



SHAME IS NOT A CURE:

SO-CALLED CONVERSION “THERAPY” PRACTICES IN KENYA



**“IT IS WRONG TO FORCE
SOMEONE TO CHANGE WHO
THEY ARE.”**

**“NI MAKOSA KUMLAZIMISHA
MTU KUBADILI ALIVO.”**

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Glossary of Key Terms

Bisexual (*Wanaovutiwa na jinsia mbili* in *Kiswahili*) is a term for someone who is not exclusively sexually attracted to people of one particular gender.

Cisgender (*cisgenda* in *Kiswahili*) is a term to describe a person whose gender identity and sex assigned at birth are the same. Cisgender specifically relates to gender and not sexuality. A cisgender person may have any sexual orientation.

LGBTIAQ+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and/or Ally and Queer and/or Questioning. The “+” sign is used to reflect a limitless spectrum of sexual orientations and gender identities. This acronym is inclusive of a broad range of people; however, it is not necessarily exhaustive, nor is it universally accepted or used.

“**Gay conversion therapy,**” “conversion therapy,” “reorientation therapy,” “reparative therapy,” “reintegrative therapy,” “gay cure therapy,” or “ex-gay therapy” (*Mazoea ya Tiba ya Ubadilishaji* in *Kiswahili*) are all terms used to describe various efforts to alter or change a person’s sexual orientation, gender identity or gender expression. All such efforts, sometimes referred to as **sexual orientation and gender identity/ expression (SOGIE) change efforts**, assume that sexual orientation, gender identity or gender expression can and should be altered or suppressed if they do not conform to societally imposed norms. The term “therapy” or “treatment” for any of these practices is inaccurate because they imply the presence of a disorder and are not founded on any scientific evidence. What unifies these terms is an underlying and thoroughly discredited belief that sexual orientation and gender identity can be changed, that being LGBTIAQ+ is a disorder or illness that requires “treatment” or “cure,” and that cisgender heterosexuality is inherently normal and preferred. In this report, the term “so-called conversion ‘therapy’” is used to the range of damage, often abusive indoctrination efforts.

Gender (*jinsia* in *Kiswahili*) is a composite of socially constructed roles, behaviours, activities and/or attributes that a given society may consider appropriate for people of a given sex. **Gender identity** (*kitambulisho cha jinsia* in *Kiswahili*) refers to an individual’s personal sense of being female, male, both, or other than female or male. Gender identity may or may not correspond to the biological category assumed or assigned at birth. **Gender expression** is a term for how a person publicly expresses or presents their gender. Pronouns and names are some ways a person may express their gender and are forms of gender expression. Depending on the context, “gender” and “gender identity” may be interchangeable terms. A person’s gender, gender identity and gender expression are different from and not related to their sexual orientation.

Genderfluid (*jinsia mtiririko* in Kiswahili) is a term used by some people who have no fixed gender and/or for whom gender shifts over time.

Heteronormativity is the belief that heterosexuality is the default, preferred, or normal mode of sexual orientation. It assumes that gender is binary and that sexual and marital relationships are most fitting between people of different sexes.

Homophobia is the fear, hatred and/or lack of acceptance of people who define their sexual orientation as something other than heterosexual.

Intersex (*huntha* in Kiswahili) refers to people who naturally have biological traits, such as hormonal levels or genitalia, which do not match what is typically identified as male or female. There are many different intersex variations. Being intersex is a naturally occurring trait in humans; it is not pathological. Being intersex is not linked to sexual orientation or gender identity; intersex people can have different sexual orientations and gender identities and expressions.

Non-binary/Genderqueer (*Mtu mwenye jinsia tata* in Kiswahili) is used to describe someone whose gender identity blends elements of being a man or a woman, or who has a gender that is different from either male or female. Some people may not identify with any gender.

Pansexual describes the sexual orientation of someone who has the potential for romantic, emotional and/or sexual attraction to people of any gender though not necessarily simultaneously or to the same degree.

Sex is the biological category based on reproductive, anatomical, and genetic characteristics.

Sexual orientation (*Utambulisho wa kimapenzi* in Kiswahili) is the sexual, romantic, and emotional attraction that one has the capacity to feel for others.

Transgender (*Transgenda/Mbadili jinsia* in Kiswahili) is an adjective to describe people whose gender identity differs from the sex they were assigned at birth. Transgender people may choose to bring their bodies into alignment with their gender identity, and some do not. Being transgender is not dependent upon seeking or undergoing any medical procedures.

Transphobia is the fear, hatred and/or lack of acceptance of transgender people.

"Conversion therapy is a death wish. It doesn't change you. It harms you. It makes you hate yourself. You constantly feel like you are not normal. No one should go through that regardless of the circumstance."

Kenyan conversion "therapy" survivor

"People involved in trying to "convert" me were police, the pastor and village elders. For six months I was taken to the police station for beating, for about twice a week. The beating was always followed along by a written confession that I will change."

Kenyan conversion "therapy" survivor

"I was first beaten by my dad and forced to kneel down for 5-hour prayer as they were binding the spirit in me, commanding it to come out by force by thunder. I thought things would change but I couldn't change who I am. In fact, things became more worse as I couldn't hide what I feel. My father was there to see all this. My father used to lock me up in the house and not allow my male friends to come. Each Sunday I would be taken to my pastor for serious prayers and even had one-on-one meetings with different pastors who wasted their anointing oil and water (the blood of Jesus) to cast out the demon of who am out, but it never worked. It was just a painful experience."

Kenyan Conversion "therapy" survivor

"The Bible is very clear and categorical on this issue[...]Same-sex acts or gay relationships are not allowed. The main purpose is to win congregants to the ways of the Lord. It is my responsibility as a pastor to guide a person based on what the Bible is saying. LGBTIAQ+ persons are lost souls. We are not condemning the person but the Act. My church offers counselling services to our congregants. Even as the world becomes more liberal[...]the law of God will remain the law of God and our underlying principle will remain the Bible."

Kenyan conversion "therapy" practitioner

I. SUMMARY

This study documents the existence and extent of so-called conversion “therapy” among LGBTIAQ+ people in Kenya and the methods and rationales of the practitioners who conduct these “therapies.” Such practices and their impact on LGBTIAQ+ Kenyans have remained largely unexamined and unaddressed. The objectives of this study are to establish the link between Kenyan attitudes toward homosexuality, anti-homosexuality legislation and the proliferation of conversion “therapies” and provide a platform for the lived experiences of survivors. Such efforts should inform expanding access to anti-“conversion” programming and affirming mental health counselling, as well as advocacy and policy initiatives to end abusive so-called conversion “therapy” in Kenya permanently.

The research findings illustrate that such sexual orientation and gender identity change efforts (SOGIE) are widespread in Kenya. They are a manifestation of societal, internalized homophobia and transphobia, and are fuelled by societal messaging that being LGBTIAQ+ is pathological, disordered, and warrants intervention. Around the world, these harmful practices are rooted in a belief that LGBTIAQ+ persons are somehow unacceptable, and that individuals must modify their orientation or identity to remedy their supposed inferiority.¹ By their very nature, such “therapies” are degrading, in some instances are a violation of human rights and may constitute a criminal act under Kenyan law. Many of the practices documented in this report violate the rights of LGBTIAQ+ individuals in Kenya to bodily autonomy, health, and freedom of expression of one’s sexual orientation and gender identity and may constitute inhuman, cruel and degrading treatment or torture as defined by international human rights law.² Furthermore, survivors of these practices describe long-lasting negative effects on their mental health, family relations, economic stability and general well-being.

So-called conversion “therapy” practitioners in Kenya include private and public mental and physical health-care providers, faith-based organisations and religious leaders, traditional healers and state agents; promoters and facilitators include family and community members, political authorities and others.³ These practitioners are not only engaging on an unscientific basis, they are contributing to a discriminatory social, cultural and/or state-sponsored system of repression on the basis of sexual orientation and gender identity and gender expression.⁴

Depending on the setting, the term “conversion therapy” is used for a multitude of practices and methods about the world, some of which are clandestine and therefore poorly documented.⁵ According to Outright Action International, it is “a process of ‘cis-gender, heteronormative indoctrination— that is, attempting to change, suppress, or divert one’s sexual orientation, gender identity or gender expression.’”⁶ The United Nations Human Rights Council (UNHCR) defines “conversion therapy” as

an umbrella term used 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

1 Bishop, A., “Harmful Treatment: The Global Reach of So-Called Conversion Therapy” (Outright Action International, 2019) Available at: https://outrightinternational.org/sites/default/files/ConversionFINAL_Web_0.pdf, p. 67.

2 UN 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” (May 1, 2020) A/HRC/44/53, p.21.

3 Ibid.

4 International Rehabilitation Council for Torture Victims, “Conversion Therapy is Torture” (IRCTV, 2020) Available at: <https://irct.org/media-and-resources/latest-news/article/1027>.

5 Ibid.

6 Bishop, A., p.3.

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.⁷

Even when and where contemporary LGBTIAQ+ vocabulary wasn't in use, LGBTIAQ+ people have historically been subjected to a litany of abuses in many countries in an effort to coerce compliance with heteronormativity. From castration to public lynching and other abuses, those deemed or who self-identify as homosexual have faced punishment as a way to "discipline" or punish them, deter others, or be saved from the "vice," under the guise of a higher societal or spiritual purpose. Often seen by its proponents as a compassionate move to save LGBTIAQ+ persons from themselves and, for some, eternal damnation, practitioners generally fall into two broad camps:

- 1) Faith-based "pray the gay away" programs; and
- 2) Pseudo-scientific psychosexual development "theorists" and medical doctors.

In some instances, psychiatrists, psychologists, neurologists and alternative therapy practitioners have been able to garner immense support for a range of practices without any grounding in science. In spite of the many claims made by these "doctors", there is no evidence to suggest that homosexuality is changeable or "curable."⁸

Under these alleged "therapies," LGBTIAQ+ people have been and are subjected to "corrective" violence including beatings, enforced starvation, rape, and forced isolation or confinement as well as the administration of drugs and hormones. Sometimes attempts at religious "ritual cleansing" includes sustaining beatings while reciting religious verses or hours of prayer.

To document the lived experiences of conversion "therapy" in Kenya, 625 LGBTIAQ+ people throughout Kenya as well as 16 practitioners of so-called conversion "therapy" were asked to share their experiences via surveys and interviews for this study.

Of 547 completed surveys, 478 respondents described incidents in which they or other LGBTIAQ+ Kenyans had experienced abuses, including intentional violence, by practitioners in an effort to compel change. Methods of conversion "therapy" identified by respondents include unethical physical and medical "treatments," beatings and forced sex or marriage and prolonged detention in homes or camps. For example, one respondent spoke of a friend who was outed by her family. The person explained that after that, "[t]he family got mad and asked her to stop [being gay], to which she answered that she cannot. They locked her in her brothers' simba for two weeks and she was forced to fast, and a pastor prayed for her. There was no change, so they organized for her to be raped."

Threats of violence, loss of family relationships and economic support were also identified as ways in which families, religious leaders and school officials intensely pressured and ultimately coerced individuals to seek such "therapies." Such sustained threats of being ostracized prompted significant mental health challenges. As one respondent remembered, "I was told that being gay was demonic and that I needed spiritual intervention to be cured of the homosexuality spirit. I went through a lot of prayers and at some point, I contemplated committing suicide. I almost lost myself."

While no one under the age of 18 was interviewed for this report, 504 (92.1 per cent) of the responses indicated that young people between 12 and 18 years old are especially vulnerable to abusive "conversion" efforts, as they are still in school and remain financially dependent on family. Yet it is an age when most young people tend to begin to understand and express their own sexuality or feel a desire to express their gender identity and may face overwhelming societal and/or family pressure to conform to heteronormativity. They are also often unconnected to external support networks and therefore at high risk for such coercion and corrosive "therapies".

7 UN 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," (May 1, 2020) A/HRC/44/53. para 17.

8 "Since homosexuality is not a disorder or a disease, it does not require a cure. There is no medical indication for changing sexual orientation." Pan American Health Organization, "Therapies" to change sexual orientation lack medical justification and threaten health." (PAHO, May 12, 2012).

Available at : https://www3.paho.org/hq/index.php?option=com_content&view=article&id=6803:2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en.

The prevalence of so-called conversion “therapy” and the challenge to address such abuses in Kenya is deeply rooted in the criminalization of consensual same-sex relationships under the Penal Code.⁹ The prevalence of these practices will likely only diminish when social, family, and religious condemnation of LGBTIAQ+ lives ceases, and LGBTIAQ+ people are free to access and enjoy their full humanity and speak up when they face abuse and discrimination for being who they are.

Given the brutality and trauma of these practices, there is increasing support for a global ban on attempts to conduct so-called conversion “therapy” by UN agencies and some prominent medical, religious and human rights organisations. Some countries have already imposed such bans and others are taking steps to do so.¹⁰

Kenya’s government should join other countries in implementing a ban on all coercive sexual orientation and gender identity change efforts. In the short term, the Kenyan government should proactively ensure that any instances of violence against LGBTIAQ+ people, even under the guise of “therapy,” are prosecuted and individuals are held legally responsible for their actions. By enacting laws to ban coercive conversion “therapies” and implementing policies that discourage non-coercive conversion “therapies”, Kenya can reduce discrimination against LGBTIAQ+ people and protect the constitutional rights of its citizens. Furthermore, physical and mental health practitioners should be fully sensitised to the harmful effects of conversion practices with a view to upholding their professional oath to do no harm and revising the national medical training curriculum to address the vulnerabilities of LGBTQIA+-identifying people. LGBTQIA+-led civil society groups should be empowered to raise awareness among LGBTIAQ+ people on the innately dehumanizing nature of insidious conversion practices and resistance to such efforts. Non-LGBTIAQ+ human rights civil society groups should be deliberate and intentional about advocating for the humanity of all Kenyans, regardless of age, sexual orientation, and gender identity.

9 Section 162, 163 and 165 of the Penal Code, Cap 63 Laws of Kenya.

10 Germany, Brazil, Malta, and Taiwan have already imposed a legal ban. NBC News, “Germany is 5th country to ban conversion therapy for minors,” (NBC News, 8 May 2020) Available at: <https://www.nbcnews.com/feature/nbc-out/germany-5th-country-ban-conversion-therapy-minors-n1203166>. The International Rehabilitation Council for Torture Victims (IRCT), the practice of conversion therapy should be banned worldwide given the extreme human suffering it causes. International Rehabilitation Council for Torture Victims, “Conversion therapy is a torture,” Available at: <https://irct.org/media-and-resources/latest-news/article/1027>.

II. Recommendations

To the Government of Kenya:

- ❖ Repeal Section 162 (a) and (c) and 165 of the Kenyan Penal Code which discriminates against LGBTIAQ+ people by criminalizing adult same-sex relationships and fuels practices of conversion therapy.
- ❖ In close collaboration with the LGBTIAQ+ movement leadership, clearly establish, through appropriate legal or administrative means, a holistic definition of prohibited practices of conversion “therapy”.
- ❖ Adopt measures to address conversion “therapy” by clearly classifying it as a human rights violation which amounts to cruel, inhumane and degrading practices, and may amount to torture in some instances.
- ❖ Develop appropriate measures to curb the various practices including through policy and legal measures as well as sensitisations.
- ❖ Ban the practice of conversion “therapy” from being advertised and carried out in healthcare, religious, education, community, commercial or any other settings, public or private.
- ❖ Establish a system of sanctions for non-compliance with the ban on practices of conversion “therapy,” commensurate with their gravity, including in particular, that claims should be promptly investigated and, if relevant, prosecuted and punished, under the parameters established under the international human rights obligations pertaining to the prohibition of torture and cruel, inhuman or degrading treatment or punishment.
- ❖ Bans should be accompanied by other measures designed to promote understanding, acceptance, and inclusion of LGBTIAQ+ people.
- ❖ Create monitoring, support, and complaint mechanisms so that victims of practices of conversion “therapy” have access to redress including the right to rehabilitation, as well as legal assistance and reparations.
- ❖ Take urgent measures to protect children and young people from practices of conversion “therapy”, including by giving priority to the design and implementation of monitoring programmes for health care, religion, education, community, commercial and any other settings, public or private, where children and young people are deprived of liberty by organs such as national human rights institutions or, if applicable, national preventive mechanisms.
- ❖ Adopt all measures necessary to eliminate the social stigma associated with gender diversity, including the development, implementation and evaluation of an education and sensitisation campaign, in order to protect LGBTIAQ+ persons from all forms of discrimination and violence.

To the National Medical and Mental Health Associations:

- ❖ Issue clear guidance to all members indicating the lack of scientific basis for conversion “therapy” and ensure that licensing boards are empowered to revoke medical licenses of health professionals who offer it.
- ❖ Take the appropriate steps to work with state authorities and governments to pass laws which ban conversion “therapy” and criminalize such practices.
- ❖ Proactively and publicly support national policies condemning the use of conversion “therapy,” explicitly stating that such practices are not grounded in science, are not a scientifically sound form of therapy, cause lasting psychological and physical harm, and can amount to inhumane, cruel, and degrading treatment or torture.

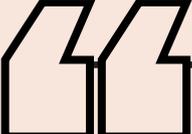
- ❖ Ensure that affirming mental health support is more widely available throughout the country and closely coordinate related efforts with LGBTIAQ+ movement leaders to make such support more widely accessible.

To Faith Leaders and Religious Institutions:

- ❖ Publicly condemn the use of conversion “therapy” and dispel the harmful, faith-based arguments which drive negative attitudes and exclusion of LGBTIAQ+ people, and green light conversion “therapy” practices in religious institutions and the society at large.
- ❖ Refer perceived or known LGBTIAQ+ individuals to qualified, ethical mental health practitioners that have been recommended by the LGBTIAQ+ movement.

To the Kenyan Human Rights Movement and its Funders:

- ❖ Foster dialogue with key stakeholders, including medical and health professional organisations, faith-based organisations, educational institutions, and community-based organisations, to raise awareness about the human rights violations connected to practices of conversion “therapy”.
- ❖ Promote testimonies and documentation from survivors of conversion “therapy” to raise awareness about the fact that such practices never work but instead cause lasting trauma and can amount to torture, as part of ongoing efforts to promote increasing societal understanding and acceptance of LGBTIAQ+ people.
- ❖ Raise awareness about the prevalence and forms of “conversion therapy” among LGBTIAQ+ communities in order to identify and provide support to survivors, reach individuals who may feel pressure to undergo “conversion therapy.”
- ❖ Carry out campaigns to raise awareness among parents, families and communities about the invalidity and ineffectiveness of and the damage caused by practices of “conversion therapy.”
- ❖ Explore legal pathways for challenging “conversion therapy” practices in national and regional courts.



Publicly condemn the use of conversion “therapy” and dispel the harmful, faith-based arguments which drive negative attitudes and exclusion of LGBTIAQ+ people, and green light conversion “therapy” practices in religious institutions and the society at large.

III. Methodology

This study is based on 547 questionnaires completed by LGBTIAQ+ respondents as well as 16 one-on-one interviews with conversion therapy practitioners and proponents. This research occurred in galck+'s three membership clusters of Batian, Lenana and Nelion clusters in Kenya between September 2021 and January 2022. Secondary research materials include reported legal cases, SOGIE/ civil society reports, academic publications, and news media publications among others.

The three clusters, spread across Nairobi and Central Kenya (Lenana cluster), the former North Rift Region (Batian cluster) and the Coastal Region (Nelion cluster), bring together at least 18 galck+ member organisations. It is because of galck+'s widespread membership network that for purposes of this research we revert to the old provincial system in order to cover all the 13 regions in which galck+ works, including Nakuru, Kericho, Uasin Gishu, Trans Nzoia, Turkana, Bungoma, Mombasa, Kilifi, Taita Taveta, Lamu, Nairobi, Nyeri and Kiambu.

The Amref Health Africa Ethics & Scientific Review Committee provided ethical approval of all data tools before they were deployed to

ensure compliance with research standards and to secure accountability. Trained research assistants, recruited from within each galck+ member organisation, explained the survey to members of the different organisations. galck+ members, members of galck+-affiliated organisations and members of their communities were given the opportunity to complete the survey. The survey could also be completed online, via a link to an online research tool disseminated by the research assistants as well as galck+'s channels. Lastly, physical copies of survey questionnaires were distributed approximately according to the size of each member organisation so smaller organisations such as those in Turkana, Lamu and Taita Taveta received 25 questionnaires and had 1 research assistant per organisation, and larger areas such as Nairobi and Mombasa received 150 questionnaires, and five and four research assistants respectively. The total number of questionnaires distributed across the three galck+ clusters was 625 and of those, 547 or 86.7 per cent were completed. In cases where one organisation worked in two different counties, the same research assistant/s worked across the two counties in which the organisation has membership.

The Amref Health Africa Ethics & Scientific Review Committee provided ethical approval of all data tools before they were deployed to ensure compliance with research standards and to secure accountability.



Distribution of Member Organisations, Research, Assistants and Surveys

COUNTY	No. of galck+ MEMBER ORGANISATIONS	No. of RESEARCH ASSISTANTS	No. of SURVEY QUESTIONNAIRES
Nakuru	1	1	25
Uasin Gishu	1	1	25
Turkana	1	1	25
Mombasa	4	4	150
Kilifi	2	2	50
Lamu	1	1	25
Taita Taveta	1	1	25
Nairobi	5	5	200
Kiambu	2	2	100
Total			625

Lead researchers from galck+ trained the research assistants by a 4-day online training, explaining the research approach and questions in detail in both English and Kiswahili before data collection commenced. This training covered key issues such as 1) how to obtain consent 2) how to maintain confidentiality and anonymity 3) how to handle research material safely and securely 4) how to ask questions respectfully and without bias and 5) the ethical considerations of the research. No one below the age of 18 years was involved in any aspect of the research.

To identify respondents to the questionnaire, galck+ used a snowballing method in which researchers approached LGBTIAQ+ organisations and individuals that were part of galck+'s networks and with whom galck+ has established a relationship over the years. These participants, in turn, recruited other participants that they thought may have pertinent experiences to share for the study.

In the second phase of data collection, research assistants interviewed 16 conversion therapy practitioners one-on-one. They were religious and/or cultural leaders or medical professionals. These practitioners had been identified through the survey questionnaire process via specific questions. To ensure safety and confidentiality during the interviewing

process, all interviewed persons were anonymised, and this step was explained to all the respondents before the interviews.

The quotations featured in this report were gathered from both the surveys and the one-on-one interviews. The quotes are not individually cited in any way, to protect the confidentiality and safety of those willing to share their experiences.

Researchers and research assistants ensured respect for the autonomy and welfare of all participants by obtaining their informed consent. This consent was explicitly given in writing and was never assumed. Consent forms were translated from English into Kiswahili and in cases of illiteracy, the forms were explained to the participants and their consent was sought confidentially. All respondents were told and reminded during research that they had the right to refuse to participate and/or withdraw from participation at any stage. All participating individuals and institutions were permitted to respond anonymously to protect their privacy. To mitigate the risks of re-traumatisation, galck+ also offered to provide counselling or psychological support for those who experienced distress and thoroughly debriefed participants after research sessions were completed.

Because of the absence of random sampling and the relatively small sample size, statistical conclusions may not be drawn from the survey data. All collected data was broken down and analysed both quantitatively in Stata and qualitatively in Atlas.ti. The data was analysed to document the lived experiences with conversion “therapy” of LGBTIAQ+ people

in Kenya and to determine possible strategies for future interventions. The research team at galck+ were responsible for approval and quality control throughout the research period.

All COVID-related precautions were respected throughout the duration of the research, data analysis and writing of this report.

The quotations featured in this report were gathered from both the surveys and the one-on-one interviews. The quotes are not individually cited in any way, to protect the confidentiality and safety of those willing to share their experiences.



IV. Context/Background

Importing Homophobia

In the late 19th century, “scientists began to scrutinize – and eventually classified as illnesses – behaviours considered morally unacceptable, including homosexuality and “transvestism” and theorized possible cures.”¹¹ The mental disorder classifications of the 1940s and 1950s did not help with the search for a “cure” as most schools within psychology and psychiatry operated as providers of conversion “therapy”. From the mid-20th century, sexual and gender diversity began to be recognised in some countries as part of the normal range of human development, a process that gained coherence with their removal as mental health diagnoses under international classifications.¹² At the same time, the understanding of, and opposition to, the often severe physical and psychological harm caused by practices of conversion “therapy” also began to increase.¹³ In recent decades, several organisations have argued in support of conversion “therapy”¹⁴ and attempted to demonstrate the scientific bases for such efforts. As those efforts lost ground, especially in the United States, some scorned practitioners took their efforts to other countries, including countries in Africa.¹⁵

Kenya has been a prominent location for the exportation of ideas of influential American preachers who are deeply homophobic, support conversion “therapy” and have worked closely with not only the churches but also the government of Kenya.¹⁶ The Kenyan-based website Kumbukumbu reported that in March 2010, U.S.-based anti-gay organisations were working with evangelical Christian groups in Kenya, and distributed images of prominent gay and lesbian rights activists in the country with their contact information and “Not Wanted” printed on posters.¹⁷ In 2009 the

11 UN 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,” (May 1, 2020) A/HRC/44/53.

12 The Southern Poverty Law Center, “QUACKS ‘Conversion Therapists,’ the Anti-LGBT Right, and the Demonization of Homosexuality,” (The Southern Poverty Law Center, 2016) Available at: https://www.splcenter.org/sites/default/files/splc_report_on_conversion_therapy_small.pdf, p. 7.

13 Ibid, p. 7.

14 According to research by Southern Poverty Law Center in the United States, in 1976, what would grow into the largest religiously based reparative therapy group in the US was started in California. The group, which later came to be known as Exodus International, was an interdenominational Christian coalition that connected ex-gay ministries with potential clients. The nonprofit operation claimed that “30-50 percent” success rates in conversion therapy were “not unusual”. The same year, Homosexuals Anonymous, funded in part by the Seventh-day Adventist Church, was founded by two men in Texas. In 1980, Courage International was organized as an official apostolate of the Catholic Church. In 1989, Evergreen International began serving members of the Church of Jesus Christ of Latter-day Saints. The next year, ex-gay counselor Richard Cohen started the International Healing Foundation. Countless other ex-gay therapists, counselors and life coaches, along with a large number of smaller groups, also began to pop up around the country. They increasingly relied on pseudo-science rather than religion to back their claims. That tendency reached its peak with the 1992 creation of the National Association for Research & Therapy of Homosexuality (NARTH) by Charles Socarides, Joseph Nicolosi and Benjamin Kaufman. The founders said they were starting NARTH because, they believed, the American Psychiatric Association’s declassifying of homosexuality was mere political correctness and precluded an honest discussion of the topic. NARTH claimed to base its work on scientific facts. For more see The Southern Poverty Law Center, “QUACKS ‘Conversion Therapists,’ the Anti-LGBT Right, and the Demonization of Homosexuality.” (The Southern Poverty Law Center, 2016) Available at: https://www.splcenter.org/sites/default/files/splc_report_on_conversion_therapy_small.pdf.

15 Kaoma, K., “The U.S. Christian Right and the Attack on Gays in Africa”. (Huffpost, 2010) Available at: https://www.huffpost.com/entry/the-us-christian-right-an_b_387642.

16 Ibid.

17 Kumbukumbu, “Homosexuals Anonymous had Kenya events in 2009 & 2010 – Revealed” (Kumbukumbu, 2020) Available at: <https://kumbukumbu.co.ke/?p=181>.

Director of Homosexuals Anonymous Fellowship Services (HAFS),¹⁸ an American who described himself as “ex-gay”, is said to have visited Kenya to begin a local chapter of his organisation and “is reported to have spoken to nearly 10,000 students and educators.”¹⁹ Reports noted that he was “educating communities about the ‘curing’ of homosexuality through prayer and therapy.”²⁰ Around the same time, another homophobic American preacher Pastor Rick Warren partnered with African religious leaders to support breakaway anti-LGBT Episcopal churches in the United States to join the African diocese rather than support gay ordination.²¹

This relationship between anti-LGBTIAQ+ U.S. groups and Kenyan religious leaders is important because it is from this premise that conversion therapy programs began to gain more traction and prominence and potentially more dissemination in Kenya. Just as U.S. conservative Evangelicals, who hold tremendous influence, work to promote conversion “therapy” practices in African nations, many African Christians have bought into the thoroughly debunked belief that through counselling, a person’s innate sexual orientation can somehow be altered or modified.²² On the surface, the ex-gay movement in both the US and Kenya can appear to be kind, gentle, and even compassionate, but such “compassion” perpetuates homophobia and the persecution and criminalization of African sexual minorities.²³ Its ultimate goal is the same as that of U.S. Christian Right leaders—to oppose the human rights of LGBTIAQ+ people.

18 Homosexuals Anonymous (HA), later known as Homosexuals Anonymous Fellowship Services, was originally founded as a program offered by the Quest Learning Center, started in Reading, Pa. by a former Seventh-day Adventist minister, Colin Cook. Joined in 1980 by Doug McIntyre, a former school principal, Homosexuals Anonymous became an ex-gay group describing itself as “a fellowship of men and women, who through their common emotional experience, have chosen to help each other live in freedom from homosexuality.” Both Cook and McIntyre claimed to have struggled with homosexuality and now wanted to help others with the same goals. The program, supported by the Adventist church with \$47,000 a year and also money from its treatments, was based on a 14-step program developed by Cook that was aimed at “recovery from the spiritual, psychological and relational distortions of homosexuality.” Unsurprisingly, in 1986, sociology professor Ronald Lawson interviewed 14 men counseled by Cook — who refused to cooperate in Lawson’s research — and found not only that none had experienced any change in sexual orientation, but that Cook had had sex with 12 of them during treatment, according to the Southern Poverty Law center. As a result, Cook resigned from Homosexuals Anonymous, the organisation moved to Houston, the Adventist church withdrew its funding, and the leadership was turned over to McIntyre. Today, Homosexuals Anonymous has chapters in the United States, El Salvador, New Zealand and Germany. For more, see Kumbukumbu, “Homosexuals Anonymous had Kenya events in 2009 & 2010 – Revealed” (Kumbukumbu, 2020) Available at: <https://kumbukumbu.co.ke/?p=181>.

19 Ibid.

20 Ibid.

21 Kaoma, K., “The U.S. Christian Right and the Attack on Gays in Africa”. (Huffpost, 2010) Available at: https://www.huffpost.com/entry/the-us-christian-right-an_b_387642. Another notoriously homophobic American preacher Scott Lively had also visited Kenya previously. He was later sued in US Courts by activists in Uganda for his alleged role in “persecute persons on the basis of their gender and/or sexual orientation and gender identity” in Uganda. For more, see Sexual Minorities Uganda vs. Scott Lively, Available at: <https://ccrjustice.org/files/SMUG-Amended-Complaint.pdf>.

22 Kaoma, K., “The U.S. Christian Right and the Attack on Gays in Africa”. (Huffpost, 2010) Available at: https://www.huffpost.com/entry/the-us-christian-right-an_b_387642.

23 Ibid.

“Pray the Gay Away” - Faith-Based Approaches in Kenya

“Pray the gay away” conversion therapy often stems from a strong religious conviction that humankind is meant to be organized around strict gender binaries and roles. Those of the Christian right specifically rely on the creation story of Adam and Eve as God’s design for a world of men and women who procreate to fulfil a higher purpose. Others from other Abrahamic religions — including Judaism, Islam, Mormonism and other Orthodox religious denominations — rely on their religious beliefs to argue that being a homosexual is abhorrent and therefore, sinful. The alleged intention of these groups is to ultimately turn LGBTIAQ+ persons away from their “sinful” lifestyles.

This form of conversion “therapy” is difficult to both identify and address. Often churches run so-called conversion “therapy” as one among many programs, mostly targeting youth, which makes it almost impossible for those not in the in-group to access details of the program. Secondly, because families, especially parents and siblings, of LGBTIAQ+ people are primarily responsible for recruiting the victim into conversion therapy programs, the victim is likely to suffer in silence for fear of abandonment, punishment and/or eviction.

As evidenced in a 2020 United Nations Human Rights Council Report on conversion therapy, “faith-based organisations and religious authorities, in particular, operate in a space surrounded by blurred lines” because they advise both the family and the victim and often promote or provide the conversion therapy services alone or in partnership with others.²⁴ For instance, a church that runs so-called conversion “therapy” services may advise the victim and their family to not only “pray the gay away”, but to also seek the services of a religiously inclined psychiatrist or psychologist for a complete re-orientation effort of the victim. In other instances, conversion therapy methods may involve extreme acts of physical and emotional violence which, again, may not be seen as such due to the nature of deeply entrenched religious practices such as exorcism, “deliverance” and traditional cleansing rituals.

Many Kenyan churches, even when not openly offering conversion “therapy” programming, tend to operate in those the blurred lines – between preaching “God’s saving grace” and the threat of condemnation to “hell-fire” for LGBTIAQ+ persons. In 2013, a Nairobi Church, Mavuno (Kiswahili for “Harvest”) began a controversial “Sex Education” program for young people. Suggestively dubbed “Different Strokes”, the program sought to invite LGBTIAQ+ persons into a relationship with God.²⁵ Although God does not judge people on the basis of their sexuality or who they prefer to have sex with, as Pastor Kyama Mugambi of Mavuno argued, “same-sex relationships is not God’s vision for sexuality according to the scripture”, he emphasizes. Mugambi’s conviction however is that God can work in the life of someone dealing with same-sex attraction. He said:

If someone comes in and says I looked at my life and it is not compatible with God’s vision for me and they say show me how to do this in a Godly way, God will work in a variety of ways. For some people the negative or unwanted same-sex attraction goes away immediately but for others it becomes something they struggle with for the rest of their lives.

Pastor Mugambi’s argument sounds exactly like what a faith-based conversion therapy program would: Homosexuality is a sin but can be “cured” through prayer and guidance to a more ‘Godly’ way of life. According to the church’s website:

24 UN 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” (May 1, 2020) A/HRC/44/53.

25 Mavuno, “Different Strokes – A La Carte: How do we navigate the tension between truth and grace when dealing with the issue of homosexuality?” (Mavuno, 2013) Available at: <https://mavuno.wordpress.com/2015/09/13/different-strokes-a-la-carte/>.

God asks those with gay orientation to acknowledge that homosexuality is a result of living in a broken world (not the way God designed). It is a sin. He asks you to make a decision to curb sexual activity. [...] God asks churches if they are willing to pursue anyone struggling with gender identity and same-sex attraction – the same way as anyone else who needs Jesus. The greatest tragedy is not that someone lived a gay lifestyle, it is that person would die apart from Christ.²⁶

Mugambi says that although Mavuno's approach is not specific to sexual orientation, they have helped people struggling with their sexuality. According to the Pastor:

The first thing the person experiencing this challenge needs is to understand when they come to us, they are looking for a spiritual solution and as a church, our commitment is to offer that spiritual solution. What we aim to do is to help that person in the process of finding God, community and purpose.

In fact, Mugambi further argues that once someone comes to Mavuno but still struggles with same-sex attraction, they can make a choice to abstain from sex, an argument that the U.S. ex-gay movement has often invoked.²⁷

Pseudo-scientific “Conversion” Practitioners in East Africa

“Conversion therapists” often argue that scientifically, LGBTIAQ+ persons have psychological and/or sexual development problems that could be solved through “scientific” methods. Often led by psychologists, psychiatrists, neurologists, and a whole range of quack “therapists” and “life coaches,” this group uses medicine, talk therapy and other alleged strategies with the aim of causing sufficient discomfort for LGBTIAQ+ to associate their sexual desires and behaviour with negative emotion or pain.

Aversion technique programming gained ground globally as a form of conversion “therapy” for people with same-sex attraction and desire throughout the last century. Initially used for alcoholism and other addictive and destructive behaviours, aversion techniques are aimed at making an LGBTIAQ+ individual come to see their identity as undesirable and destructive but ultimately “curable”.²⁸

²⁶ Ibid.

²⁷ Ibid.

²⁸ For example, “Homosexuals Anonymous”, which borrows its name from Alcoholic Anonymous, was founded in 1980 by former Seventh-Day Adventist minister Colin Cook, Homosexuals Anonymous, now known as Homosexuals Anonymous Fellowship Center, and their associate, International Ex-Gay Ministry, run a therapy programme that involves 14-steps, part of which are based on the 12-steps formulated by Alcoholics Anonymous. The Southern Poverty Law Center, “QUACKS ‘Conversion Therapists,’ the Anti-LGBT Right, and the Demonization of Homosexuality.” (The Southern Poverty Law Center, 2016) Available at: https://www.splcenter.org/sites/default/files/splc_report_on_conversion_therapy_small.pdf, p. 8.

Such programs ignore the findings of prominent associations including the American Psychological Association and other prominent research that has made clear homosexuality is not a disorder and warns that such non-scientific “therapies” can lead to intimacy avoidance, sexual dysfunction, depression, and suicide among other serious mental and physical health concerns.²⁹

In one recent investigation by OpenDemocracy, some hospitals and clinics in East Africa were found to be actively involved in providing referrals to controversial “anti-gay” therapies to “change” individuals’ sexuality.³⁰ More than 50 LGBTIAQ+ people in Kenya, Tanzania and Uganda described their own experiences of such “therapy” – including electric shocks and hormone “therapy.”³¹ According to the reporting, none of the health facilities investigated publicly advertised conversion “therapy,” but workers offered it to undercover reporters on the ground.³² In many cases, reporters found that practitioners demanded payment for such “therapy,” and in almost all cases, the “treatments” consisted of “talk therapy” counselling sessions.

Notably, one of the investigation’s major findings is that efforts to “cure” homosexuality are a lucrative business opportunity for individuals and organisations who profit from humiliating, demeaning and discriminatory “services.” Additionally, East African survivors of these practices described lasting effects on their mental health, family relations and general well-being, and in most cases, their own family members had signed them up for these “treatments.”³³

29 Tingley vs Ferguson. Brief amicus curiae of the American Psychological Association, January 21, 2022, Available at <https://www.apa.org/about/offices/ogc/amicus/tingley.pdf>. In pertinent part, “The [APA] Task Force noted more recent studies “document that there are people who perceive that they have been harmed through [SOGIE change efforts].” Id. Among those studies, “the reported negative social and emotional consequences include self-reports of anger, anxiety, confusion, depression, grief, guilt, hopelessness, deteriorated relationships with family, loss of social support, loss of faith, poor self-image, social isolation, intimacy difficulties, intrusive imagery, suicidal ideation, self-hatred, and sexual dysfunction.”¹² Id.; see id. at 270. Participants in these studies also described “decreased self-esteem and authenticity to others”; “increased self-hatred and negative perceptions of homosexuality”; “an increase in substance abuse and high-risk sexual behaviors”; and a variety of harms to their relationships, including hostility towards their parents and the loss of lesbian, gay, and bisexual friends and potential romantic partners. Id. at 270-71. A 2020 study further documented the harms of [SOGIE change efforts]: In a survey of over 8,000 sexual minority men in Canada, researchers found “[e]xposure to [SOGIE change efforts] was positively associated with loneliness, regular illicit drug use, suicidal ideation, and suicide attempt.” Travis Salway et al., Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes Among Canadian Sexual Minority Men, 65 *Can. J. Psychiatry* 502, 502 (2020); see also Blosnich et al., Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults in the United States, 2016-2018, 110 *Am. J. Public Health* 1024, 1027 (2020) (experiencing [SOGIE change efforts] was “independently associated with suicidal ideation, suicide planning, and suicide attempts,” even adjusting for adverse child experiences).

30 Namubiru L., et al, “Hospitals across East Africa offer controversial anti-gay counselling”(Open Democracy, 2021) Available at: <https://www.opendemocracy.net/en/5050/hospitals-east-africa-controversial-anti-gay-counselling/>.

31 Ibid.

32 Ibid.

33 Ibid.

V. Applicable International and National Law

International Human Rights Law

Kenya's government has signed and ratified numerous international human rights treaties, which render Kenya obligated to uphold the rights of its citizens by virtue of being human. Kenya is a signatory to the International Covenant on Civil and Political Rights (ICCPR), International Convention Against Torture and the African Charter on Human and Peoples' Rights (also known as the 'Banjul Charter') all of which state that torture and other forms of cruel, inhuman, or degrading treatment or punishment are unequivocally prohibited, and provide no exceptions to the ban on torture.³⁴ The African Commission on Human and People's Rights has specifically explained, when clarifying the duties of state parties, that Article 5 "recognis[e] that there is a mutually reinforcing link between the right to dignity and the absolute prohibition of torture and other ill-treatment."³⁵

Several bodies of the United Nations have condemned so-called "conversion therapy" and stated that some practices may contravene the prohibition against torture and other cruel, inhuman, or degrading treatment or punishment.³⁶ In its 2015 annual report, the Office of the High Commissioner for Human Rights (OHCHR) stressed that states "have an obligation to protect all persons, including LGBTIAQ+ and intersex persons, from torture and other cruel, inhuman or degrading treatment or punishment" and found that conversion therapy breaches this duty.³⁷ As OHCHR has stated, states have a responsibility if "public officials, including prison and police officers, directly commit, instigate, incite, encourage, acquiesce in or otherwise participate or are complicit in such acts, as well as if officials fail to prevent, investigate, prosecute and punish such acts by public or private actors."³⁸

In May 2018, the UN Independent Expert on Sexual Orientation and Gender Identity observed that:

34 International Covenant on Civil and Political Rights (ICCPR), Article 7. African Charter on Human and Peoples' Rights, Article 5

35 The African Commission on Human and People's Rights, 2017, para. 4. Available at: <https://www.achpr.org/legalinstruments/detail?id=60>.

36 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, January 5, 2016, A/HRC/31/57, para. 48. Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/000/97/PDF/G1600097.pdf?OpenElement>, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, July 3, 2001, A/56/156, para. 24. Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N01/445/79/PDF/N0144579.pdf?OpenElement>. The Committee against Torture, January 11, 2017, CAT/C/ECU/CO/7, paras. 49–50. Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/004/22/PDF/G1700422.pdf?OpenElement>; Committee against Torture Concluding observations on the fifth periodic report of China, February 3, 2016, CAT/C/CHN/CO/5, paras. 55–56, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/017/44/PDF/G1601744.pdf?OpenElement>. The Subcommittee on Prevention of Torture, March 22, 2016, CAT/C/57/4, paras. 68–69, Available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/059/73/PDF/G1605973.pdf?OpenElement>. The Office of the United Nations High Commissioner for Human Rights, May 4, 2015, A/HRC/29/23, paras. 14, 38, Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/088/42/PDF/G1508842.pdf?OpenElement>.

37 ILGA World: Lucas Ramón Mendos, Curbing Deception: A world survey on legal regulation of so-called "conversion therapies" (Geneva: ILGA World, 2020), p. 23. Available at: https://www.ohchr.org/Documents/Issues/SexualOrientation/IESOGI/CSOsAJ/ILGA_World_Curbing_Deception_world_survey_legal_restrictions_conversion_therapy.pdf.

38 The Office of the United Nations High Commissioner for Human Rights, May 4, 2015, A/HRC/29/23, paras. 14, 38, Available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/088/42/PDF/G1508842.pdf?OpenElement>.

The violence reported against persons on the basis of their actual or perceived sexual orientation or gender identity also includes...so-called 'conversion therapy'. Considering the pain and suffering caused and the implicit discriminatory purpose and intent of these acts, they may constitute torture or other cruel, inhuman or degrading treatment or punishment in situation where a State official is involved, at least by acquiescence.³⁹

Subsequently, the UN Special Rapporteur on Torture in July 2019 affirmed that:

Given that 'conversion therapy' can inflict severe pain or suffering, given also the absence both of a medical justification and of free and informed consent, and that it is rooted in discrimination based on sexual orientation or gender identity or expression, such practices can amount to torture or, in the absence of one or more of those constitutive elements, to other cruel, inhuman or degrading treatment or punishment.⁴⁰

Based on these findings, the UN Committee against Torture, the UN Independent Expert on Sexual Orientation and Gender Identity, the UN Special Rapporteur on Torture, and the OHCHR have called upon states to ban the practice.

Applicable Kenyan National Law

Though Britain revoked its own laws criminalizing same-sex sexual conduct over 50 years ago, Kenya's colonial importation of that provision remains in force to the day⁴¹ as the 2019 Kenya State Report acknowledges.⁴² In practice, provisions in Kenya's Penal Code are applied so as to criminalize private and consensual sexual conduct between two adults of the same sex.⁴³ Specifically section 162 of the Code blatantly and adversely impacts the rights of LGBTIQ+ people and is contrary to the 2012 Kenya National Human Rights report, which recommended the decriminalization of same-sex sexual relations between consenting adults to safeguard their rights under the Constitution.⁴⁴

39 Report of the UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Human Rights Council, Thirty-eighth session, May 11, 2018, para. 28. Available at: <https://www.pgaction.org/inclusion/pdf/resources/2018-05-Report-Independent-Expert-protection-against-violence-discrimination-SOGI.pdf>.

40 UN General Assembly, Interim Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, relevance of the prohibition of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment to the Context of Domestic Violence, July 12, 2019. A/74/148, para. 50, Emphasis added. Available at: https://digitallibrary.un.org/record/3814567/files/A_74_148-EN.pdf.

41 Jacob Kushner, "The British Empire's Homophobia Lives on in Former Colonies," The Atlantic. Available at: <https://www.theatlantic.com/international/archive/2019/05/kenya-supreme-court-lgbtq/590014/>.

42 Kenya State Report, "Fourth periodic review report submitted by Kenya under Art. 40 of the International Covenant on Civil and Political Rights," (Kenya State Report, April 26, 2019) CCPR/C/KEN/4.

43 Arc International, "Kenya Cycle 2, (Arc International, 22 January 2015) Available at: <http://arc-international.net/global-advocacy/universal-periodic-review/j-k/kenya-cycle-2/>.

44 These Penal Code provisions are unconstitutional to the extent that they violate Articles 25(a), 27(4), 28, 29, 31, 32, 36, 43 and 60 of the Constitution of Kenya. In particular, Article 27(4) of the Constitution, which requires the state not to discriminate against any person on any other ground including race, sex, religion, belief and others. In essence, these provisions are discriminatory of persons whose sexual orientation, practices beliefs are not aligned to heterosexuality. (Arc International, 2015.)

Beyond being discriminatory, the provisions on criminalization violate Article 28 of the Kenyan Constitution on human dignity, Article 29 (a) (c) (d) and (f) of the Constitution on freedom and security of persons, and Article 31 of the Constitution on privacy, by infringing on the right to dignity and privacy of the individual. The enforcement of the Penal Code provisions has resulted in LGBTIAQ+ people being subjected to physical and psychological torture and inhumane treatment by the police authorities and homophobic members of the society, which goes against the spirit of the Constitution.⁴⁵

In addition, Article 25 (a), 29(d) of the Constitution, 2010 and Section 7 and 8 of the Prevention from Torture Act, 2017, which contain provisions against the offence of torture or cruel, inhuman and degrading treatment or punishment, are violated by the enforcement of the relevant Penal Code provisions. This is because the criminalization of the sexual conduct of LGBTIAQ+ individuals subjects them to harassment and discrimination by police officers as well as members of society.

Kenya's Violation of Human Rights Law & the Kenyan Constitution

Despite ratifying international human rights laws, Kenya remains in breach of its international obligations and its own constitution.⁴⁶ Kenya—like most other African countries—criminalizes and consequently continues to be extremely hostile to LGBTIAQ+ people. With laws against homosexuality – and punishment – for the same clearly stipulated in Kenyan law, Kenya's LGBTIAQ+ citizens face double jeopardy: criminalized subjectivities and no recourse to justice in the face of violence.

Blatantly, Kenya's failure to move forward on the decriminalization of same-sex relations violates its obligations under international law. In particular, these Penal Code provisions are contrary to the Universal Declaration of Human Rights, the African Charter on Human and People's Rights, the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Cultural Rights. The UN Human Rights Committee, the body that interprets the ICCPR, stated that laws prohibiting consensual same-sex conduct violate the rights to privacy and non-discrimination.⁴⁷ In addition, Kenya accepted a recommendation at the UN Human Rights Council in 2015, to adopt legislation prohibiting discrimination on the grounds of sexual orientation and gender identity, consistent with constitutional guarantees of non-discrimination, but no such legislation has been passed.⁴⁸

Subsequent to the increased violations of the constitutional rights of LGBTIAQ+ individuals in Kenya due to the enforcement of provisions of the Penal Code, various groups and individuals filed petitions in court in 2016, challenging the constitutionality of the relevant Penal Code provisions. In May 2019, the Kenya Court declined to strike down Sections 162 and 165. The court rejected the petitioners' argument that the provisions violate constitutional protections, stating that the provisions are not discriminatory because they do not single out LGBTIAQ+ people, and that the petitioners had not proved their rights had been violated under the laws. The court also argued that the constitutional rights to privacy and dignity are not absolute and should be read in the context of Article 45 (2) of the Constitution, 2010, which states, "Every adult has the right to marry a person of the opposite sex based on the free consent of the parties."⁴⁹

45 Ibid.

46 International human rights treaties are applicable in Kenya by virtue of Article 2 (5) and (6) of the Constitution of Kenya, 2010.

47 *Toonen v. Australia*, CCPR/C/50/D/488/1992, UN Human Rights Committee (HRC), April 4, 1994. Available at: <https://www.refworld.org/cases,HRC,48298b8d2.html>.

48 Arc International, "Kenya Cycle 2" (Arc International, January 22, 2015) Available at: <http://arc-international.net/global-advocacy/universal-periodic-review/j-k/kenya-cycle-2/>.

49 *EG & 7 others v Attorney General & another* [2016] eKLR ; *DKM & 9 others (Interested Parties)*; *Amicus Curiae from Katiba Institute & another*. Available at: <http://kenyalaw.org/caselaw/cases/view/173946/>.

Conversion “Therapy” Practices and Kenyan Law

Despite the fact that the 2010 Constitution of Kenya⁵⁰ and the 2017 Prevention of Torture Act afford all Kenyans the freedom from torture and cruel, inhuman or degrading treatment or punishment and imposes penalties on those who commit or induce cruel, inhuman or degrading treatment or punishment; Kenya has no legal or policy provisions to address so-called conversion “therapy” in any form.⁵¹

While more research needs to be done on conversion “therapy” in Kenya, there is a clear link between anti-homosexuality legislation, the societal attitudes that support such laws, and the prevalence of conversion “therapy” programs. Generally, homophobic contexts are fertile ground for practices that may be termed conversion “therapy” because there are no regulations to protect LGBTIAQ+ people and criminalization silences open discussions of discrimination and violence against LGBTIAQ+ people. The criminalization of same-sex conduct may further embolden perpetrators and practitioners of so-called conversion “therapy” as survivors have clear reasons to fear reprisals, including criminal charges by state authorities if abuses are reported. Notably, both LGBTIAQ+ refugees and Kenyan citizens report fear of or experienced rape, physical abuse, and arbitrary imprisonment by law enforcement when they report being victims of crimes.⁵²

50 Constitution of Kenya, Article 25 (a) and 29 (d).

51 Choice for youth and Sexuality, “Conversion Therapy” (Choiceforyouth.org, December 18, 2019) Available at: <https://www.choiceforyouth.org/assets/CT-Submission-CHOICE-for-Youth-and-Sexuality-+-Partners.pdf>.

52 Ibid.

VI. Research Findings

Survey Respondents' Demographics

A total of 547 people completed a significant majority of the survey questions. Not all respondents answered every question and some questions allowed for multiple answers. Every respondent gave their informed consent to participate in the research prior to responding. Of the completed surveys, the respondents' ages ranged from 18 years to 51 years old with a majority in their early to mid-20s. The respondents self-identified as having a variety of genders and sexual orientations and came from all over Kenya.

Respondents selected their gender identities as

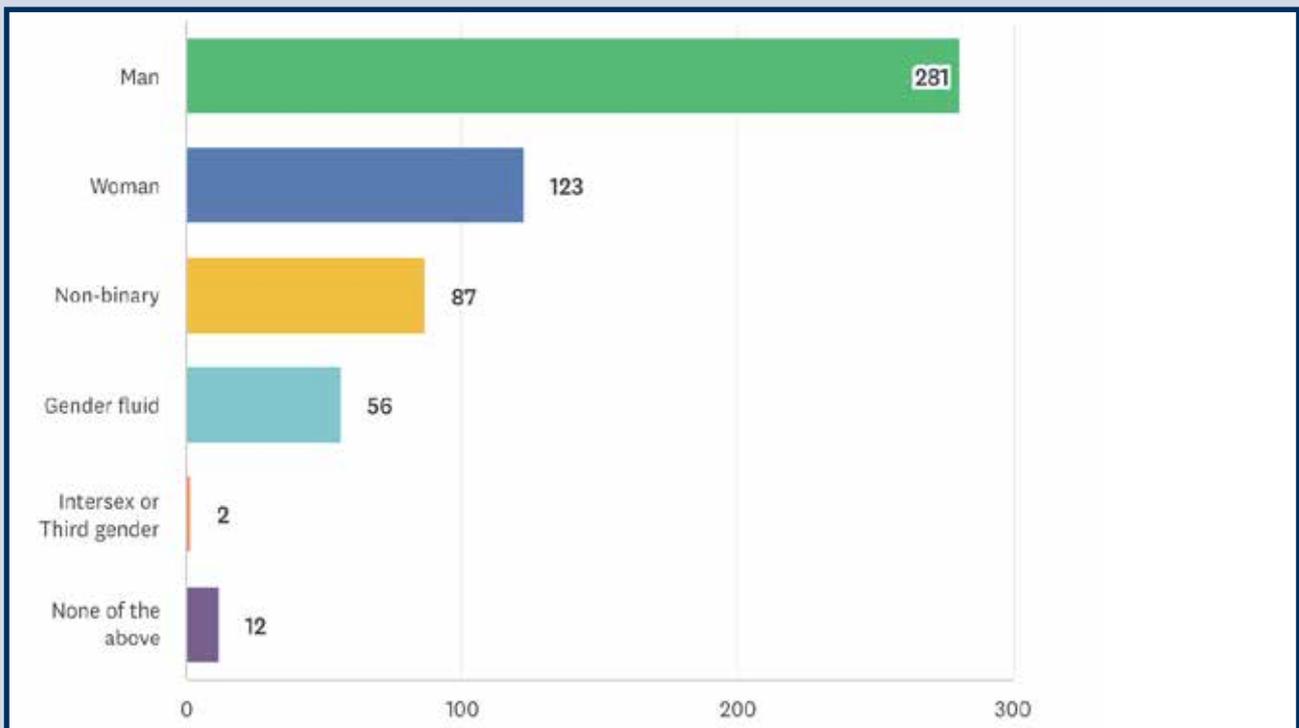


Chart 1: Respondents' self-identified gender identity, out of a total of 535 responses.

Not all respondents answered every question and some questions allowed for multiple answers.



Respondents self-identified their sexual orientation as

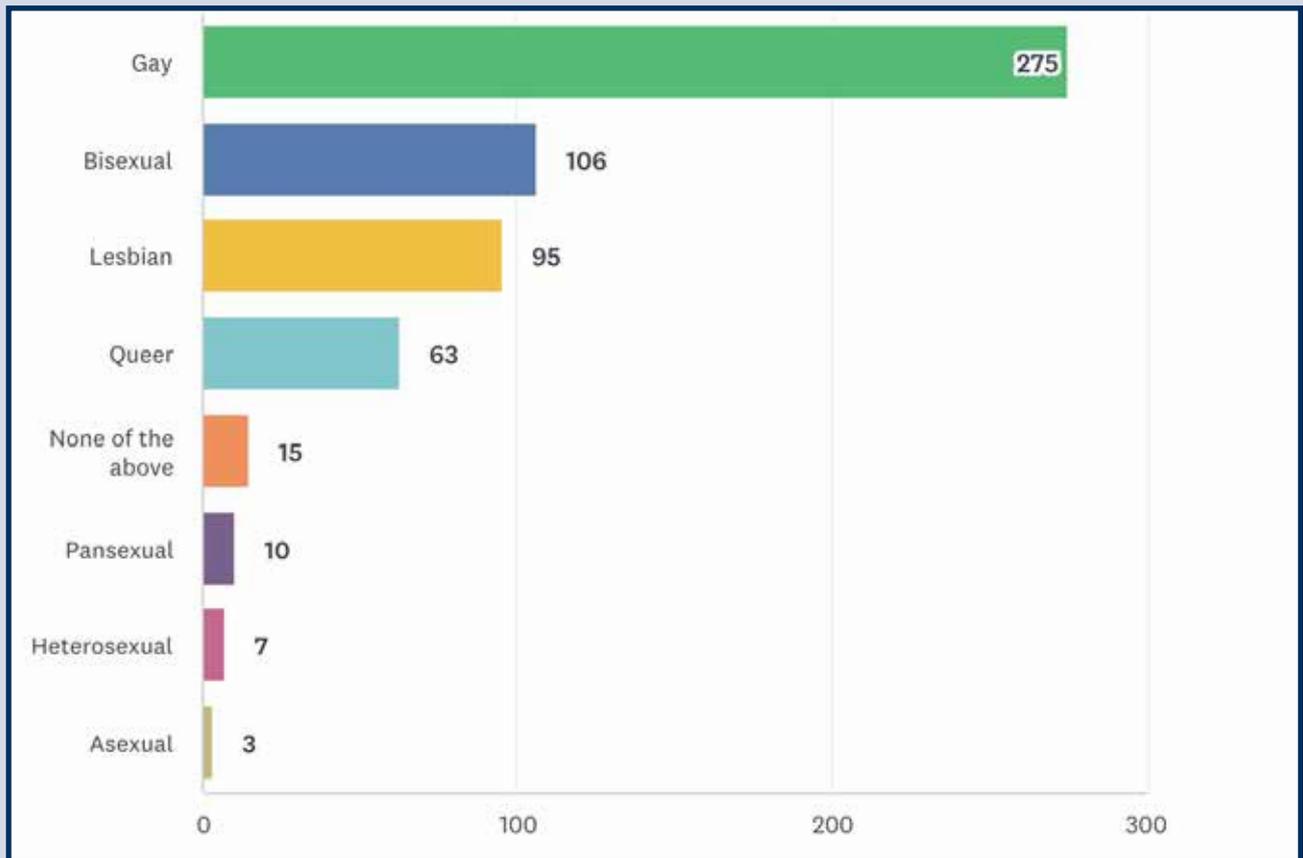


Chart 2: Respondents self-identified sexual orientation, out of a total of 543 responses.

Respondents' Awareness of So-called Conversion "Therapy"

Almost 73 per cent of the respondents or 393 people out of 541 stated that they were aware of the availability of so-called conversion "therapy" practices that existed in Kenya. Eighty-three responded that they were not aware of any availability and 65 said that they had heard of it but had no understanding of it. Of those who were aware of access to such "therapy," respondents identified a wide range of practitioners providing such "services." Licensed health professionals, individual religious leaders, faith-based organisations and religious community members were the most frequently selected. Some also selected family members and community members as practitioners.

A majority of the respondents - 496 out of 547 - knew a so-called conversion "therapy" practitioner and the responses reflected that the individual they knew personally was either a religious leader, a health care professional, a family member, a family friend or a neighbour, a teacher, a political leader, or a media personality.

Some also selected family members and community members as practitioners.

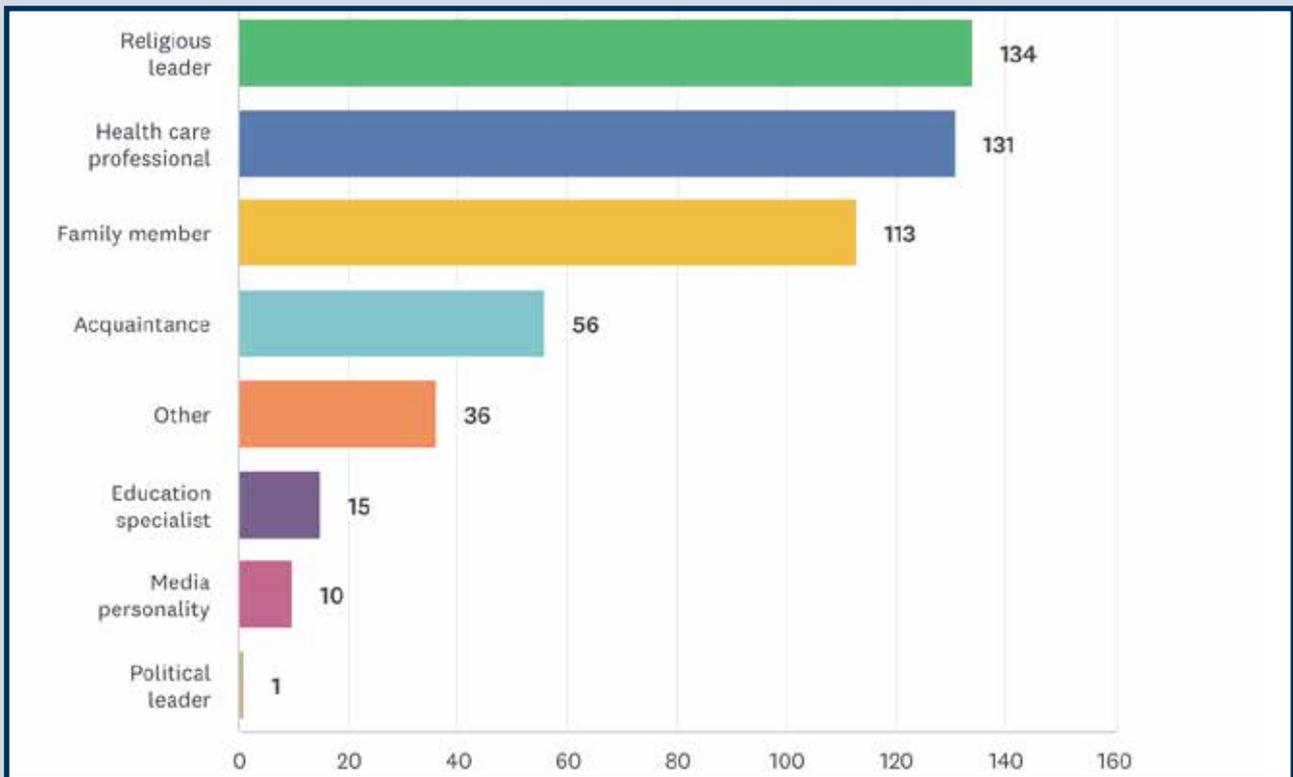


Chart 3: Respondents' knowledge of who is conducting so-called conversion "therapy" in Kenya, out of a total of 547 responses.

A little over half the respondents - 297 out of 525 - reported that they knew a physical location where a conversion "therapy" practitioner offered "therapy" services in Kenya:

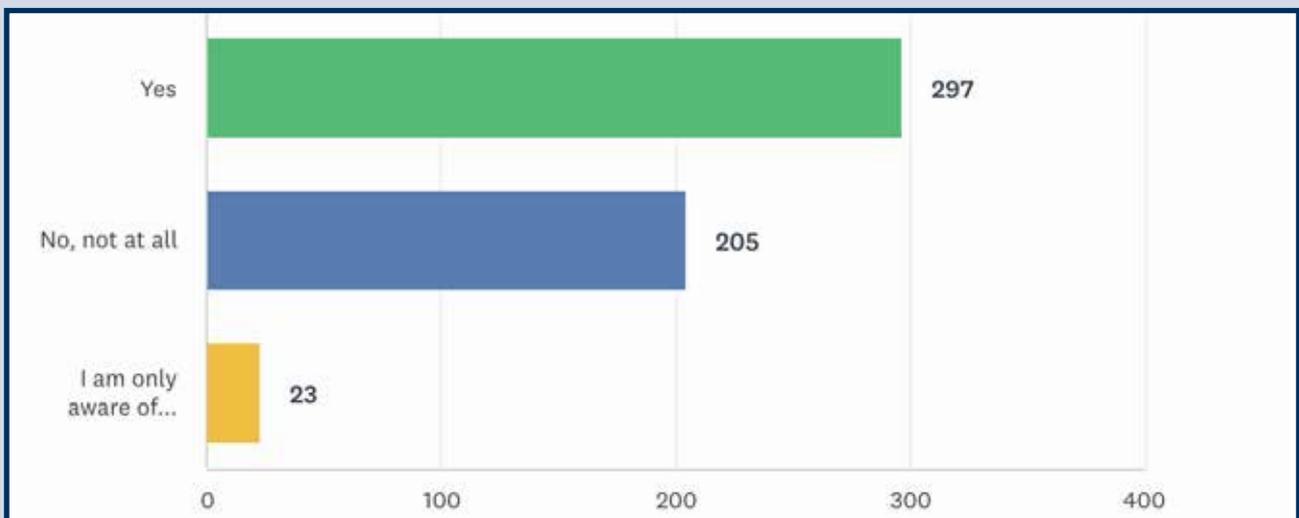


Chart 4: Respondents' awareness of a physical location where conversion "therapy" services are available in Kenya, out of a total of 525 responses.

The survey responses further highlighted the geographic breadth and pervasiveness of so-called conversion "therapy" in Kenya. Respondents noted being aware of the availability of such "therapy" in Nairobi, Mombasa, Kilifi, Kiambu, Turkana, Kisumu, Nakuru and Machakos among other parts of the country.

The data also demonstrated, as shown below, that conversion "therapy" practitioners advertise their practices mostly through word of mouth (referrals) and sermons and other talks in faith-based organisations. However, they also advertised their services on the internet or social media, referrals from health care practitioners, community bulletins, conference presentations and published books and brochures.

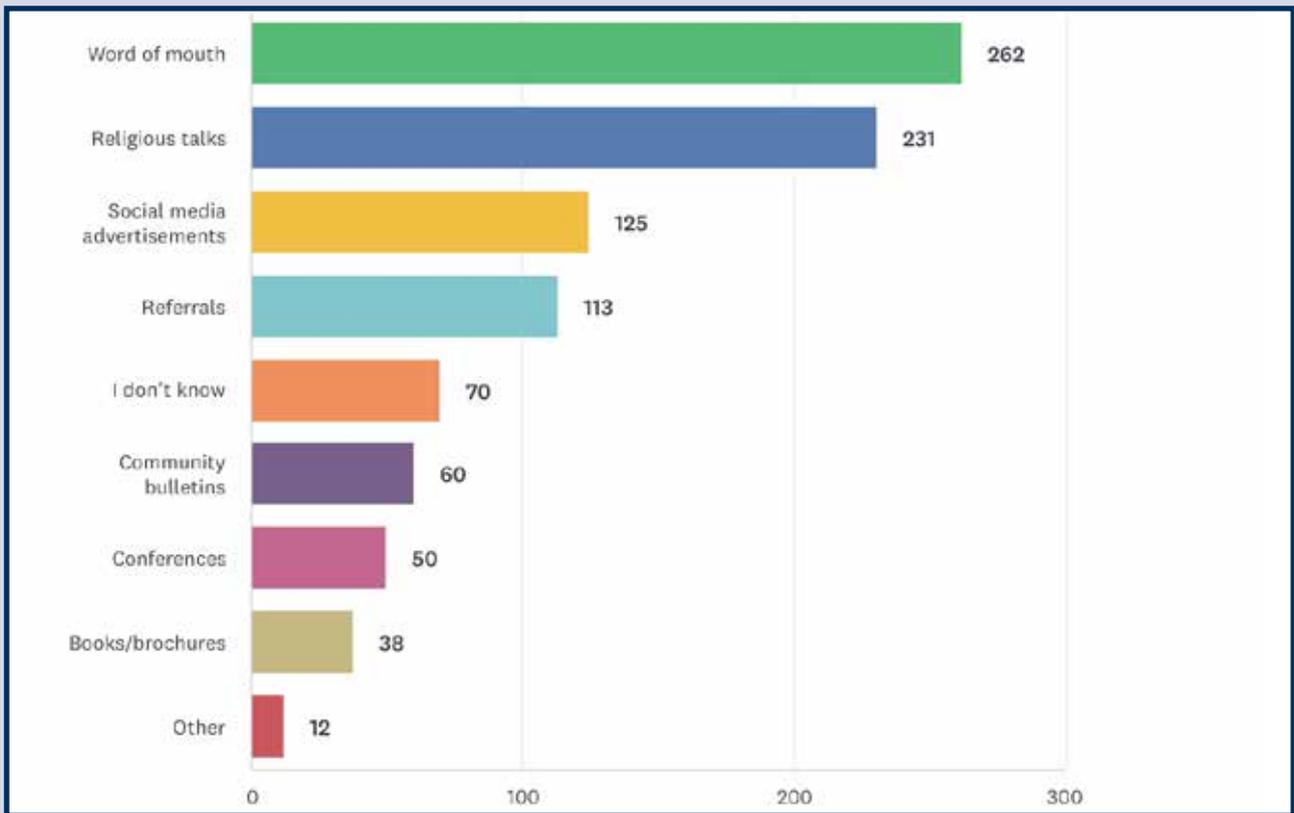


Chart 5: How “practitioners” advertise their services in Kenya, out of a total of 520 responses.

The data also demonstrated that conversion “therapy” practitioners advertise their practices mostly through word of mouth (referrals) and sermons and other talks in faith-based organisations.

Lived Experiences of “Conversion Therapy” Survivors

While no one under the age of 18 was interviewed for this report, 504 respondents indicated that children as young as 12 and 13 years of age have experienced insidious and/or abusive “conversion” efforts and those young people between 15 and 30 years are especially vulnerable, as they are still in school or university, and thus remain financially dependent on family.

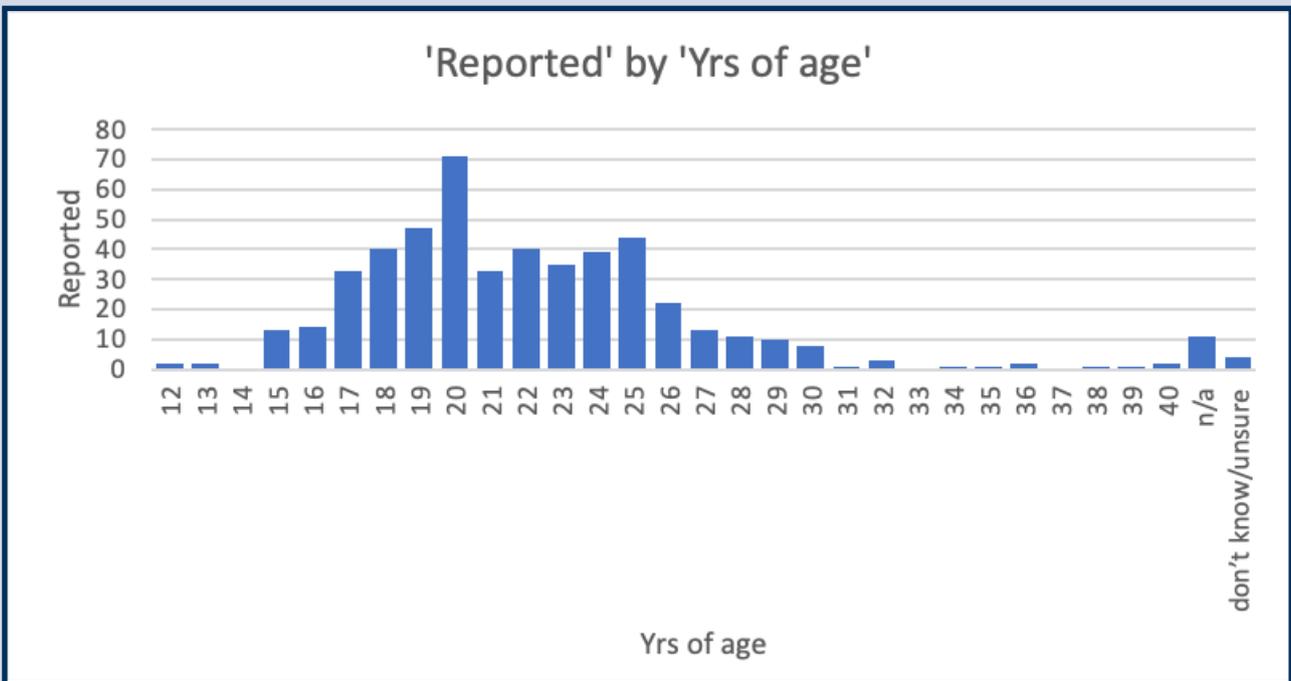


Chart 7: Ages of survivors, as reported by respondents, when they underwent conversion “therapy” or the age of someone they knew had experienced conversion “therapy,” out of a total of 504 responses.

When asked about why respondents ended up in so-called conversion “therapy,” nearly half of the 516 respondents said they were forced into it, and 112 were “advised” to do so. Seventy-one reported that they had sought out such “therapy” by choice because of a range of social and family challenges. (See more in the next section.)

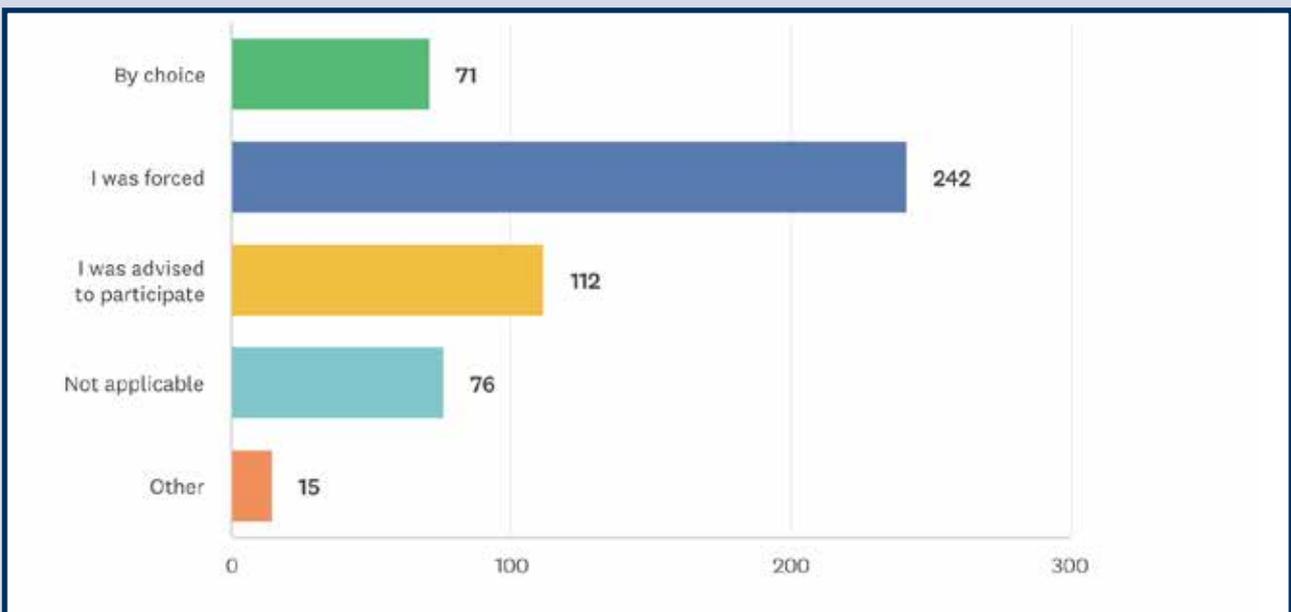


Chart 8: Personal motivations for undergoing conversion “therapy,” out of a total of 516 responses.

Coercion, Threats and Loss

Respondents shared a broad range of reasons for seeking out “therapy,” including intense, but at times unspoken, social and family judgement or pressure, as well as fear of economic abandonment, among other motivations. Some respondents said they chose to undergo conversion “therapy” because they believed they were not “normal” or had mental health issues, such as self-hatred and depression or because they valued social and family conformity more than affirming their sexual orientation and/or gender identity. Their stories indicate that their “choice” was often largely driven by numerous external factors and as an expression of trauma associated with fear of losing key relationships and support networks.

Respondents:

- ☞ *The future of my life as a queer person was too scary. I grew up religious and I wanted to be normal like everyone else. Also, it was said often that it's possible to change if you really want to change it.*
- ☞ *I did what my family wanted to prove that I was invested in the healing process. I was always angry and felt like I hated everyone.*
- ☞ *I really thought I was not normal, and I felt neglected and abandoned. I also did not want to let my family down. I really thought I was “ill”.*
- ☞ *My biggest reason was my dad who threatened to kick me out in Form 3, though I moved out eventually.*
- ☞ *I wanted to quench my curiosity of why I kept on being abused everywhere I went, and I thought that this would be my answer so that I get accepted.*

Some respondents reported that they had been told by others that the “therapy” would be “healing” and that they had no option but to change who they are or how they express their identity. Key members of their communities such as family members and religious leaders often warned of dire consequences and made explicit threats, such as damnation, being disowned, physical violence, and being expelled if conversion “therapy” was not undertaken.

Respondents’ perspectives:

- ☞ *Some church members suggested that I be prayed for to change the gay demon,*

or I will burn in hell because God hates gays.

- ☞ *For me, [community members] threatened to kill my mother [if I did not seek “therapy”]. For [a friend] it was being disowned and no more attending school.*
- ☞ *It was either the “therapy” or a severe beating from the police officer.*
- ☞ *My parents disowned me with the claim that they would only have me back if I stopped being ‘gay’. They cut me off financially. I was in my last semester in campus, and I did not have upkeep and had a tuition balance. I opted to try to change my sexual orientation in order to get the financial support and be around my family. They introduced me to a local doctor who had convinced them that it was not natural. He would call me to follow up on my conversion giving feedback to my parents. This was the only way I could get support from them. I was ex-communicated from all family events to the point I could not attend family burials. They did not pay my rent and insisted that I was staying with men. My father would have random visits to confirm it.*
- ☞ *Our principal gave us two options: to be expelled or go to therapy and not be expelled.*
- ☞ *My parents were so mad, and they threatened me to be an outcast by disowning me from their lives [if I didn’t attend “therapy”]. I was scared and going through a depression.*

In many instances, respondents described how coercion increased in intensity from the moment of discovery starting with family conversations, then escalating to counselling and prayer, and then to violence or economic duress. If such efforts did not succeed, the individual was often ostracized from family and friends.

Respondents’ perspectives:

- ☞ *I come from a religious family, and it happened that someone outed me to my parents and so they learnt of me being lesbian and they told me to stop... I couldn't stop being lesbian for real and so religious leaders were called to our home to pray for me to change from being lesbian to straight, but I still*

couldn't. So, to punish me, my dad, who is one of the religious leaders, stopped paying my fees and chased me away from home and disowned me.

- *Being raised in a deep-rooted family was the cause of my journey to the conversation process. At the age of 16, my parents were always asking me questions because of how I conducted myself around other men. The worst of all, it's when they caught me in the act having sex with my friend who was male too. I remember that's when my horror begun. I was first beaten by my dad and forced to kneel down for a 5-hour prayer as they were binding the spirit in me, commanding it to come out by force by thunder. I thought things would change but I couldn't change who I am. In fact, things became worse as I couldn't hide what I feel. My father was there to see all this. My father used to lock me up in the house and not allow my male friends to come and each Sunday I would be taken to my pastor for serious prayers and even had one on one meetings with different pastors who wasted their anointing oil and water (the blood of Jesus) to cast out the demon but it never worked. It was just a painful experience.*

The respondents noted pressure for quick social conformity for individuals who were outed or unknowingly discovered by their family members.

Respondent perspective: People involved in trying to “convert” me were the police, the pastor and village elders. For six months I was taken to the police station for beating, for about twice a week. The beating was always followed along by a written confession that I will change.

Conversion therapy practices often resulted in self-ostracization and the respondents looking for/finding new family/community.

Respondent perspective: *The friend whom I knew was the one taken to church pastor for prayers with his family. The family was totally traumatized & tortured psychologically that triggered them to force my friend to be taken for prayers coercingly... However, all this happened but unfortunately my colleague couldn't change as they wished... This resulted in him escaping & running away from the family and seeking his own way of life! Until to date, he decided to live his life and he hasn't visited or corresponded with the family.*

Methods of Conversion “Therapy”

Unethical Physical and Mental Health Services

Medical interventions of various kinds, for example, meeting with counsellors, psychologists, and doctors was frequently cited by respondents who also noted having experienced egregious and unethical practices by health care providers such as forced anal exams facilitated by medical practitioners. In some instances, this was taken as an initial step to conversion “therapy” practices, medication, and counselling/therapy.

Respondents' perspectives:

- *The parents got a doctor to give medicines and bring random guys to pursue them into having sex with them so that they enjoy sex and become straight, saying bad things like being LGBTQ will make their life hard and spoil the family name.*
- *My phone was stolen and unluckily I did not have a password in it. So, the guy who acquired it went through it and sent my chats and pictures to my mother and sister who were in my contact list. Hell broke loose when I reached home... All my family members were gathered around waiting for me with all proof in their phones. They asked if I was gay, and I tried to deny it... My father beat me terribly and the following day I was taken to the doctor to inspect me if I have indeed had sex by inspecting my anal region... Then I was taken to my grandfather to be told the dangers and risks of being gay and how I will die with HIV/AIDS. My father threatened to shoot me if he ever heard I was gay again. My father is a policeman.*
- *I was caught in the act of having sex with my boyfriend and I was taken to our local counsellor in Machakos hospital. I was forced to be screened for mental issues, later to be subjected to daily counselling sessions by the counsellor. My dad would later scare me that he would kill me if I don't stop being gay and out me to the whole community.*
- *I was advised to meet a psychologist. My family believed that I was not normal mentally when I was caught by my dad watching gay porn. My first psychologist wanted to change my sexual orientation stating that I was mentally disturbed. After that I was referred to another*

psychologist who was against conversion practises. My parents terminated the therapy sessions and decided to find an Imam to come pray and teach me good moral ways of life. I was put through a lot of pressure, but I have not been attracted by the opposite sex. Until now I am still undergoing prayers and from what am hearing I might be scheduled to visit a religious camp... I am stranded and confused.

Praying Away the “Gay”

One common method of conversion “therapy” includes prayers ranging from a few hours to six months because of supposed demonic or Satanic possession.

Respondents’ perspectives:

- *I was outed while at home. My parents (who are clergy members) prayed continuously rebuking the gay demons in disgust and pain while laying hands. They also took me to some bishop friend of theirs to get counselling on how to change my “sinful” behaviours. There was also an elder in the community who was to give me advice on how to be a woman.*
- *Their guardian was informed about him being a gay person. The next thing that happened was that he took him to an Imam and stayed there for two days praying for evil Satan to let go of him and change his ways and dressing and hairstyle.*
- *I was taken to a bishop of the Presbyterian Church of East Africa to be prayed for to stop being gay. My parents and relatives used to say that its demonic and not natural. After months of prayers, I ran away from home.*
- *I was told that being gay was demonic and that I needed spiritual intervention to be cured from the homosexuality spirit. I went through a lot of prayers and at some point, I contemplated committing suicide. I almost lost myself.*
- *It was at my home place where my family members came with the religious leader (Imam) and started to give me advice about my sexual identity. They went further by threatening me with suras from the holy Quran, and on the fifth day they gathered like three imams*

and some family members then I was placed at the centre of the meeting, with some of incense burning and reciting some Quran suras. The Imam held my left hand and placed my middle finger in between two [pieces of] wood and started pressing and reciting Quran. The other imam was busy telling me “sema nimeacha ushoga na nimerudi kuwa mwanaume kamili.” [“say... I give up homosexuality and I’m back to being a perfect man.”] like 7 times. Due to pain I was in, I had to say it and accept that I had to stop being gay.

Forced Sex/Marriage and Physical Violence

In some instances, respondents reported that family members sought to coerce heterosexual sexual conduct or marriage as a “cure.” Some respondents noted that “therapy” often involved beatings to enforce conformity and torture which may amount to cruel, inhuman and/or degrading treatment.

Respondents’ perspectives:

- *My dad found out I was a lesbian at the age of 20. He was furious and called all my uncles and elder family members. They all agreed that I should be baptised by fresh cow waste and drink the blood for me to be cleansed (sic). They did but after some time they realized I haven’t changed so they were forcing me to get married and that’s when I ran away. Before that, I was given an elder to talk to me every day.*
- *She was outed by her friend. The family got mad and asked her to stop, which she answered that she can’t. They locked her in her brothers’ simba for two weeks and she was forced to fast, and a pastor prayed for her. There was no change, so they organized for her to be raped.*
- *When my parents realized I was queer and I loved girlish clothes, I was taken to a pastor where my mom used to go to church. They used to pray for me and at some point, I would be beaten by my brother and father so as to change and man up.*
- *She was forced by her parents to get married to a man she never loved just because she wasn’t allowed to love her fellow woman, who was me. I was the*

love of her life. The marriage didn't work afterwards.

- *I am a Muslim so when my parents realised, I am gay, they went and paid dowry for a girl they wanted to marry me to. She would later be brought to my room for me to sleep with her. I ran from home.*

Forced Detention in Homes, Churches or Camps

Respondents highlighted that one method of “therapy” is to control the freedom of movement of the individual. By detaining people on private property, practitioners believe they can force compliance with heterosexual norms.

Respondents' perspectives:

- *My friend was locked in the house with limited access to people and the mother tried to bring therapists and perform cleansing ritual and random hook-ups to my transwoman friend.*
- *My parents locked me in the house. I could not go anywhere and every night they would pray for me not to be a homosexual. This happened when I was expelled from school for being a lesbian. This continued for like 3 years. They also invited a pastor from the church. I had to go for like 5 sessions in a month.*
- *After my parents found out about my sexual condition, my mum referred me to a camp which was to convert gay people. Researching about it, I was told by a friend, if you do not convert, they will restrain you from leaving until the person converts. This would take as long as an individual does not convert. I still have fear that since I escaped narrowly, that they would remember and force me to go.*

Hearing from Conversion “Therapy” Practitioners

The data was collected from 16 conversion “therapy” practitioners from different counties or areas such as Bungoma, Kimilili, Nairobi, and Homabay, among others. The conversion “therapy” practitioners acknowledged that there were members of the LGBTIAQ+ community that attend their churches, schools, clinics or health facilities. The majority of the practitioners described the interaction

as guidance and counselling of the LGBTIAQ+ persons. Others described conversion “therapy” as mentorship, helping persons to become ‘normal’ or professional interaction through providing psychosocial support.

The conversion “therapy” practitioners run schools, churches, clinics and/or health facilities that conduct programs that “assist” or “support” members of the LGBTIAQ+ community to change their sexual orientation or gender identity. The programs vary depending on the nature of the work undertaken by the practitioner, or the context in which the conversion “therapy” occurs.

Respondents' perspectives:

- *Being a church leader, the people trust me and happen to share out what ails them. So, when someone comes up to me, I engage them willingly in counselling services through biblical examples and knowledge that this is a vice within our community.*
- *I handle all issues pertaining to... this case. I prepare a ritual for the person so that he or she is healed. This is first done by making some purification signs on one's body and applying some medicines on it. Afterwards, I advise them not to take a shower for 24 hours and allow the process to take place. They should, later on, avoid the gender with which they were sexually engaging for a month.*

A practitioner who conducts therapy as mentorship for young adults described the program in detail:

Respondent perspective: *Yes, we have a mentorship class for young boys and girls who periodically come to get guidance to how life should be. This does not necessarily start with gays and lesbians but is a wholesome section of community virtues and vices and for someone practicing ushoga. That's a curse and a bad one and we are keen to fight it, so when they come, we coach them for several weeks. This not only involves theological but also practical experiences, that is, dating the correct people and of the correct way they should live like.*

Another practitioner described the mentorship program targeted toward teenagers as follows:

Respondent perspective: *When a teenager is in the process of understanding himself, that is when we form those groups according to*

the age and the progress, and it is not based on their sexual orientation. We target young adolescents who have not yet made a decision on which side they want to be, and we usually encourage them against choosing to be LGBTI. We usually encourage them to stick to what was assigned to them at birth. We teach them that it is against the bible to choose any LGBTI side.

These programs run from one week to several months with one practitioner stating that it took as long as six months. However, some practitioners do not view conversion “therapy” as a specific program administered but as a question of morality, guidance and mentorship they give to LGBTIAQ+ members to “help” them.

Respondent perspective: *The church does not specifically have a program that caters to convert gender identity or sexual orientation, but they strictly stick to the Bible guidance that condemns homosexuality.*

According to the practitioners interviewed, the purpose of the conversion “therapy” programs includes:

- *To make LGBTIAQ+ persons ‘normal’;*
- *To provide mentorship;*
- *To ‘cure’ people;*
- *To try helping LGBTIAQ+ persons to come out of the ‘vice’ through counselling;*
- *To teach what is right and provide good guidance;*
- *To teach the ways of the Lord and win “lost souls” for those who viewed it from a religious lens;*
- *To help persons integrate to heteronormativity; and,*
- *To try to save the youth and future generation from homosexuality as it can lead to people not having children and/or contracting sexually transmitted diseases.*

Some practitioners explained that the foundation for conversion “therapy” practises is the Bible which has condemned homosexuality and that LGBTIAQ+ members are welcome in the church but should undergo counselling to change.

Respondents’ perspectives:

- *The Bible is very clear on the issue of sexual orientation or same-sex acts... It is*

outlawed by the Bible... various books in the Bible have condemned it. The church offers counselling services to members of the LGBTIAQ+ community who wish to change.

- *The Bible is very clear and categorical on this issue... Same-sex acts or gay relationships are not allowed. The main purpose is to win congregants to the ways of the Lord. It is my responsibility as a pastor to guide a person based on what the Bible is saying. LGBTIAQ+ persons are lost souls. We are not condemning the person but the Act. My church offers counselling services to our congregants. Even as the world becomes more liberal... the law of God will remain the law of God and our underlying principle will remain the Bible. As much as the world is going to change and gay rights are going to be adopted, we as a church will not hesitate to tell them that the Bible abhors homosexuality.*
- *There is no relationship between what we can do as a church in guiding and conversion therapy, we are not trying to convert you. When you come to us, we tell you the position of the bible... Ours as a church is to entirely tell you the ways of the Lord and not to convert you. If you identify as gay or transgender, we will not change or chase you. When someone comes to you for help, if at all coming to you as gay is coming for help, it is like a family problem, drug and substance abuse. It is just like any other problem that needs divine intervention, prayers, fellowship and deep spiritual understanding... It is a sin like any other...*

The conversion “therapy” practitioners all stated that they encounter many cases or individuals who require intervention to change their sexual orientation or gender identity, in the process of running their programs or interacting with members of the LGBTIAQ+ community. Several respondents were able to narrate examples as follows:

Respondents’ perspectives:

- *There was a man who used to cross-dress, and the community noticed and wanted to even lynch him, but I came in through a friend of his whom I had helped stop being a gay man, to give counsel to him. It was hard because he was open, but within time he became*

himself. Currently, we are working on his vice.

- I engaged him to restrict what he loved and introduced him to the opposite sex for fun and acquaintance, and also invited a doctor friend of mine to show him the consequences.
- We had communication with the person through our mentorship program where he visited me close to five times towards the end since he was more introverted. I tried to tame that and introduced him to friends and functions. This was successful in that he opened up to new realities of life.
- We use the church to intervene and use the teachings of the Christian faith.

On the spiritual/ethical/ philosophical foundation of their practices or programs seeking to change the sexual orientation or gender identity of members of the LGBTIAQ+ community, the conversion “therapy” practitioners explained that being LGBTIAQ+ is a vice, a societal problem that requires mentorship and it goes against the culture of the community. Some indicated that it is a sin that God is against and that it is unethical and amounts to societal decay. Others viewed it as western influence and goes against African culture. In addition, others interpreted it from a religious point of view, whereby God made man and woman for marriage and reproduction, and that is what should be practised in society.

The majority of the practitioners stated that there were no organisations that they partner with in carrying out their programs or practices seeking to change the sexual orientation or gender identity of members of the LGBTIAQ+ community. However, they identified that they work with parents, referrals from the community, herbalists, referrals from medical professionals, as well as religious leaders who refer people to them.

On their personal thoughts or feelings about programs or practices that seek to change the sexual orientation or gender identity of members of the LGBTIAQ+ community, the conversion “therapy” practitioners gave their views as follows:

Respondents’ perspectives:

- There is need for them, just for the benefit of the security of these persons like if it was not for me, then the trans-person would have been lynched.
- There should be more to help parents like me to avoid being put to shame and watching your child go the wrong way.
- More awareness should be done to identify more counsellors. Our community is rotten, and we need to guide these young people.
- (Translated from Swahili) This program is good to try to save the youth because we see them getting lost in the world. These things bring a lot of diseases, so we are trying to save the youth who are the hope of our future.
- The members of the LGBTIAQ+ community need to change their ways and assimilate.

The majority of the conversion “therapy” practitioners strongly believe in these practices and believe that they are legitimate, helpful and ought to be encouraged.

Survivors’ Perspectives on Addressing Conversion “Therapy”

Availability and Legality of Conversion “Therapy”

As activists seek to advocate for greater action to prevent the harms of conversion “therapy” recounted by survivors, the views of those most impacted by it are an important aspect of developing future strategies. The survey questions sought to understand the range of perspectives on if conversion “therapy” should be legally permitted and/or accessible in Kenya for those who seek it, and what options should be available to address the trauma survivors had shared. Three hundred and fifty respondents out of 530 were personally against the practice of so-called conversion “therapy” as compared with 90 in favour. The rest of the respondents were either not sure or would need more information to be able to articulate their stance on conversion therapy practices.

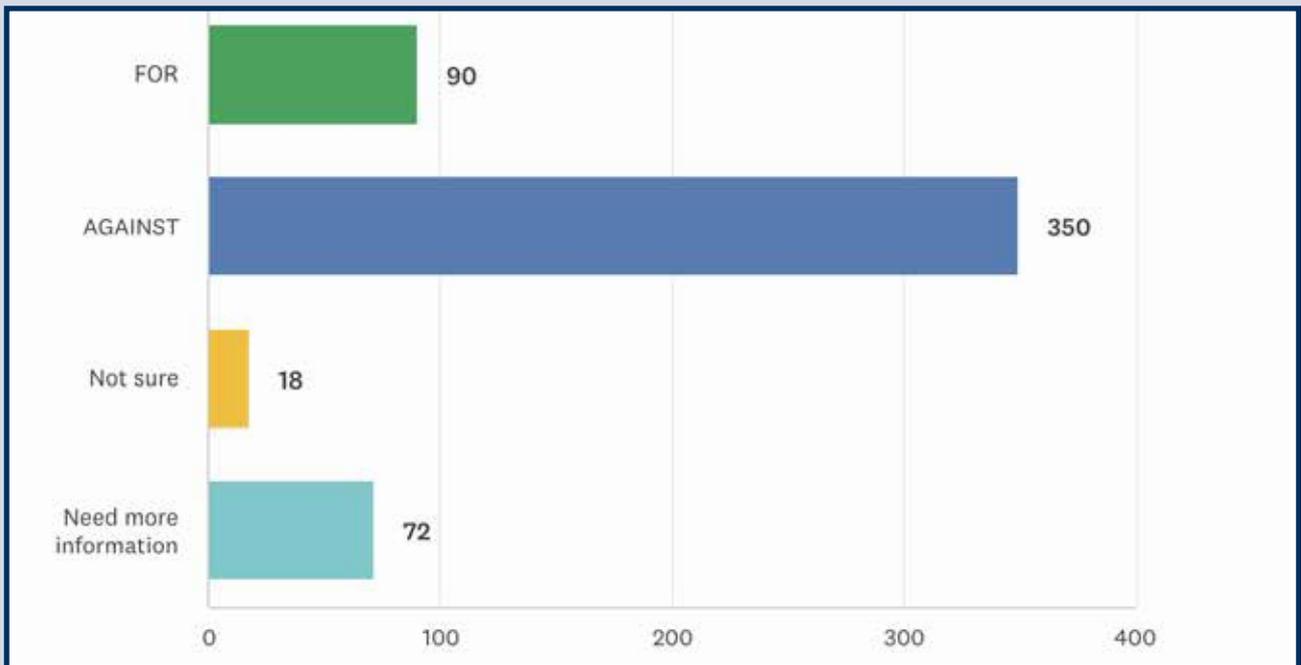


Chart 9: Respondents' views on if conversion "therapy" should be permitted in Kenya, out of a total of 530 responses.

Furthermore, 325 respondents out of 525 believed that conversion "therapy" practices should be made illegal and punishable by law while 126 respondents believed that it should be allowed but changed to eradicate "dangerous methods." Forty-eight respondents believed that it should be legal.

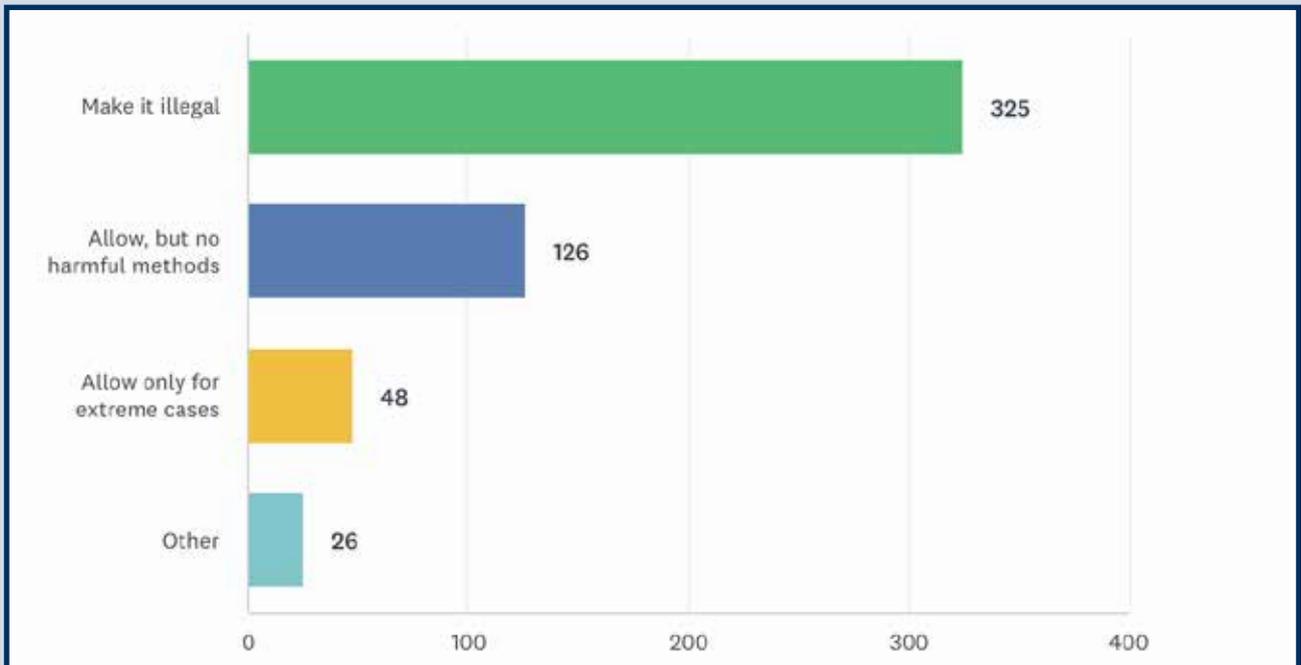


Chart 10: Respondents' views regarding if conversion "therapy" should be legal in Kenya, out of a total of 525 responses.

Respondents were generally split on if people who were uncomfortable with their gender identity and/or sexual orientation should be able to "freely seek" conversion "therapy" if they "choose" to, and 98 of the 540 respondents were not sure. As myriad responses indicated, given the overwhelming social and familial pressures to conform to heteronormativity in Kenya, it is clearly very challenging to parse to what extent genuine free will and choice in seeking "therapy" are even possible as such

decisions are heavily intertwined with deeply embedded cultural and religious norms imbued since infancy. The survey results largely indicate that it would be a fruitful area for future research and discussions among activists, movement leaders and members.

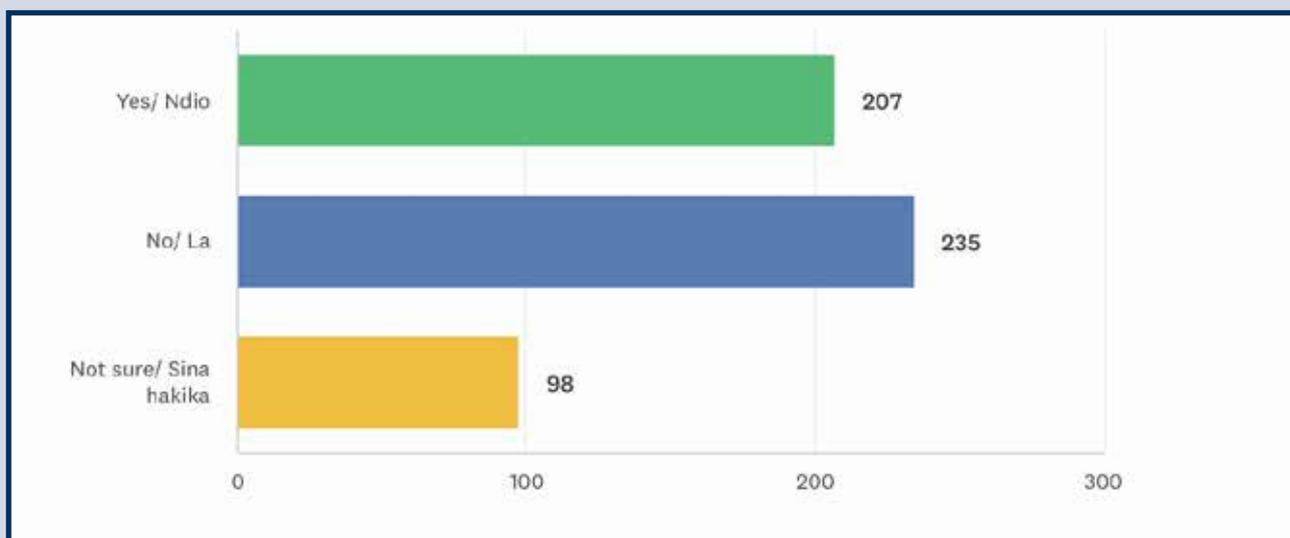


Chart 11: Respondents’ views regarding if a person who is personally uncomfortable and would prefer to convert to be straight, should be able to “freely seek” and participate in conversion “therapy,” out of a total of 540 responses.

Of those who felt that conversion “therapy” should be available, at least half of them believed that anyone seeking to “convert” has the right to and/or should be free to exercise their personal choice in that pursuit.

Respondents’ perspectives:

- ☞ *As long as the decision is made by him/herself with no coercion. I believe it is right to let the person experience and get closure.*
- ☞ *Everyone is entitled to choose what they want; however, it should not be towards change but kujijua (to know oneself).*
- ☞ *I think one should be given the freedom to explore their options however the “help” should not be tailored towards change but help one to self-identify themselves however they want and to be listened ... so as to avoid cases of depression, anxiety, suicides etc.*
- ☞ *I think everyone has a right to come to a decision on what they like in life and if they are comfortable with conversion then I think we need to support them in that too.*
- ☞ *I’m aware that conversion therapy is wrong, but I feel if we remove the choice from them, we are still infringing on their right to choose and free will.*
- ☞ *Allow [conversion “therapy”] but change*

it to providing a safe space/services/sessions by a professional, for one to self-identify but not to use “conversion therapy” as a platform to change someone, denying them the ability to choose what they want. The services should be like a guide to self-realization and not force change.

For those who felt that conversion “therapy” should not be available, some argued that it should be illegal and never allowed. The comments indicated the important distinction between access to affirming mental health counselling and “therapy” that purports to “convert” or alter someone’s gender identity or sexual orientation.

Respondents’ perspectives:

- ☞ *You cannot change who you are no matter how hard you try... This will destroy you both emotionally and physically... You have to accept yourself... That’s the first step of healing.*
- ☞ *[Conversion “therapy”] insinuates it is a choice to be or not to be [LGBTQIA+]. Most times it’s a personal experience and our societal conditioning forces us to see ourselves as “not supposed to exist like this.” It is a clear sign that said person needs an unbiased place to express their experiences and process what their identification with themselves is, without*

the pressures of the same society that will encourage the person to reject themselves, rather than come to their own realization.

- *There is no evidence that [conversion “therapy”] works. Alternative forms of psychotherapy and cognitive behavioural therapy (CBT) should be applied to help them deal with the self-rejection they are undergoing.*

Seeking and Establishing Affirming Support Systems

Throughout the survey, respondents reflected in various ways on the absence of meaningful support for those in conversion “therapy” or living with the traumatic impact of such “therapy.” In some instances, survivors and LGBTIAQ+ friends and allies said that they had sought to provide emotional support, though largely informally. Ensuring there are affirming, safe and confidential environments to share the challenges of gender identity and/or sexual orientation as well as any

associated trauma is one step to improving the environment for the protection of the rights of LGBTIAQ+ people. It is also critical to address the physical and mental abuses that are inflicted on survivors of conversion efforts.

Respondents to the survey noted that they offered LGBTIAQ+ persons who they knew had undergone so-called conversion “therapy” a range of support. Three hundred nine of the 509 respondents to this question said they actively listened to experiences of survivors to provide emotional support, 204 introduced survivors to other LGBTIAQ+ people and an LGBTIAQ+ community, 114 linked survivors to LGBTQIA+-affirming faith communities, 106 helped them find professional mental health support and almost 100 advocated for and/or with them in other ways. While 94 said that did not know how to support survivors, 58 said they connected them to other conversion “therapy” survivors, as illustrated below. Some respondents noted that they had assisted survivors in seeking jobs and actively seeking to affirm the suffering that they had experienced.

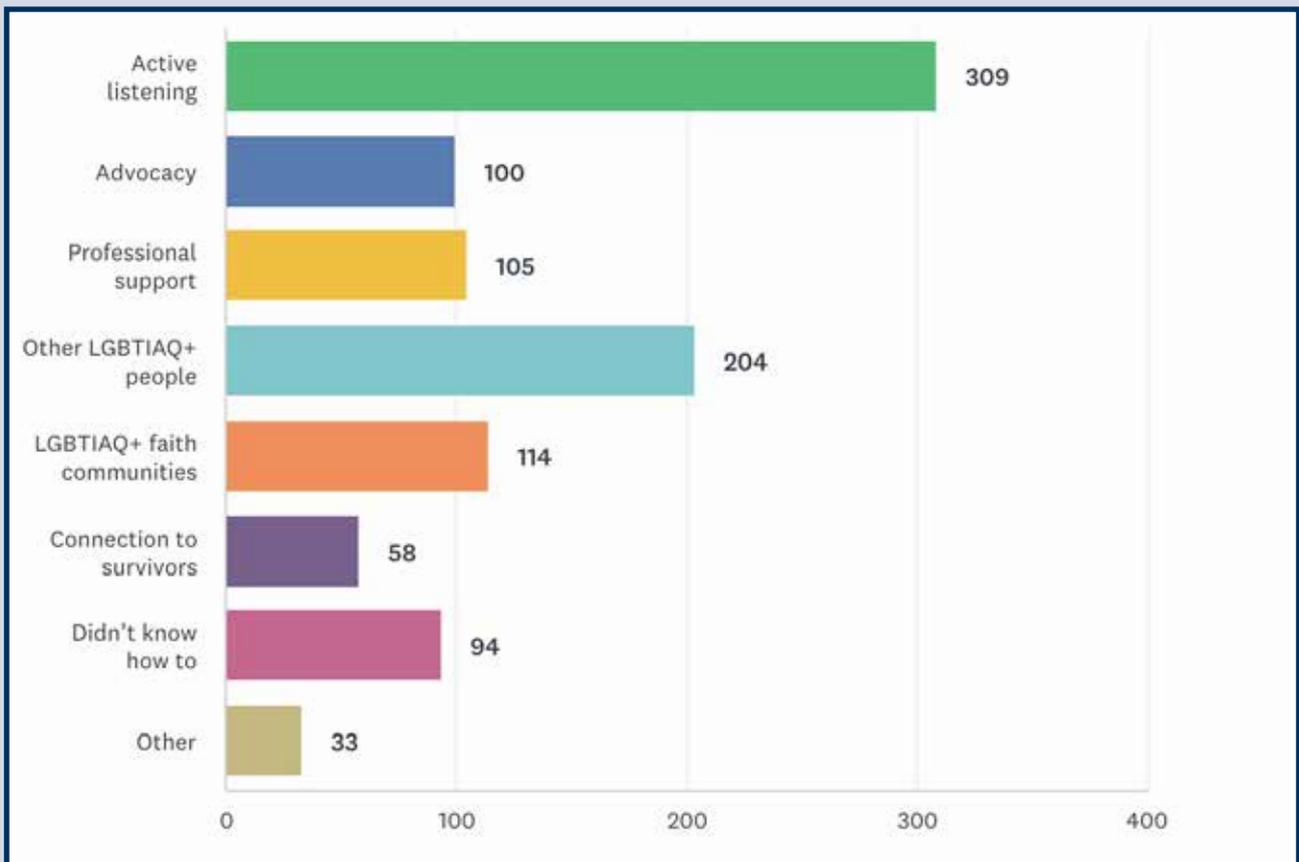


Chart 12: How respondents provided support to those they knew had undergone conversion “therapy,” out of a total of 509 responses.

For respondents who had undergone conversion “therapy,” about half said that they sought someone to listen to them and their struggles and about half indicated they needed professional support. Survivors also noted that they wished that they could have more safe spaces to be themselves in society, networks of survivors for greater solidarity, queer religious leaders to pray with, as well as economic empowerment so they could be less dependent on judgmental family or community members, and access to scholarships to complete their studies.

Some respondents noted that for those who remain uncomfortable with their sexual orientation and/or gender identity, there should be greater access to therapy that focuses on healing and self-acceptance. Suggested approaches included encouraging individuals to pursue healing from their internal and external trauma and conflict and support to increase self-esteem and self-awareness. One important factor many respondents raised was access to safe and appropriate education, sensitisation, and

empowerment programs from qualified non-judgmental LGBTQIA+-affirming mental health professionals.

Respondents’ perspectives:

- *Therapy should align with the person’s identity, not to change them but to help overcome self-stigma and embrace self-acceptance.*
- *There should be more professional therapy, not for conversion but for self-exploration, self-identity and trauma healing.*
- *I don’t believe there are therapies or techniques to cure “the gay.” But I would refer them to a queer-affirming therapist/counsellor to speak their mind out.*
- *There should be more advocacy and education initiatives. Institutions should teach that homosexuality is not a mental disorder, and the advocacy should work in the same way we work on HIV.*

“

One important factor many respondents raised was access to safe and appropriate education, sensitisation, and empowerment programs from qualified non-judgmental LGBTQIA+-affirming mental health professionals.



Annex 1: Distribution of Research Assistants for Data Collection

Distribution of the membership across Lenana, Batian and Nelion, as well as the names of member organisations and the constituencies they serve.

LENANA	BATIAN	NELION
MWA (Nairobi) LBQ	KYDESA (Nakuru & Kericho) LGB & MSM	RWOK (Mombasa) LBQ
QueerHive (Nairobi) LBQ	Q-Initiative (Uasin Gishu & Trans Nzoia) LGB	Amkeni Youth (Kilifi) GB & MSM
Hoymas (Nairobi & Nyeri) GB & MSM	URM (Turkana) LGB & MSM	Hapa Voi (Taita Taveta) GB & MSM
ISHTAR (Nairobi) GB & MSM	GUMZO (Bungoma) LGB & MSM	Muamko Mpya (Lamu) GB & MSM
GKT (Nairobi) GB & MSM		Pema Kenya (Mombasa) LGBTQ+
MPEG (Kiambu) GB & MSM		UKWELI (Mombasa) GB & MSM
LEHA (Kiambu) LBQ		Hapa Kenya (Mombasa) GB & MSM
		Tamba Pwani (Kilifi) GB & MSM



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