



# Conversion Therapy Practice Policy Brief

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**The Council For Global Equality**

Advancing LGBTQI+ Inclusion in American Foreign Policy



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## INTRODUCTION

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Sexual, gender, and bodily diversity are characteristics of every society, every culture, and every country around the world and across time. As stated by President Biden in his February 2021 Memorandum, “All human beings should be treated with respect and dignity and should be able to live without fear no matter who they are or whom they love.”<sup>1</sup>

In June 2022, following up on the Memorandum, President Biden issued an Executive Order declaring that the Administration “must safeguard LGBTQI+ youth from dangerous practices like so-called ‘conversion therapy,’” both at home and overseas. To that end, the White House instructed U.S. foreign affairs agencies to “develop an action plan to promote an end to its use around the world,” through the use of foreign assistance programs, participation in multilateral development banks and international development institutions, and through other work by U.S. embassies and missions worldwide.<sup>2</sup>

This paper recommends concrete programming ideas to help U.S. government agencies build a comprehensive, politically and culturally responsive global strategy to end conversion therapy practices. This issue brief was prepared by the Council for Global Equality based on consultations with the Council’s 32 member organizations, including those with significant expertise in the issue, such as Human Rights Campaign, Human Rights Watch, the National Center for Lesbian Rights, Outright International, and the Trevor Project.

1 Joseph R. Biden, Jr., “Memorandum on Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Persons Around the World,” February 4, 2021. Accessed September 14, 2022.

2 Joseph R. Biden, Jr., “Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals,” June 15, 2022, Executive Order 14075. Accessed September 14, 2022.



## THE ISSUE

“Conversion therapy” goes by many names: “conversion practices,” according to many human rights organizations; “sexual orientation and gender identity change efforts,” in the argot of academic researchers; and in harmful contexts, “reparative therapy,” “regenerative therapy,” “same-sex attraction support and help,” and many other labels that allow practitioners to evade accountability. This slippery terminology speaks to the importance of defining the problem without being bound to any single term in order to develop and implement effective strategies to end these abusive, scientifically discredited practices.

To frame this subject, we draw upon the language offered in 2020 by Victor Madrigal-Borloz, the U.N. Independent Expert on Sexual Orientation and Gender Identity, which referred to so-called “conversion therapy” as:



**Victor Madrigal-Borloz**

*... An umbrella term to describe interventions of a wide-ranging nature, all of which are premised on the belief that a person’s sexual orientation and gender identity, including gender expression, can and should be changed or suppressed when they do not fall under what other actors in a given setting and time perceive as the desirable norm, in particular when the person is lesbian, gay, bisexual, trans*

*or gender diverse. Such practices are therefore consistently aimed at effecting a change from non-heterosexual to heterosexual and from trans or gender diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.*

*[Such practices rely] on the medically false pathologization of sexual orientation and gender identity, manifested through interventions that inflict severe pain and suffering and result in psychological and physical damage. ... Based on the incorrect and harmful notion that sexual and gender diversity are disorders to be corrected, [these practices] are discriminatory in nature. Furthermore, actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of “conversion therapy” are by their very nature degrading, inhuman and cruel and create a significant risk of torture. States must examine specific cases in the light of the international, regional and local framework on torture and cruel, inhuman or degrading treatment and/or punishment.<sup>3</sup>*

<sup>3</sup> United Nations, Human Rights Council, *Practices of So-Called “Conversion Therapy”*: Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, A/HRC/44/53, May 1, 2020, paragraphs 17, 20, and 83. Accessed September 7, 2022.



Conversion therapy practices occur across the globe, in the Global North and Global South, in medical and other clinical settings, in families and faith communities, and in schools and prisons. They are promoted by pseudoscientific experts and by religious leaders from virtually all major faith traditions.

The practices involved span psychotherapy, medication, hormonal treatment, and electroshock treatment to prayer, laying of hands for healing, exorcism, and drinking herbs to beatings and “corrective” sexual assault to social shunning and isolation in order to enforce compliance. In a recent study of conversion therapy practices in Kenya, Nigeria and South Africa, Outright International found, for example, “[p]ractices against LGBTQ individuals increase in intensity from the moment of discovery, starting with family talks and conversations and escalating to counseling or prayer, and then to violence, economic duress, and/or ostracization when other methods do not work.”<sup>4</sup>

**“[p]ractices against LGBTQ individuals increase in intensity from the moment of discovery, starting with family talks and conversations and escalating to counseling or prayer, and then to violence, economic duress, and/or ostracization when other methods do not work.”**

**Outright International**

Conversion therapy practices have a negative impact on the physical and mental health of LGBTQI+ survivors. Many survivors suffer from depression, social anxiety, substance abuse, and/or thoughts of or attempts of suicide.

Given all this, conversion therapy practices have been thoroughly debunked and discredited, and dozens of national and international professional organizations – including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics – have forcefully and comprehensively condemned conversion therapy practices. Similarly, the United Nations has concluded that such practices can amount to torture, cruel, inhuman or degrading treatment.<sup>5</sup>

<sup>4</sup> Outright International, *Converting Mindsets, Not Our Identities: Summary of the Research Findings on the Nature, Extent, and Impact of Conversion Practices in Kenya, Nigeria, and South Africa*. July 19, 2022. Accessed October 4, 2022.

<sup>5</sup> U.N. Human Rights Council, *Practices of So-Called “Conversion Therapy,”* paragraph 62.





## APPROACHES

Hundreds of jurisdictions, at the national, state/provincial, and municipal levels, have moved to restrict or altogether ban conversion therapy practices. In the United States, 20 states plus the District of Columbia, encompassing 48% of the U.S. population, prohibit licensed mental health providers from subjecting LGBTQI+ minors to conversion therapy practices.<sup>6</sup>

**More than 100 U.S. municipalities have also passed similar bans.**

Six additional states plus Puerto Rico, representing another 13% of the population, have administrative policies condemning conversion therapy practices, prohibiting the use of public funds to pay for conversion therapy practices targeting LGBTQI+ minors, and/or adopting other restrictions against conversion therapy practices.

None of these laws or administrative policies restrict religious practices aimed at changing sexual orientation or gender identity/expression.

Additionally, various U.S. courts have ruled that conversion therapy practices violate consumer fraud laws. President Biden has directed the Federal Trade Commission (FTC) to consider whether conversion therapy practices constitute an unfair and deceptive act or practice, and to issue such consumer warnings or notices as may be appropriate.<sup>7</sup> In Congress, the proposed Therapeutic Fraud Prevention Act (H.R. 4146; S. 2242) would officially classify the provision and advertising of conversion therapy practices in exchange for monetary compensation as fraudulent practices.

Around the world, many members of the Equal Rights Coalition and a handful of other like-minded democracies have taken varied approaches to restricting conversion therapy practices. France, Canada, and Malta, for example, have passed comprehensive bans criminalizing conversion therapy practices targeting both LGBTQI+ minors and adults, while Germany, Greece, and New Zealand have criminalized conversion therapy practices only directed at LGBTQI+ minors. Bans in Albania, the Republic of China (Taiwan), India, Israel, Switzerland, and Uruguay prohibit conversion therapy practices by licensed medical professions only.

<sup>6</sup> Of these 21 state-level bans on conversion therapy practices, the law in Washington, D.C. is the only one that covers LGBTQI+ adults as well as minors.

<sup>7</sup> Biden, Executive Order 14075.



Several other ERC members, including Australia, Spain, and Mexico, have federal systems comparable to that of the United States, and various states and autonomous regions in those countries have bans in place, some of which include religious practices, while others are limited to medical professionals. In the Netherlands, as of this writing, there is no ban in place (one is under consideration), but conversion therapy practices cannot be paid for by insurance or government subsidies.

Other countries acting to restrict conversion therapy practices include:

- Argentina and Chile have prohibited registered mental health professionals from diagnosing LGBTQI+ individuals as disordered.
- Brazil has prohibited psychologists from offering conversion therapy practices.
- Ecuador declared conversion therapy practices banned under the country's 1999 non-discrimination law and specifically prohibited conversion therapy practices under the anti-torture provisions of the 2014 penal code reform.
- Sweden has proposed criminalizing conversion therapy practices targeting both LGBTQI+ adults and minors.
- The United Kingdom has proposed a ban on conversion therapy practices targeting minors for England and Wales that covers only sexual orientation, not gender identity/expression.
- Vietnam's Health Ministry has declared that LGBTQI+ identity is not a disease, prohibited involuntary treatments of diverse sexual orientations and gender identity, and limited mental health services to LGBTQI+-affirming providers.

It should be noted that the 2021 [Canadian law](#) establishes four different crimes:

- (a) causing another person to undergo conversion therapy;
- (b) doing anything for the purpose of removing a child from Canada with the intention that the child undergo conversion therapy outside Canada;
- (c) promoting or advertising conversion therapy; and
- (d) receiving a financial or other material benefit from the provision of conversion therapy.

It also amends the Criminal Code so that courts may issue orders that advertisements for conversion therapy be disposed of or deleted.



## FRAMEWORKS AND PRINCIPLES

Our recommendations — developed in consultation with leading experts in combating conversion therapy practices in the United States and around the world — are intended to offer the U.S. government a toolbox of approaches that can be tailored to the local context. There is no one-size-fits-all approach to ending conversion therapy practices globally, and all approaches need to be developed in consultation with local advocates and organizations on the ground in a given country. Such collaborations are absolutely essential for creating effective strategies, programs, and language.

To that end, we endorse the language adopted by USAID to guide its work promoting LGBTQI+ inclusive development, to “do no harm” and to “do nothing about them without them.” At the same time, we must emphasize that these cannot be interpreted to mean “do nothing.”

We further note that conversion therapy practices violate the U.S. commitment to non-discrimination on the basis of sexual orientation, gender identity and expression, and sex characteristics in its foreign assistance. The report accompanying the fiscal year 2023 House Appropriation bill for State, Foreign Operations, and Related Programs notes that the House Appropriations Committee “is encouraged that USAID includes conversion therapy as a violation of the agency’s non-discrimination policy and urges that any such violation be subject to applicable contract and grant remedies available to the government. The Committee encourages USAID to continue closely monitoring any allegation of such activities and respond accordingly.”<sup>8</sup> Moreover, when conversion therapy practices rise to the level of torture or cruel, inhuman, and degrading treatment (CID), there are existing triggers in place that prohibit U.S. government assistance or support.

We observe that bans are the most visible type of policy to combat conversion therapy practices. However, in many countries, the rule of law is fragile, and laws on the books may not be enforced and/or are selectively enforced against marginalized populations. Additionally, we encourage consideration of how criminalization-based approaches can risk driving conversion therapy practices underground.

<sup>8</sup> U.S. House, Committee on Appropriations, “H. Rept. 117-401 - State, Foreign Operations, and Related Programs Appropriations Bill, 2023,” July 1, 2022. p. 88. Accessed September 13, 2022.





In some cases and some contexts, especially but not limited to when conversion therapy practices rise to the level of torture, criminalization may be the appropriate first response. In other situations, appropriate strategies may include civil remedies and regulatory prohibitions. In all contexts, however, the United States should promote the prevention of conversion therapy practices, taking the lead from local LGBTQI+ communities on the best path forward in their local context.

We support bans where they make sense given local conditions, and we encourage U.S. representatives and their international counterparts to start from the principle that legal and cultural interventions go hand-in-hand. When pursuing legislative tools, we suggest that proponents approach such work from the perspective that legal campaigns can drive national conversations for culture change, thus decreasing the stigma and prejudice that give rise to conversion therapy practices.

Additionally, conversion therapy practices aimed at changing sexual orientation and/or gender identity and expression and elective genital surgeries on children with intersex traits who are too young to participate in consent are dangerous to the health and well-being of sexual and gender diverse people. As such, U.S. foreign assistance must not fund these harmful and inappropriate practices that negatively impact LGBTQI+ persons – especially those youth unable to offer such consent – and U.S. partnerships with political, medical, religious, professional, educational, and other leaders overseas should proactively seek to prevent the occurrence of involuntary or coercive medical or psychological practices specifically targeting LGBTQI+ individuals.

Furthermore, this discussion must be understood as a manifestation of the rapid surge globally in anti-LGBTQI+ and especially anti-transgender activism, which links to a much broader and increasingly political anti-gender movement that seeks in many cases to deny LGBTQI+ identities and undermine democratic systems themselves.

Finally, it must be noted that some practitioners of conversion therapy practices defend these practices as a matter of religious freedom, which is both a fundamental human right and a right that is further anchored by the rights to freedom of speech and freedom of association. There have been many religiously affiliated campaigns opposing efforts by the United States and other governments to ban conversion therapy practices. A few basic principles may help reconcile these conflicts.



First, as an institution, the Council for Global Equality acknowledges and respects the vitality, hope, and meaning that religious practice brings to the lives of many, including many LGBTQI+ persons of faith. But as a matter of religious practice, a line must be drawn between freedom of speech and belief, which fully permits the articulation of any theological idea about human sexuality, and quasi-medical or psychological interventions that extend beyond theological speech and can be deeply harmful. It is one thing to posit and defend religious perspectives on permissible human conduct and sexuality. But it is another thing altogether to direct “spiritual or religious treatment” with the intent of converting LGBTQI+ expressions or identities, especially toward minors who are particularly vulnerable and may lack the opportunity or capacity to consent. While no laws or administrative policies in the United States directly restrict religious practices aimed at changing sexual orientation or gender identity/expression, other countries have banned religious interventions as well as secular ones.

Conversations with religious proponents of conversion therapy practices could benefit from a stronger recognition that many faith traditions affirm LGBTQI+ identities and reject conversion therapy practices as an affront to the individuality and unique divinity of each human being. And in that context, the generosity of spirit and the concept of grounded and intentional revelation that animate many faith traditions also lend themselves to compassion and understanding in relation to these complex religious and cultural conversations. But ultimately, the absolute right to religious belief does not accommodate a corresponding right to religious practice that causes deep physical or psychological harm.



## RECOMMENDATIONS

### State-to-State Engagement

- The United States should work with partner governments to encourage them to immediately stop sponsoring, funding, and otherwise supporting conversion therapy practices and should, in consultation with LGBTQI+ community groups, educate public officials, including police, judges, and government staff, on sexual orientation, gender identity/expression, sex characteristics, and human rights.
- As part of the U.S. campaign to promote the global decriminalization of homosexuality, U.S. representatives should work with their counterparts to repeal laws that discriminate on the basis of sexual orientation, gender identity/expression, or sex characteristics and that sustain the anti-LGBTQI+ stigma underlying conversion therapy practices. Government punitive frameworks of prevention, rehabilitation, and punishment of LGBTQI+ people should be replaced by government commitments to acceptance, inclusion, and non-discrimination.
- U.S. foreign assistance should include funding to ensure adequate training for health professionals, including mental health professionals, on sexual orientation, gender identity/expression, and sex characteristics that is consistent with non-discrimination policies and that includes the specific harms of conversion therapy practices.
- The HHS Office of Global Affairs and USAID should pursue bilateral partnerships to ensure adequate training for health professionals, including mental health professionals, on sexual orientation, gender identity/expression, and sex characteristics, to promote LGBTQI+-affirming health services that in no way advance conversion therapy practices.
- The HHS Office of Global Affairs should also work with international colleagues to promote access to LGBTQI+-affirming counseling services and other healthcare services for survivors of conversion therapy practices and for LGBTQI+ members of the public.
- U.S. representatives should work with their international counterparts to develop policies to prohibit educators and other school personnel at all levels from undertaking conversion therapy practices.
- U.S. representatives should partner with their counterparts in education ministries, multilateral organizations, and civil society organizations to introduce age-appropriate



academic curricula at all levels on sexual orientation, gender identity and expression, and sex characteristics that is in line with international human rights standards.

- The United States should, in both bilateral partnerships and multilateral fora, work with like-minded governments to enforce consumer fraud laws to protect victims of conversion therapy practices.
- Since the United States does not currently have a nationwide conversion therapy practice ban, it should support the increasing number of other countries that have federal prohibitions to take leadership in such conversations and learn from their efforts.

### **Multilateral Forums and Engagement**

- U.S. representatives to multilateral fora – including but not limited to the United Nations, the World Health Organization and its regional health offices, the Organization of American States, and the Pan American World Health Organization (PAHO) – should engage their counterparts to promote global and regional approaches to ending conversion therapy practices.
- The United States should support references to the harms of conversion therapy practices in human rights and health-related resolutions within the United Nations, World Health Organization, Pan American World Health Organization, Organization of American States, and in any other appropriate venues. U.S. representatives should work with their Western Hemisphere counterparts on the PAHO Plan of Action on Conversion Therapy Practices.
- The United States should set a two-year goal to work with like-minded governments to adopt a stand-alone human rights resolution focused on the harms and underlying human rights violations caused by conversion therapy practices within the U.N. Human Rights Council and support similar stand alone and intersectional resolutions in regional human rights fora.
- The United States, along with other ERC members and like-minded governments, should host “Voices of Survivors” events at the U.N. Human Rights Council and U.N. General Assembly, the World Health Organization, the upcoming U.S. Summit for Democracy, and/or in other multilateral fora.
- The World Health Organization should convene an experts meeting with the U.N. Independent Expert on Sexual Orientation and Gender Identity to review his report on conversion therapy practices and discuss next steps to challenge conversion therapy practices within the framework of the World Health Organization.



- The United States should encourage the World Health Organization to issue a professional guidance to health care providers, including mental health professionals, outlining the harms, ethical concerns, and human rights violations implicated by conversion therapy practices.
- The FTC's International Consumer Protection program should work closely with its partners in more than 100 foreign consumer protection and privacy authorities around the world to highlight the dangers of conversion therapy practices as a matter of consumer fraud and ultimately consumer harm. The FTC should begin to compile a list of discredited conversion therapy practitioners and institutions to share with its global network, as many of these perpetrators are working transnationally.

### **Treasury Department and IFI Engagement**

- The U.S. Executive Directors to all multilateral development banks should audit project proposals for potential conversion therapy practice concerns.
- The U.S. should encourage all multilateral development banks to directly fund programs designed to eliminate conversion therapy practices, including conducting additional research to fully understand the extent of the problem and identify especially productive points of redress.

### **LGBTQI+ and Other Civil Society Engagement**

- The United States should provide financial, logistical, and security support to LGBTQI+ organizations to document the scope and extent of conversion therapy practices in their countries or regions.
- The United States should provide funding to LGBTQI+ organizations to provide physical and mental health care services where they are not offered through formal institutions.
- The State Department should create a Speakers Bureau dedicated to educating leaders in education, faith communities, survivor networks, and medical and mental health professions about the harms done by conversion therapy practices. The State Department's International Visitor Leadership Programs (IVLPs) should provide exchange opportunities for these speakers.
- The Office of International Religious Freedom should develop programs to raise awareness and sensitize religious communities to the fact that diverse sexual orientations, gender





expressions, and sex characteristics are not disorders to be corrected. The Ambassador-at-Large for International Religious Freedom and the Special Envoy for the Human Rights of LGBTQI+ Persons at the State Department should co-convene a meeting of survivors, human rights experts, and faith leaders to help frame this approach. Coordination with the [Global Interfaith Commission on LGBT+ Lives](#) campaign to end conversion therapy practices should be encouraged.

### **Professional Engagement**

- U.S. representatives should partner with overseas medical professional associations to ensure that medical licensing boards strictly prohibit health professionals from offering conversion therapy practices and revoke the licenses of those who continue to do so.
- U.S. representatives should partner with overseas medical professional associations and health ministries to ensure de-pathologization of diversity in sexual orientation and gender identity/expression in state and non-state medical classifications that have an impact on public health policies and diagnostics in all healthcare settings, including medical curricula, accreditation procedures, and continuing education.

### **Funding**

- The State Department, USAID, and other departments and agencies funding foreign assistance should implement auditing procedures to ensure that the U.S. is not inadvertently subsidizing conversion therapy practices, including and especially in PEPFAR programs, where gay and bisexual men and transgender people are particularly susceptible to such practices.
- U.S. representatives should collaborate with their international counterparts to develop policies to prevent government funding that supports conversion therapy practices, directly or indirectly.
- To lead by example, the United States should expedite establishment of a government-wide complaints mechanism and a beneficiary bill of rights (as USAID is currently piloting) to protect individuals if they are subjected to conversion therapy practices through U.S.-financed programs abroad.
- The United States should encourage counterparts to establish a complaints procedure through which people who experience conversion therapy practices aimed at changing their sexual orientation or gender identity can file complaints and have access to various forms of reparations, including access to legal representation and the right to rehabilitation. The



United States should also develop and fund programs to help conversion therapy practice survivors pursue civil or criminal complaints against healthcare institutions and other perpetrators.

- The United States should fund civil society watchdog groups to encourage countries to enforce consumer fraud laws to protect victims of conversion therapy practices and to document the extent of this problem.

### **Research and Reporting**

- The Executive Order's directive to include reporting on conversion therapy practices in the annual State Department Human Rights Reports should constitute a baseline for documentation of conversion therapy practices around the world, not the totality thereof. The State Department and other U.S. Government funding bodies should support further qualitative and quantitative research and data collection on the nature, extent, and impact of conversion therapy practices and on best practices to eliminate them.
- Survivors should play a critical role in humanizing the discourse and clarifying manifestations of the practices, the long-term psychological impacts on survivors, and the best practices for trauma-informed recovery. U.S. representatives should partner with survivors' groups and networks to promote survivors' stories as part of redirecting cultural narratives to emphasize the harm done by conversion therapy practices.

### **Leadership Development**

- The State Department should create a Speakers Bureau dedicated to educating leaders in education, faith communities, and medical and mental health professions about the harms done by conversion therapy practices.
- Through the International Visitor Leadership Program (IVLP) and other exchange programs, the State Department should fund exchange initiatives to develop local leaders—especially in the medical, faith, educational, and survivor communities—that can lead campaigns to end conversion therapy practices in their own countries.

### **Sanctions**

- For the most extreme practitioners of conversion therapy practices, such as those that rise to the level of torture under international conventions, the United States should impose Magnitsky sanctions against providers, thereby freezing their assets and prohibiting them



from entering the United States. This may be a significant deterrent for medical and mental health professionals with academic ties to professional institutions or associations in the United States, as it would prevent them from participating in any U.S.-based conferences or professional training opportunities.

## **Immigration and Consular Responses**

- U.S. Citizenship and Immigration Services (USCIS) should issue a memorandum on adjudicating asylum claims and non-refoulement claims under the Torture Convention based on conversion therapy practices to clarify the legal grounds, potential harms, and evidentiary challenges involved in such cases.
- Recognizing that American parents are increasingly sending children abroad for conversion therapy programs, especially as more U.S. jurisdictions prohibit the practice, the United States should adopt measures to limit the ability of parents to send their children abroad for these purposes. This could include clarifications in the Foreign Affairs Manual (FAM) to encourage Consular Officers to flag passport applications if there is substantial reason to suspect that a child would be subjected to conversion therapy practices outside of the United States. Young adult minors also should have the opportunity to object to passport requests submitted on their behalf by parents or guardians if they express a well-founded fear of being exposed to such practices abroad. It should be noted that Canada's new law creates a separate crime of "doing anything for the purpose of removing a child from Canada with the intention that the child undergo conversion therapy outside Canada."

# WHO WE ARE

The Council for Global Equality brings together international human rights activists, foreign policy experts, LGBTQI+ leaders, philanthropists, and corporate officials to encourage a clearer and stronger American voice on human rights concerns impacting LGBTQI+ communities around the world.

Find out more at [GlobalEquality.org](https://GlobalEquality.org)

