



OUTRIGHT  
INTERNATIONAL

POLICY BRIEF

# Conversion Practices

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- Conversion practices can **violate a range of human rights**, including the right to the highest attainable standard of health, the right to be free from torture and other forms of cruel, inhuman, and degrading treatment, and the right to non-discrimination.
- States have an obligation under human rights law to eradicate conversion practices. Governments should **never fund or promote** conversion practices, through direct or indirect pathways. They should adopt **holistic approaches that address the root causes** of these harmful practices.
- Laws prohibiting or regulating conversion practices should be precise, context-specific, **prevention-focused**, survivor-informed, and aligned with international human rights standards.
- Conversion practices should be **criminalized when they amount to torture**. Some of these practices may already be penalized under existing criminal laws, such as those prohibiting physical and sexual violence.
- Criminalization may not be an appropriate response in certain circumstances, including when criminalization would create additional barriers to safety and healing for those affected and when it would pose **legitimate concerns regarding rights** to freedom of association or freedom of expression.

KEY POINTS

## What are conversion practices?

Conversion practices include any sustained effort to change or suppress a person's sexual orientation, gender identity, or gender expression, by any means.

Outright avoids the common term “conversion therapy” to refer to these practices. “Therapy” implies treatment for a disorder. Sexual and gender diversity is not a disorder, and conversion practices are not treatment. They have been discredited as ineffective, unscientific, and harmful.

Outright International has documented various forms of conversion practices in a series of reports.<sup>1</sup> These range from aversion “therapy,” talk “therapy,” and so-called “ex-gay” or “ex-trans” support groups, to forced confinement, sexual assault, and physical assault, including beatings and restraint of movement.

This category **does not** include interventions affirming trans individuals' gender identities, which some anti-gender actors incorrectly describe as conversion practices.

Medical violence against intersex people can also be understood as a form of conversion practice. This practice is addressed in a separate, dedicated brief.

Research suggests that asexual people may face distinct pressures that make them particularly vulnerable to conversion practices.<sup>2</sup> The UK's 2017 National LGBT Survey found that asexual respondents were the group most likely to have undergone or been offered conversion practices to change their sexual orientation (10 per cent).<sup>3</sup> A 2022 online survey, dominated by respondents from North America and Western Europe, found that 10.8 percent of asexual respondents had been offered, advised to undergo, or subjected to such practices.<sup>4</sup>

## What is the duty of states regarding conversion practices?

Under international human rights law, governments have an obligation to eradicate conversion practices. This includes the duty to:

- **Respect** human rights, including the rights to health, freedom of expression, physical and psychological integrity, freedom from torture, human dignity, and non-discrimination, by not funding, carrying out, or promoting conversion practices.
- **Protect** these rights by addressing the root causes of conversion practices and preventing non-state actors from carrying them out through holistic legal and policy strategies.
- **Promote** these rights by creating conditions for full equality regardless of sexual orientation, gender identity, or gender expression.

Fulfilling these duties requires eliminating all forms of violence against LGBTIQ communities, including conversion practices, as a key priority to advance equality.

“The Committee emphasizes the rights of all adolescents to freedom of expression and respect for their physical and psychological integrity, gender identity, and emerging autonomy. It condemns the imposition of so-called ‘treatments’ to try to change sexual orientation.... It urges States to eliminate such practices, repeal all laws criminalizing or otherwise discriminating against individuals on the basis of their sexual orientation, gender identity or intersex status, and adopt laws prohibiting discrimination on those grounds.”<sup>5</sup>

–UN Committee on the Rights of the Child

## How can states prevent conversion practices?

States can prevent conversion practices by addressing their root causes—stigma and discrimination fueled by homophobia and transphobia. States should:

- **Repeal laws** criminalizing same-sex intimacy or gender diversity, and other laws that directly or indirectly discriminate against LGBTIQ people.
- **Establish protections** against discrimination based on sexual orientation, gender identity, and gender expression.
- **Commit to public messaging** promoting acceptance of sexual and gender diversity and against the harms of conversion practices.
- **Ensure LGBTIQ-inclusive training** and curricula in health, education, and social work that do not pathologize sexual and gender diversity.
- **Provide inclusive, affirming, and non-discriminatory** medical and mental health care services to LGBTIQ people.
- **Prohibit state funding** at home and abroad to actors carrying out or promoting conversion practices.

- **Collect and disaggregate data** on the incidence and harms of conversion practices.
- **Engage in dialogue** with religious, community, and traditional leaders, families, educational institutions, and professional associations to end conversion practices.

## Should states criminalize conversion practices?

States should criminalize conversion practices when they involve violence, coercion, or amount to torture, while using other legal, policy, and educational measures to address non-coercive forms and prevent harm.

The Convention Against Torture requires states to criminalize all acts of torture. Conversion practices such as beatings, rape, forced nudity, force-feeding, isolation and confinement, deprivation of food, and forced medication can amount to torture “depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted.”<sup>6</sup>

Criminal law is not always the appropriate response to every type of harm. It may also not be the strongest tool to achieve the overarching goal—to eradicate conversion practices.

Laws prohibiting or regulating conversion practices should be context-specific, prevention-focused, survivor-informed, and aligned with international law.

Survivor-informed approaches are “designed, implemented, or evaluated with intentional partnership, collaboration, and input from survivors to ensure that the program or product accurately represents the needs, interests, and perceptions of the target victim population.”<sup>7</sup>

Efforts to eradicate conversion practices are more wide-ranging than carceral or prohibitive measures. They must emphasize looking beyond individual criminal liability to address root causes, and require a commitment to unteach, unlearn, and uproot all forms of bias and discrimination against LGBTQ people.

Creating new criminal offenses to address conversion practices, particularly those that do not cause physical injury, should typically be a **last resort**, taking into account the judicial reality and institutional capacity of each country.

Criminalization and incarceration may lead to adverse human rights consequences.<sup>8</sup> Imprisonment in poor conditions can itself be life-threatening, and criminal laws typically are **deployed against the most marginalized** in society, including racial, ethnic, and religious minorities. Some conversion practices, while harmful, are not forced or coercive and may include forms of speech and association that are protected under international law. Criminal law is not always the appropriate response to every type of harm.

## How can states prohibit or regulate conversion practices?

Any law seeking to regulate conversion practices should precisely define the term. Laws should also clarify what does not fall under this category, such as gender-affirming care.

**Clarification of existing criminal laws.** Some conversion practices may already be criminalized under criminal codes and other laws prohibiting torture, gender-based violence, child abuse, hate crimes, forms of assault, and grievous bodily harm, or other violent practices.

Conversion practices can themselves be understood as a form of gender-based violence, and it may be appropriate to envelop prohibitions within broader, holistic gender-based violence legislation.

States may wish to clarify, through a specific, comprehensive law on conversion practices, that the above mentioned violent acts remain criminal offenses when undertaken to change a person’s sexual orientation, gender identity, or gender expression.

Such laws do not necessarily create new offenses, yet build on existing legal frameworks by recognizing specific harms that require special attention. They also raise public understanding around these practices and encourage holistic responses. They should focus on preventive measures and survivor support as well as criminal sanctions, where applicable.

**Professional misconduct.** Governments and professional licensing boards should establish licensing standards that prohibit licensed professionals from carrying out conversion practices or issuing diagnoses based solely on a person’s sexual orientation or gender identity. Penalties may range from fines to delicensing to criminal sanctions.

In 1999, Brazil became the first UN member state to ban licensed professionals from carrying out conversion practices when the Federal Council of Psychology (CFP), in Resolution No. 1/99 (1999), prohibited the “pathologisation of homoerotic behaviours and practices.” It also directed all licensed psychologists to “refrain from coercive or unsolicited treatment to homosexuals” and prohibited their participation in events or services offering a “gay cure.”<sup>9</sup>

**False or misleading advertising.** Organizations engaging in profit-making ventures and commercial speech can be penalized for false or misleading advertising that claims that conversion practices can successfully change a person’s sexual orientation or gender identity.

In China in 2014, the Haidian District People’s Court ordered the Xinyupiaoxiang Counseling Center to “pay compensation to a gay man who sued it for giving him electric shocks intended to change his sexual orientation.”<sup>10</sup>

In the U.S. in 2015, a jury in New Jersey unanimously found that Jews Offering New Alternatives to Healing (JONAH, with the “H” previously standing for homosexuality) “had committed consumer fraud and engaged in unconscionable commercial practices under New Jersey law by selling services that it claimed could change clients from gay to straight.” It ordered JONAH to shut down.<sup>11</sup>

## When should states avoid punitive approaches?

Criminal law is not an appropriate response to all harms. Generally, it should be used as a response to harm that is inflicted upon individuals by force or coercion.

**Children.** Defined under international law as including anyone under 18, children comprise a significant portion of persons targeted by conversion practices. When children are victimized by these practices at the hands of family members, legal responses should prioritize prevention and restorative justice. Criminalizing family members should be a last resort in extreme circumstances as defined above. Responses should center on the best interests of the child. States should ensure that teachers, social workers, and other actors who can play a role in child protection have the capacity, resources, and mandate to report and act on suspected cases of abuse.

Governments should promote or provide LGBTQ-affirming therapy and other forms of support for families who are struggling to understand or come to terms with their child’s gender identity or sexual orientation. An excessively punitive approach might prevent children or other family members from seeking supportive services out of fear of legal consequences.

**Adults who seek conversion practices.** When adults actively seek out these practices, it may not be entirely voluntary. LGBTQ people operate within constraints in the form of homophobic and transphobic social pressures that can complicate consent.

Nevertheless, there is a legal distinction between force or coercion, on the one hand, and making decisions under constraints, on the other. In most cases, it would not be appropriate to criminalize, for example, members of an “ex-gay” support group who invite new members to voluntarily join them. This would pose legitimate concerns regarding protected rights to freedom of association, freedom of expression, and freedom of religion.

In one example of good practice, the state government of Victoria in Australia established a civil commission to receive complaints, direct survivors to available services, and pursue investigations of any person or entity allegedly promoting or perpetrating conversion practices that violate criminal or civil laws.<sup>12</sup>

Private, non-commercial speech in personal, civic, or religious contexts, even if it is false or misleading, benefits from greater protections than commercial speech. Balancing rights requires strategies other than criminalization to address situations wherein adults engage in practices that are seen as harmful but do not involve force or coercion.

## What are the duties of states toward survivors?

Conversion practices often cause lasting harm for survivors, requiring ongoing and long-term interventions. Governments should consider establishing or funding agencies or support services that ensure that survivors are **aware of their rights and are able to access support**, including psychosocial support and legal aid, regardless of whether or not the type of conversion practice to which they have been subjected constitutes a criminal or civil offense. They must also ensure that public health care systems provide survivors access to quality physical and mental health care services that are tailored to their specific needs.



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