathways overlap. Organizations and coalitions may take a holistic approach to their advocacy by embarking on two or more pathways to realize lasting change.



3. Execute

This section highlights the various pathways aimed at strengthening advocacy strategies and the capacity to end conversion practices. This toolkit highlights four pathways for strategic advocacy:

1. Medical and mental health
2. Family, faith and religious
3. Legal, policy and legislative
4. Global and regional multilateral mechanisms

Within each pathway, the toolkit highlights a set of recommended strategies for advocacy against conversion practices. While navigating this section, it is important to remember that these are only a few of the many potential pathways that can be explored, and there is not one particular approach or method that should be ascribed to advocate against conversion practices.

1. Medical and Mental Health Pathway

Key considerations in exploring this pathway:

(a) Understanding of the National Medical and Mental Health Policy and Regulatory Landscape

Regulatory environments vary widely, and it is essential for activists to understand where potential entry points for increased regulation and oversight may exist.

(b) Responsibilities of Medical and Mental Health Providers

Health practitioners are obligated to uphold principles of biomedical ethics, as in the Nuremberg code of 1947. This code recognizes that the risk of medical interventions must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided. This code further recognizes that doctors should avoid actions that injure human patients.¹⁰

(c) Role of Medical Professional Associations







Medical associations and professional licensing boards should seek to prevent conversion practices through self-regulation, including by developing codes of ethics that expressly prohibit conversion practices or taking disciplinary measures against practitioners who violate codes of ethics by utilizing practices that profess to change a person's gender identity or sexual orientation. This is one avenue to ensure accountability for medical and mental health practitioners of conversion practices.

(d) Who Qualifies as a "Counselor?"

In many contexts, the broad field of counseling is unevenly or insufficiently regulated. It is often unclear what is included in the scopes of practice for the range of practitioners that may exist, including those who provide pastoral or other faith-based care. Pastoral care workers, religious workers, and "life coaches" are often not regulated, yet may be viewed by people in their care as bona fide mental health professionals.

¹⁰British Medical Journal. (1996, December 7). The Nuremberg Code (1947). *BMJ* 1996;313;1448. DOI: 10.1136/bmj.313.7070.1448.

Recommended Strategies for Medical and Mental Health Advocacy

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|---|---|
|  <p>Provide pre-service Training and Continuing Education with Medical and Mental Health Professionals</p> | <p>It is critical to reach professionals in the early stages of their education, emphasizing evidence and standards for affirmative care and the data on harms of conversion practices. Leverage the good intentions of professionals to help their clients. Many simply may not appreciate the harms that conversion practices cause. Therefore, it is necessary to sensitize them on the negative impact of conversion practices.</p> <p>Develop a guide for professionals providing LGBTQ-friendly care to raise awareness on the impact of conversion practices and the need to respond to the trauma.</p> |
|  <p>Develop Alliances with Key Professional Associations and Societies</p> | <p>Work with allies within these groups to help advance public statements and advocacy against conversion practices. Statements from professional associations are essential for establishing expectations for care, educating the public, and enabling accountability. While statements condemning conversion practices are important, they must be supported by actual policy and regulation that specifically sets scopes and standards of practice.</p> <p>Consider conversion practices through the lens of gender-based violence or other harmful practices and integrate with other movements for gender equity, child rights, bodily integrity, and other health and rights-based advocacy efforts.</p> |
|  <p>Provide Positive Feedback and Recognition to Practitioners Providing Affirmative Care</p> | <p>This might include creating special awards in recognition of practitioners who are providing affirmative care. These practitioners could also become allies and champions and contribute to advocacy within the sector.</p> <p>Strengthening referral networks among affirmative care providers broadens the pool of service providers who are easily accessible to LGBTQ individuals in need.</p> |
|  <p>Work with Professionals to Conduct Outreach to Parents and Families</p> | <p>Families are often the drivers behind conversion practices. Medical and mental health providers, in coalition with activists, can play an essential role in educating parents and families of LGBTQ people, as well as LGBTQ people themselves, about the harms of conversion practices.</p> |
|  <p>Empowering LGBTQ People to Resist Conversion Practices</p> | <p>Many queer people have internalized messages that they are disordered and are in need of treatment due to profound and prevailing rejection of their identities by family, faith, and society at large. As part of efforts to combat conversion practices, advocates can promote affirming messages about LGBTQ identities, sensitize LGBTQ communities about the long-lasting harms of conversion practices, and provide them with tools for resistance.</p> |
|  <p>Leverage International Authority</p> | <p>Consider creating an international coalition of professionals who will advocate for affirmative care and the end of conversion practices. Such a coalition could include a broad range of influential societies at the global level, such as the World Psychiatric Association and national professional associations.</p> <p>It may be helpful to educate national actors on global standards for affirmative care and highlight international standards or statements that reject conversion practices.</p> |

LEBANON

In Lebanon, the Lebanese Medical Association for Sexual Health (LebMASH), a nongovernmental organization, was able to collaborate with both the Lebanese Psychiatric Association and the Psychological Association because those within LebMASH were seen as professional colleagues. LebMASH members effectively worked with contacts within these groups, presented facts and science, and supported these two associations to develop official statements condemning conversion practices. The statements were in Arabic (rather than in English or French), which also has regional importance. LebMASH also worked with the Lebanese Order of Nurses to reach nurses working within schools. Their strategy currently is to go for “small wins,” such as strengthening codes of conduct rather than more sweeping measures to ban conversion practices, given the country’s challenging political and economic conditions.

NIGERIA

The Initiative for Equal Rights (TIERS) Nigeria, a human rights organization that promotes the rights and humanity of all Nigerians regardless of status, identity, orientation and affiliation, in their implementation of a project to establish the nature and extent of conversion practices in Nigeria, has engaged with psychologists and psychiatrists in several ways to challenge conversion practices. TIERS engaged a psychologist who was at the forefront in developing the data collection tools to ensure that the framing of the questions did not retraumatize the survivors of conversion practices. An LGBTIQ-affirming psychologist was also available during focus group discussions to help survivors manage trauma if they were triggered. TIERS retains the services of an affirming psychologist to respond to conversion practices survivors. In addition, recognizing the role of psychologists and psychiatrists in carrying out conversion practices, TIERS carried out a survey to learn about their perception and understanding of the nature and impact of conversion practices and the incorporation of sexual orientation, gender identity and gender expression in the training curriculum for psychologists and psychiatrists at the university level. The findings from this survey have informed sensitization training for psychologists and psychiatrists on conversion practices.

2. Faith, Family and Religion Pathway

Key considerations in exploring this pathway:

(a) Maintain Trust and Safety

Ensure that engagement with faith-based and traditional leaders, as well as families, occurs in safe and confidential spaces. Trust may be easily compromised when even small, private initiatives are posted on social media platforms and draw global attention. Only publicize dialogues when all have consented to share publicly.

(b) Avoid Isolating Religious LGBTQ Individuals

It is unhelpful and damaging to consider religious spaces as separate and inherently in opposition to LGBTQ identities. Such binary framing isolates LGBTQ people from their own communities and/or religions and denies LGBTQ people their own self-determination.

(c) Recognize and Demand an End to Harmful “Spiritual Guidance”

Even in respecting freedom of religion, the state has a responsibility to take direct action to protect everyone from violence, child abuse and other harms.



Recommended Strategies for Faith, Family, and Religious Advocacy

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|  <p>Dialogue with Religious and Traditional Leaders</p> | <p>Create opportunities for faith leaders to listen to the lived experiences of LGBTQ people, especially survivors.</p> |
| | <p>Focus on providing concrete information related to practical issues of harm rather than engaging in ideological debates.</p> |
| | <p>Maintain consistency in engagement as changing points of view will take time. Extended engagement may help build trust and humanize the experiences of LGBTQ people.</p> |
|  <p>Unify and Amplify the Voices of Affirming Religious Leaders and Communities</p> | <p>Some religious leaders may be privately affirming of LGBTQ people but hesitant to be public about their support. It is essential to find ways to bring affirming leaders together so they are less isolated in their affirmative stances and more likely, therefore, to assert their positions publicly and encourage their communities to follow suit.</p> |
| | <p>Create confidential or safe spaces for religious leaders and/or community members who wish to commence the journey towards adopting an LGBTQ-affirming stance.</p> |
|  <p>Promote Peer-to-Peer Learning and Advocacy</p> | <p>Consider creating a network of progressive interfaith or traditional leaders from diverse backgrounds at global, regional, national, or local levels who can engage with their peers and congregations. This may enhance the credibility and receptivity of the information being shared.</p> |
| | <p>Support affirming religious or traditional leaders to engage with their anti-LGBTQ counterparts in national or local contexts.</p> |
| | <p>Support parents in communities of faith to connect with one another for information and support.</p> |
|  <p>Promote Acceptance in Family Environments</p> | <p>Develop tools such as videos or booklets that present stories of LGBTQ people. Parents may choose to privately watch or read these materials if they are not ready to engage with others.</p> |
|  <p>Analyze Training Curricula for Faith Leaders</p> | <p>It is helpful to understand how religious and faith leaders are trained, including analyzing the curricula used in seminaries or other religious training institutions. It may be possible to co-develop additional modules on affirmative, “do-no-harm” pastoral care.</p> |

SOUTH AFRICA

Advocacy organization Access Chapter 2 implemented a project to eradicate conversion practices in South Africa and realized the critical role of traditional leaders in conversion practices. AC2 identified the National House of Traditional Leaders (NHTL), a body composed of traditional leaders who are delegates from the Provincial Houses of Traditional Leaders of South Africa, as a critical stakeholder in the organization's advocacy to challenge conversion practices. AC2 held a series of meetings with the NHTL to introduce its work challenging conversion practices, raise awareness about these practices and their impact on LGBTQ lives, highlight the role some traditional leaders play in carrying out these practices, and call on the NHTL to join in the advocacy efforts to eliminate conversion practices in South Africa. AC2 has established a successful partnership with the NHTL and they continue their engagement in challenging conversion practices.

UK

The Ozanne Foundation, an organization that works with religious organizations worldwide to eliminate discrimination based on sexuality or gender to embrace and celebrate the equality and diversity of all, advocates for a global ban on conversion practices and full inclusion of LGBTQ people of faith. The Ozanne Foundation has carried out several initiatives in engaging with faith leaders towards eradicating conversion practices in the UK. In 2020, the Ozanne Foundation launched a Global Interfaith Commission on LGBT+ Lives¹¹ to bring together senior, multi-faith religious leaders from around the world to call for a ban on conversion practices. The Foundation created a video affirmation and drafted a declaration¹² that it invited faith leaders to sign. As of May 2022, the declaration had over 1500 signatures.

¹¹Global Interfaith Commission on LGBT+ Lives. (2020). *Declaring the sanctity of life and the dignity of all*. London: Ozanne Foundation. Retrieved from <https://globalinterfaith.lgbt/>.

¹²Ozanne, Jayne. (2020, December 19). *Declaring the sanctity of life and the dignity of all* [Video]. YouTube. https://www.youtube.com/watch?v=NYJJgN_mEyc; Global Interfaith Commission on LGBT+ Lives. (2020). 2020 Declaration. London: Ozanne Foundation. Retrieved from <https://globalinterfaith.lgbt/declaration-2/>.

3. Legal and Legislative Pathway

Key considerations in exploring this pathway:

(a) Is Legal Protection Feasible?

Legislation banning or regulating conversion practices may not be desirable, feasible or sufficient in some settings. To create room for legislative and policy advocacy specifically addressing conversion practices, activists will likely first need to focus on efforts to repeal or amend existing punitive and restrictive laws and policies that limit the human rights of LGBTQ persons and/or on the enactment of anti-discrimination policies or laws.

(b) Bottom-up or Top-down Approach?

Cultural contexts and political systems will influence whether it is most strategic or feasible to advocate for legislative or policy change at the local level, in hopes of eventually reaching central governments, or vice versa.

(c) When Should Those Who Carry Out Conversion Practices be Sanctioned Under the Law? If Penalties are Appropriate, Should They be Civil or Criminal?

Determining what forms of conversion practices should be prohibited by law requires careful consideration and a balancing of human rights. Factors that advocates should consider include:

- Whether a law should prohibit only coercive conversion practices or also some that are entered into willingly by adults who may themselves proactively seek to change or suppress their sexual orientation or gender identity.
- Whether a law should address conversion practices targeting children, or also those targeting adults.
- Whether a law should target one particular sector, such as licensed therapists or other professionals, or if it should instead extend to the general public, including religious leaders, family members and others.

These complex considerations may require balancing human rights, particularly given that criminalization disproportionately impacts racial and ethnic minorities and impoverished people in many settings and that imprisonment, especially in inhumane conditions, gives way to its own set of human rights abuses.

In cases in which advocates determine that legislative prohibition of certain forms of conversion practices is appropriate, they should reflect on whether to advocate for civil or criminal penalties or a combination of both. Advocates should also call for penalties that are commensurate with the harm caused.

(d) Are Existing and New Laws Prohibiting Conversion Practices Effective?

To date, few of the existing legislative bans on various forms of conversion practices have been tested or invoked, and, in some cases, bans are not sufficiently enforced. To inform future efforts, it therefore would be useful to identify factors that may affect the utility of legislative remedies to curtail conversion practices.

AUSTRALIA

Three states and territories in Australia have passed laws banning conversion practices: Australian Capital Territory, Queensland, and Victoria. The Change or Suppression (Conversion) Practices Prohibition Act, passed in the state of Victoria in February 2021, is considered the most comprehensive in the world. The law came into effect in February 2022 and is the outcome of a long, focused advocacy effort marked by significant community consultation and survivor leadership.

The Brave Network, in particular, was central to advocating for the law. Its work to define and develop strategies to combat conversion practices contributed some of the central language of the law. Further, Brave Network worked with LGBTQ faith groups to develop guidelines for journalists and other media wishing to engage with survivors. Between 2012 and 2020, over 50 survivor-led articles were published in significant online, print, radio and TV media. Many survivors benefited in their advocacy from strong support networks and media training. The conversion practices legislation was being pursued at a time when other legislative advances were also being made to legalize same-sex marriage and allow legal gender identity change, allowing various movements to draw inspiration and momentum from one another.



Recommended Strategies for Legal and Legislative Advocacy

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|  Strategic Litigation | Filing court cases to highlight and seek redress for harms caused by conversion practices has the potential to establish important legal precedent that advocates can leverage in the development of policy and legislation that provide protection from conversion practices. |
|  Leveraging Existing Legislation | Current legislation banning conversion practices in various jurisdictions leverages and links to existing civil and criminal statutes that prohibit, for example, harmful practices such as torture, personal injury, kidnapping, and false advertising. Linking to existing legislation may help dilute opposition to proposed laws banning or regulating certain forms of conversion practices. |
|  Public and Professional Participation | Multi-sectoral cooperation among medical, religious, human rights, and legal professionals and the public is essential for ensuring meaningful engagement from various perspectives during the legislative drafting process. |
|  LGBTQ Community Rights Awareness | Information, Education, and Communication materials on the rights of LGBTQ people can help raise awareness of national, regional, or international legal protections that prohibit discrimination and violence. Development and dissemination of such materials may heighten self-defense against proponents of conversion practices and add to the voices challenging conversion practices. |
|  Leverage the Good will of Government Institutions | Map out and identify government institutions that are open to engagement on conversion practices and their impact. Work closely with these institutions to challenge conversion practices. Their support may be through issuing public statements. |
|  Learn From and Adapt Existing Laws on Conversion Practices | In developing legislation, advocates in different countries do not always need to start from scratch. They can learn from, adapt, and borrow from elements of existing legislation, keeping in mind similarities and differences in political and cultural contexts and legal frameworks. Advocates can study and learn from the texts of existing laws, their implementation, any unforeseen positive or negative impacts of the laws, and whether the political debate around the passage of laws brought together diverse constituencies, strengthened movements, and/or created backlash. |

4. Global and Regional Multilateral Mechanisms

At the regional and international levels, there are advocacy opportunities available for us to challenge conversion practices. These include the UN special mechanisms, UN agencies and regional human rights platforms, like the African Commission on Human and Peoples Rights and the Inter-American Commission on Human Rights, with which we can engage and encourage to position conversion practices within their mandates. This section sets out potential strategies on how civil society, mandate-holders and UN and other multilateral agencies can strengthen collaboration to end conversion practices.

Recommended Strategies for Engagement with UN and Regional Mechanisms

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|  <p>Engage with UN Mechanisms</p> | <p>Actively pursue opportunities to collaborate with the Independent Expert on Sexual Orientation and Gender Identity and other UN human rights mandates through appeals, submissions, and testimony.</p> <p>Move advocacy efforts to eradicate conversion practices beyond SOGIE niches by engaging and enlisting non-SOGIE specific mandates, such as UN or regional special procedures responsible for the right to health, gender-based violence, or the right to be free from torture.</p> <p>Invite survivors and other experts to educate diverse multilateral stakeholders on the nature, extent, and impact of conversion practices and how human rights instruments and UN agencies can be used to end them.</p> <p>Engage in ongoing efforts to enable UN agencies and mandate representatives to meet with survivors and activists to educate and gain traction.</p> |
|  <p>Leverage UN’s Authority to Build a Broad-based Movement against Conversion Practice</p> | <p>Assess when it may be useful to bypass national governments and access multilateral platforms directly or via global organizations that can facilitate linkages.</p> |
|  <p>Consider Creating a Small Working Group Focused on Advocacy with Various UN Agencies</p> | <p>Consider creating a small civil society working group focused on advocacy with UN agencies and other multilateral stakeholders. A working group could, for example, engage with the SOGI Working Group within the World Health Organization to support it in meeting its commitments on issuing statements condemning conversion practices.</p> |
|  <p>Leverage Resolutions Passed by Regional Mechanisms for the Protection of LGBTQ Persons</p> | <p>In Africa, leverage ACHPR Resolution 420, which obliges states to regulate private actors in social service delivery and ensure that their involvement is in conformity with regional and international human rights standards. Under these standards, conversion practices are unacceptable.</p> <p>Also leverage ACHPR Resolution 275, which calls for states to prevent violence and discrimination on the basis of sexual orientation and gender identity, to pressure states to create an enabling legal and policy environment in which conversion practices are less likely to thrive.</p> |
|  <p>Using an Intersectional Lens, Monitor Opposition Trends in UN Spaces</p> | <p>Religious fundamentalists in certain regions are increasingly vocal in seeking to discredit UN authority in favor of conservative faith-based and other regressive ideologies.</p> <p>Monitor efforts to promote and justify conversion practices and push back by exposing the harms caused by these efforts.</p> |

5. Cross-cutting Strategies

There are numerous cross-cutting strategies that apply to all pathways.

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|  <p>Center Survivors of Conversion Practices in Advocacy</p> | <p>Advocacy against conversion practices must center survivors, their experiences, and their recovery needs. If an initiative is not survivor-led but seeks to engage survivors, advocates should take all necessary steps to ensure the wellbeing and safety of survivors before, during, and after survivors provide support in advocacy efforts.</p> |
|  <p>Contextualize Language and Terminology</p> | <p>Many terms for conversion practices are not widely used or understood throughout the entire range of global contexts in which conversion practices take place. Localizing terms and definitions as part of tailored national campaigns to end conversion practices likely will accelerate activists' ability to be heard and understood and attract supporters to the cause. It would also be effective to shift frameworks and tailor language and narratives according to intended audiences.</p> |
|  <p>Create Alliances with a Diverse Range of Stakeholders</p> | <p>Creating coalitions to amplify the call to end conversion practices, and especially survivors, has been effective in various countries. This includes creating survivor-informed coalitions at global, regional, and national levels as well as engaging with a broad range of in-country stakeholders, religious leaders and communities, medical and mental health professionals, lawyers and legislators, educators, anthropologists, local historians, and human rights defenders and experts.</p> |
|  <p>Advance the Economic Independence of LGBTQ People</p> | <p>Many LGBTQ individuals, especially young adults, submit to conversion practices either because they are economically dependent on family members who compel them to participate, or because they believe that changing their SOGI to conform to social demands will reduce discrimination, including access to employment. Efforts that contribute to the economic dignity and financial independence of LGBTQ individuals, including livelihoods programs and advocacy for laws prohibiting discrimination in employment, reduce the pressure to submit to conversion practices.</p> |
|  <p>Leverage All Forms of Media to Change Hearts and Minds</p> | <p>Mass and social media are essential tools for reducing LGBTQ stigma and discrimination, increasing acceptance, and dispelling myths and misinformation using a combination of data and storytelling.</p> <p>Advocates may consider creating media toolkits with basic definitions and important information on LGBTIQ human rights, and sharing them with journalists, editors and producers.</p> <p>Enlisting media and mental health professionals, faith leaders, celebrities, and other public figures can be effective, especially if they can draw on local evidence and data that conversion practices don't work and cause harm.</p> |
|  <p>Establish National, Regional and International Communities of Practice</p> | <p>Develop forums to discuss community-managed, survivor-led strategies, particularly with those who have achieved some success and who can share approaches and resources such as confidential peer-led survivor gatherings in person or via zoom, creation of joint survivor statements, and community created media, such as radio, video, and podcasts (allowing for anonymous participation).</p> |

6. Additional Stakeholders

Below are some additional stakeholders to consider when advocating for the eradication of conversion practices:

- Engage on issues of LGBTQ protections and the harmful effects of conversion practices with **local clinics and hospitals**, even if the central government may decline to address such issues.
- Encourage **health insurance providers** to prohibit the coverage of health facilities that offer such practices.
- Create alliances with potentially open-minded national government actors such as **ministries of education, health, social welfare, human rights and gender, national human rights institutions and ombuds offices to encourage such institutions to contribute to combatting conversion practices**. For example, Ministries of Education that oversee school counselors and educators may be persuaded to stop practices that harm children's mental health.
- Encourage **popular culture figures** to speak publicly against conversion practices. This may more effectively influence the perspectives and values of society members who see LGBTQ identities as a threat to their traditional or cultural values.
- Engage with **women faith leaders** who may have experience advocating on behalf of gender-based violence survivors and those suffering from gender-based discrimination.
- Create alliances with **feminist voices**, especially where feminist movements are gaining traction.
- Engage with **technology companies** to put in place protections against advertisements that promote conversion practices on digital platforms.
- Urge **schools and universities** to enact anti-bullying policies, which may serve as an entry point for de-pathologizing diverse sexual orientations and gender identities, and, by extension, may help combat conversion practices.

4. Evaluate

It is important to assess the progress being made toward achieving the desired goal of eradicating conversion practices.¹³ This should be done regularly as you carry out your advocacy work so that you are:

- Aware of the progress you are making towards achieving your goal.
- Up-to-date on internal and external factors that are affecting your advocacy work.
- Accountable to internal and external stakeholders.
- Able to improve your advocacy strategies based on results.

An assessment should also be carried out at the end of the implementation period to determine if your work has contributed to:

- Increased awareness about the existence and especially the harms of conversion practices among key stakeholders.
- Increased support by various stakeholders in challenging conversion practices.
- A change in hearts and minds regarding LGBTQ people.
- The development of laws, regulations or policies protecting against conversion practices.

Keep in Mind:

In addition to the above, there are cross-cutting themes that should be considered in developing advocacy strategies to end conversion practices. These are:

- Incorporate monitoring and evaluation when planning an advocacy strategy. This will ensure a shared understanding of what your strategy is trying to achieve and how success will be measured and documented.
- Continuously document your activities and collect evidence of the changes you may have inspired. Collect multiple sources of evidence, including anecdotal and quantitative, to build a credible evidence base demonstrating your level of impact.
- Ongoing monitoring and real-time information gathering are particularly important for advocacy, as your environment may quickly shift. This requires you to rethink your strategy.

¹³Monitoring is short-term assessment of the progress one is making towards the achievement of set objectives. Evaluation is a long-term assessment of the effectiveness, efficiency, quality and impact of activities.

Annex 1:

Quick Tips to Ensure Survivors Have Support When Engaging in Advocacy on Conversion Practices

Many survivors of conversion practices have endured trauma from their experiences. It is therefore necessary to ensure their physical, mental and emotional well-being when they are engaged in survivor-led and survivor-centered approaches. Below are a few recommendations to safeguard survivor well-being and avoid re-traumatization.

1. Respect and Promote the Rights of Survivors

A survivor has rights to dignity, privacy and non-discrimination, to be treated with respect and to receive comprehensive information to help make them their own decisions instead of being told what to do.

2. Risk Assessment

Advocates should carry out a risk assessment of physical and psychological safety risks for survivors of conversion practices if they are part of the advocacy process. Identification and assessment of the possible risks informs mitigation or response measures that will prevent and address re-traumatization of survivors.

3. Research and Data Collection

Put in place ethical and effective practices for data collection. Consider engaging the support of an LGBTQ-affirming psychologist to assist in the development of data collection tools that are sensitive to the experiences of survivors of conversion practices, and make psychosocial support services available to the survivors. The survivors should be made aware of the support services and security measures that have been put in place.

5. Availability of Psychosocial Support

In the course of advocacy, survivors of conversion practices could easily be triggered. To mitigate this, advocates should have a mental health professional or a pool of mental health professionals on call who can assist in managing the trauma to the survivor within the shortest time possible.

6. Quality Control

Put in place systems of accountability and quality control to ensure that you fulfill your moral obligation to do no harm to trauma survivors and their communities. One approach is to develop standard operating procedures on how to navigate engagement with survivors to ensure their safety and security. This could involve, for example, engaging with media or policymakers. In interacting with these actors, a standard practice can be preparing guidelines for media houses on how to interview survivors with sensitivity, training journalists and preparing survivors on how to engage with the media, including the right to end an interview or decline to answer certain questions.

Annex 2: Sample Research Questions

Below is a sample list of questions to consider when developing data collection tools. This is not an exhaustive questionnaire, and questions and responses might vary depending on the local context. Many sample questions should allow respondents to select more than one option, as indicated below.

1. How do you identify? Select all that apply.

- Lesbian
- Gay
- Bisexual
- Transgender
- Non-Binary
- Queer
- Other

2. Have you experienced conversion practices? Select one response.¹⁴

- Yes
- No
- I don't know

3. At what age did you first experience conversion practices? Select one response.

- Under age 12
- 12-17
- 18-23
- 24-29
- 30 or older

4. Was your participation in conversion practices voluntary, a result of significant pressure or a result of force? (If you participated in conversion practices more than once, you may select more than one response.)

- Voluntary: I chose to participate of my own accord because I believed I might benefit from these efforts.
- A result of significant pressure: Family members, members of my religious community, or others carried out sustained pressure on me to change my sexual orientation or gender identity, which I found difficult to withstand.
- Forced: I was taken by force by family members or others, or compelled to participate by legal authorities, health care workers or others, with no opportunity to refuse.

5. Who carried out the conversion practices?

Select all responses that apply.

- Religious leader
- Traditional cultural leader
- Family member
- Mental health professional (psychologist, psychiatrist, counselor)
- Teacher
- Other

6. What encouraged or motivated you to go for conversion practices? Select all responses that apply.

- I believed that not being heterosexual or cisgender was sinful
- It is not acceptable in my culture
- My family disapproved
- I did not have a choice
- Other

7. What form did it take? Select all that apply.

- Talk therapy
- Prayer
- Exorcism
- Hormones or medication
- Food deprivation
- Isolation
- Beatings
- Sexual violence
- Other forms of physical violence
- Other

8. What was your experience after going through conversion practices? Select all that apply.

- Increased anxiety and depression
- Decreased anxiety and depression
- Increased feelings of self-hatred
- Decreased feelings of self-hatred
- Improved relationship with family
- Deteriorated relationship with family
- No change
- Other

¹⁴If the respondent answers "No," you should instruct them to skip to the end of the survey or another question in the survey that is relevant for those who are not survivors. Otherwise, you will end up with bad data: you will not know whether skipped responses to follow-up questions come from those who did not undergo conversion practices, or from survivors who did not wish to respond.

Annex 3:

Additional Resources

Legislative Protections

This is a sample of existing laws and regulations. For more thorough and updated information, see: <https://equalitycaucus.org/banct/info-hub/legislative-progress>.

National Laws

- Australia
 - Victoria – Change or Suppression (Conversion) Practices Prohibition Act, 2021.¹⁵
 - Queensland – Sexuality and Gender Identity Conversion Practices Act 2020.¹⁶
- Canada – An Act to Amend the Criminal Code (conversion therapy).¹⁷
- Ecuador – Penal Code (2014), art. 151(3).¹⁸
- Germany – Law on the Protection against Conversion Therapy.¹⁹
- Malta – Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, 2016.²⁰
- New Zealand – Conversion Practices Prohibition Legislation 2021.²¹

Medical Bans

- Brazil – Brazil was the first UN Member State to enact a nationwide legal restriction of “conversion therapy.” This was done by means of a resolution issued by the Federal Council of Psychology under Federal Law No. 5,7662 and Executive Order No. 79,822,3.²²
- India – Judgment entered in the High Court of Judicature at Madras on 7.06.2021.²³
- Israel – The position of the Ministry of Health in relation to “treatments” for changing gender identity and sexual orientation, Ministry of Health Circular No. 3/2021.²⁴

¹⁵Change or Suppression (Conversion) Practices Prohibition Act 2021 (Vic) s.3. (Austl.). Retrieved from <https://www.legislation.vic.gov.au/as-made/acts/change-or-suppression-conversion-practices-prohibition-act-2021>.

¹⁶Australia, Sexuality and Gender Identity Conversion Practices Act 2020 (Qld) A2020-49 (Austl.). Retrieved from <https://www.legislation.act.gov.au/View/a/2020-49/current/PDF/2020-49.pdf>.

¹⁷An Act to Amend the Criminal Code (conversion therapy) 2021, C-4, ch.24 (Can.). Retrieved from <https://perma.cc/9ZS3-2VUJ>.

¹⁸Código Orgánico Integral Penal 2014, art. 151(3) (Ecu.). Retrieved from <https://www.asambleanacional.gob.ec/es/system/files/document.pdf>.

¹⁹Entwurf eines Gesetzes zum Schutz vor Konversionsbehandlungen 2020 (Deu.). Retrieved from https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Gesetze_und_Verordnungen/GuV/K/Konversionstherapieverbot_Kabinett.pdf.tttt

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²¹Conversion Practices Prohibition Legislation Bill 2021, 56-2, (Nzld.). Retrieved from <https://www.legislation.govt.nz/bill/government/2021/0056/latest/whole.html#LMS487197>.

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