

CONVERTING MINDSETS, NOT OUR IDENTITIES

Summary of the Research Findings
on the Nature, Extent, and Impact
of Conversion Practices in Kenya,
Nigeria, and South Africa

July 2022



OUTRIGHT
INTERNATIONAL



Outright International works together for better LGBTIQ lives. Outright is dedicated to working with partners around the globe to strengthen the capacity of the LGBTIQ human rights movement, document and amplify human rights violations against LGBTIQ people, and advocate for inclusion and equality. Founded in 1990, with staff in over a dozen countries, Outright works with the United Nations, regional human rights monitoring bodies, and civil society partners. Outright holds consultative status at the United Nations, where it serves as the secretariat of the UN LGBTI Core Group.

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Acknowledgements

This summary report is based on three country reports on conversion practices, researched and written by The Initiative for Equal Rights (TIERS) in Nigeria, galck+ in Kenya, and Access Chapter 2 in South Africa. This summary of the findings of the three country reports was written by Yvonne Wamari and Khanyo Farisè at Outright International.

Outright International would like to thank the more 2,891 LGBTQ people in South Africa, Kenya and Nigeria who took time to respond to surveys and participate in face-to-face interviews and focus group discussions on the nature, extent, and impact of conversion practices in these countries. We are especially grateful to those who shared their lived experience about having undergone so-called “conversion therapy” at some point in their lives. You entrusted us with your stories, and we hope we did them justice.

Outright would like to also thank the following people who took time to review the reports and this summary document as well as support with the design and layout of the documents: Neela Ghoshal, Paul Jansen, Maria Burnett, AJ Jarrett, and Kathy Mills.

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Introduction

In 2019, Outright International, in partnership with three partner organizations—The Initiative for Equal Rights (TIERS) in Nigeria, galck+ in Kenya, and Access Chapter 2 (AC2) in South Africa—commenced a project to document and end conversion practices, also known as conversion “therapy,” that impact lesbian, gay, bisexual, transgender and queer (LGBTQ) people.

Conversion practices, defined as efforts that aim to suppress or change a person’s sexual orientation, gender identity, or gender expression, are widespread and have a devastating impact on LGBTQ lives. Outright, in its report “Harmful Treatment: The Global Reach of So-Called Conversion Therapy,” found that these harmful practices take place everywhere and range in their levels of physical and psychological abuse.¹ Although conversion practices have been well-documented over the last five decades in North America and Australia, no in-depth study has been undertaken to characterize the nature and extent of these damaging, degrading practices in any African country. The three research reports that emerge as part of this project fill the knowledge gap by providing substantial data on conversion practices in Kenya, Nigeria and South Africa, and contribute much-needed evidence of harm to inform advocacy interventions to curtail these practices.

The objectives of this project are to:

- Build a body of knowledge and evidence on conversion practices in Kenya, Nigeria, and South Africa to ensure localized data on the manifestation of conversion practices in these countries.
- Raise awareness at national, regional, and international levels of the nature and negative impact of conversion practices.
- Build a broad base of support among relevant key actors who condemn these harmful practices and are willing to work toward establishing appropriate protections against conversion practices.

In the conceptualization and implementation of the project, the following were taken into consideration:

- **Terminology:** In referring to these practices, it is necessary to use terms widely understood by the relevant local community.
- **Context:** Factors such as the criminalization of consensual same-sex relations are a key determinant in the nature and level of engagement of various actors challenging conversion practices.

¹Outright International, “Harmful Treatment: The Global Reach of So-Called Conversion Therapy,” 2019, https://outrightinternational.org/sites/default/files/ConversionFINAL_Web_0.pdf (accessed March 29, 2022).

- **Survivors:** Survivors should play a critical role in humanizing the discourse and clarifying the manifestations of the practices, the long-term psychological impacts on survivors, and best practices for trauma-informed recovery.
- **Safety and security:** It is essential to ensure safety and mental well-being of the survivors and those involved in implementing the project, as well as ensure the security of data of respondents and researchers and all their communications.

Research Methodology

The primary data collection methods in Kenya, Nigeria, and South Africa included online survey questionnaires, face-to-face interviews, and focus group discussions conducted by TIERS in Nigeria, galck+ in Kenya, and Access Chapter 2 in South Africa. The secondary data collection methods included desktop review of legal documents, civil society reports, academic publications, and news media publications.

Partner organizations reached out to LGBTQ respondents through online surveys, face-to-face interviews, and focus group discussions. LGBTQ respondents across the three countries totaled 2,891: 547 in Kenya, 2011 in Nigeria, and 333 in South Africa. In Kenya, galck+ also interviewed 14 conversion practitioners, including both mental health practitioners and religious leaders. In Nigeria, TIERS interviewed 24 lecturers of psychology from 8 universities in Nigeria and 16 religious leaders from various denominations.



Findings

From collating the data from Kenya, Nigeria, and South Africa, we have identified several cross-cutting findings that apply to all three countries, as well as country-specific findings.

Key Cross-Cutting Findings on Conversion Practices in Kenya, Nigeria, and South Africa

- A total of 2,891 LGBTQ respondents from the three countries were surveyed, and more than half of the respondents indicated that they had undergone some form of conversion practices.
- Conversion practices take various forms. The cross-cutting forms identified in the research include talk therapy, exorcism, drinking herbs, prayer, laying of hands for healing, beatings, and rape or another form of sexual assault.
- Frequently, several forms of conversion practices are combined in an effort to change the identity or sexual orientation of one person, either simultaneously or over different periods. As a result, most of the respondents in this survey indicated that they endured more than one form of conversion practice.
- Practices against LGBTQ individuals increase in intensity from the moment of discovery, starting with family talks and conversations and escalating to counseling or prayer, and then to violence, economic duress, and/or ostracization when other methods do not work.
- Conversion practices are often perpetuated over a long period of time with the aim that change occurs, and they usually do not end until the victims affirm that they have been changed and are now heterosexual and/or cisgender.²
- Religious leaders, mental health practitioners, and family members were found to be the main perpetrators of conversion practices, while family members were found to be the initiators of conversion practices. However, some LGBTQ individuals seek out these practices; of the respondents who said they had undergone conversion practices, the figures are 30% in South Africa, 23% in Nigeria, and 14% in Kenya.
- Conversion practices can have a negative impact on the physical and mental health of LGBTQ survivors. The research found that many survivors of conversion practices suffer from depression, social anxiety, substance abuse, and thoughts of or attempts of suicide.

² Cisgender describes or relates to a person whose sense of personal identity and gender corresponds with their birth sex, Oxford Dictionary, available at: <https://www.oxfordlearnersdictionaries.com/definition/english/cisgender>

Country Specific Findings

Kenya

Kenya

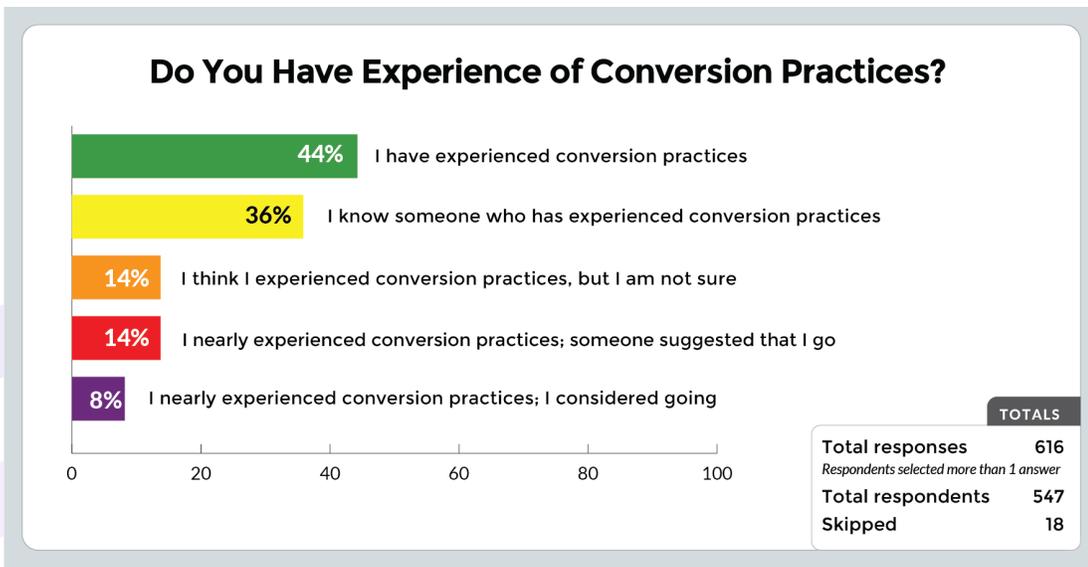
Context

The prevalence of conversion practices and the challenge to address them in Kenya is deeply rooted in the criminalization of consensual same-sex relationships under Section 162, 163, and 165 of the Penal Code, Cap 63 Laws of Kenya. In addition, some politicians and religious leaders manipulate rich indigenous notions of the importance of family in Kenya, using these ideas to fuel campaigns for non-inclusive “family values.” This puts young LGBTQ Kenyans, often below 24 years, particularly at risk of conversion practices because they depend on their families for their material and emotional needs.

Findings

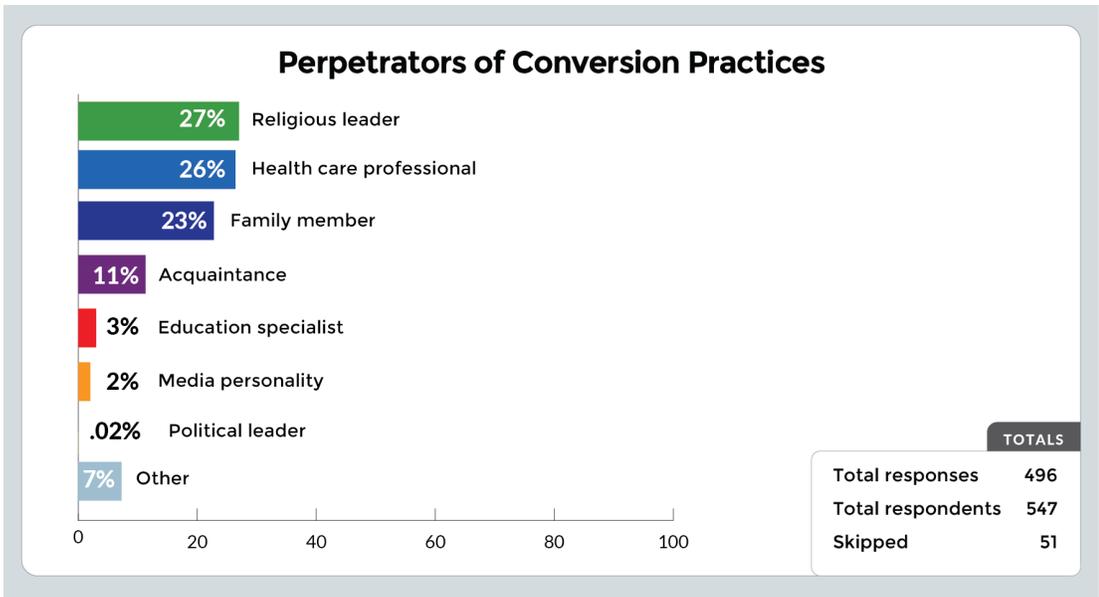
Finding from Survey of LGBTQ Community Members

- 44% of 547 respondents indicated that they had experienced conversion practices, while 36% knew someone who had undergone conversion practices.



- 496 individuals responded to a question about identifying the perpetrators of conversion practices. 26% identified licensed health professionals and 27% identified individual religious leaders, while 23% identified family members as perpetrators of conversion practices.³

³ The survey allowed the respondents to select only one response before moving on to the next question. We recognize that the data could be different if participants chose more than one option from the list provided.



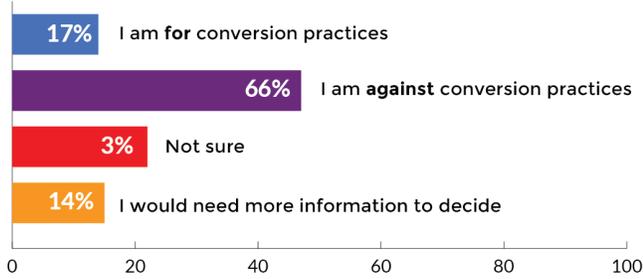
- 47% of 516 respondents who had experienced conversion practices indicated that they were forced into it while 22% stated that they were advised to participate in programs offering conversion practices. Notably, 14% indicated that they proactively sought out conversion practices. The remainder either did not respond or indicated that the question was not applicable.



- 66% of 530 respondents were personally against conversion practices, while 17% were in support of conversion practices. The fact that 17% of participants were in support of Conversion Practices means that activists and human rights defenders need to address the broader stigma and discrimination that make people reject their own identities. The rest of the respondents were either unsure or needed more information to articulate their stance on conversion practices. 62% of respondents agreed with the statement that conversion practices should be prohibited by law.⁴

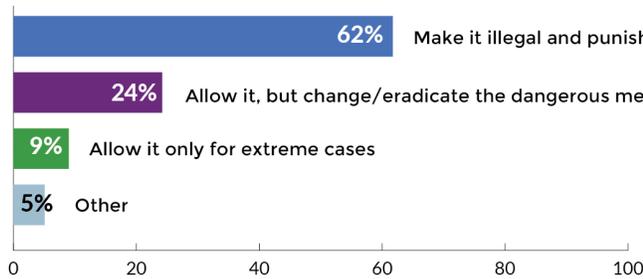
⁴ These survey questions did not differentiate between different types of conversion practices.

Do You Support Conversion Practices?



TOTALS	
Total responses	530
Total respondents	547
Skipped	17

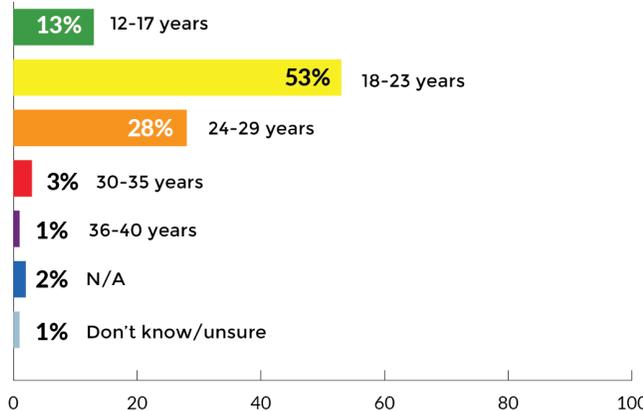
Do You Think Conversion Practices Should be Prohibited by Law?



TOTALS	
Total responses	525
Total respondents	547
Skipped	22

- 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 that 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.

How Old Were You or the Persons that You Know, When You/ They Underwent Conversion Therapy?



TOTALS	
Total responses	504
Total respondents	547
Skipped	43

Thirteen percent of respondents said that they first underwent conversion practices as children between 12 and 17 years old. For many of these respondents, the type of conversion practices to which they were subjected may constitute child abuse.

The forms of conversion practices in Kenya were identified through lived experience testimonies from the respondents. A few stories are highlighted below:

Prayers

“I was told that being gay was demonic and that I need spiritual intervention to cure the homosexuality spirit. I went through many prayers, and at some point, I had contemplated committing suicide. I almost lost myself.”

Beatings to enforce conformity

“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 to change and man up.”

Coercion into sex/relationships/marriage

“I am a Muslim, so when the parents realized 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.”

False imprisonment by locking persons in homes, churches, or camps

“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 three years. They also invited a pastor from the church. I had to go for like five sessions in a month.”

Medical interventions such as counseling

“I was caught in the act of having sex with my boyfriend and I was taken to our local counselor in Machakos hospital. I was forced to be screened for mental issues, later to be subjected to daily counseling sessions by the counselor. 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.”

Findings from Survey of Practitioners of Conversion Practices

According to the 14 practitioners of conversion practices interviewed, including religious leaders and mental health practitioners, the purpose of the conversion practices programs includes to make LGBTQ people “normal;” to provide mentorship; to “cure” LGBTQ people; and to help persons integrate into heteronormativity.⁵

Most conversion practitioners strongly believe that these practices are legitimate, helpful, and ought to be encouraged. One respondent, a parent, shared their personal thoughts on programs that offer conversion practices. They mentioned:

“There should be more done to help parents like me to avoid being put to shame and watching your child go the wrong way.”

Another practitioner of conversion practices, a traditional healer, described his process to change the sexual orientation or gender identity of LGBTQ individuals. He said:

“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.”

These findings suggest the following:

- Conversion practices can affect every realm of life of LGBTQ individuals, including the physical, psychological, spiritual, and economic spheres of their lives.
- The respondents who chose to undergo conversion practices did so because they believed they were not “normal” or had mental health issues, or because they valued social and family conformity more than affirming their sexual orientation and/or gender identity.
- Conversion practitioners are not only treating individuals on an unscientific and unfounded basis, but they are contributing to a social, cultural, and state-sponsored system of repression based on sexual orientation, gender identity, and gender expression.

⁵Heteronormativity means “the assumption that normal and natural expression of sexuality in society are heterosexual in nature. A heteronormative society is structured morally, socially and legally to position other forms of sexuality as deviant and to discriminate against non-heterosexuals.” See Oxford Reference, *A Dictionary of Human Geography*, 2013, available at: <https://www.oxfordreference.com/view/10.1093/acref/9780199599868.001.0001/acref-9780199599868-e-811> (accessed 5 April 2022)

galck+ Recommendations on Ending Conversion Practices in Kenya

galck+ proposes the following recommendations to the government of Kenya and to other stakeholders on how to end conversion practices in Kenya:

- The State should repeal Sections 162, 163, and 165 of the Penal Code, Cap 63 Laws of Kenya, which fuels conversion practices by criminalizing same-sex relationships.
- The State should create monitoring, support, and complaint mechanisms so victims of conversion practices have access to all forms of reparations, including the right to rehabilitation, as well as legal assistance.
- The State should pass comprehensive non-discrimination legislation that prohibits discrimination based on sexual orientation, gender identity, and gender expression.
- The State should adopt all measures necessary to eliminate the social stigma associated with sexual and gender diversity, including the development, implementation, and evaluation of an education and sensitization⁶ campaign to protect LGBTQ persons from all forms of discrimination and violence.
- As part of ongoing efforts to promote increasing societal understanding and acceptance of LGBTQ people, civil society should promote testimonies and documentation from people who have experienced conversion practices to raise awareness that such practices do not work and instead can cause lasting trauma.
- Medical licensing boards should strictly prohibit health professionals from offering conversion practices and should revoke the licenses of those who continue to do so.

⁶ This means raising awareness through public outreach and disseminating information.

Nigeria

Nigeria

Context

Nigeria is a restrictive environment for LGBTQ individuals. Laws also criminalize same-sex sexual acts, same-sex marriages, and advocacy in support of LGBTQ rights. These laws include the colonial-era Criminal Code, applicable in southern Nigeria; the Penal Code (Northern States) Federal Provisions Act, enacted in 1960; and 12 northern states also have Sharia Laws that contain extensive provisions that criminalize homosexuality and lesbianism, punishable by death.⁷ Other laws enacted by various states that discriminate against and violate the rights of LGBTQ persons include the Same-Sex Marriage (Prohibition) Act 2015 of Lagos State and the Armed Forces Act.⁸

Findings

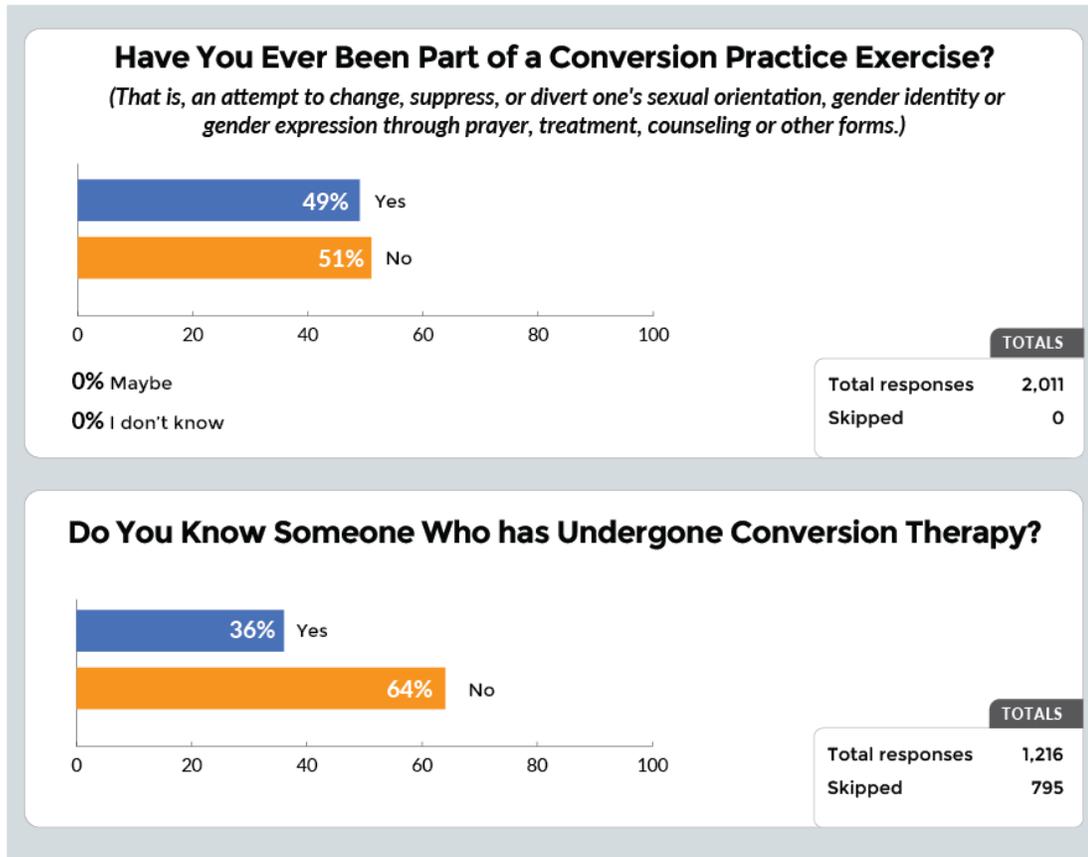
The research was carried out in three phases: the first was a survey of LGBTQ people, the second was a focus group discussion with religious leaders, and the third was a survey of psychologists and psychiatrists. LGBTQ individuals were reached through the online platform Survey Monkey. In areas with limited accessibility, the survey was administered through face-to-face interviews. The qualitative data was collected during focus group discussions. In-depth interviews were held with psychologists and psychiatrists. Religious leaders were reached through a hybrid dialogue session with two being interviewed separately.

⁷ Policy and Legal Advocacy Center (PLAC), The Complete 2004 Laws of Nigeria, <http://lawsofnigeria.placng.org/searchlaw.php?search=criminal+code> (accessed March 29, 2022). These laws include Sharia Penal Code Law, 2001 in Borno, Gombe, Jigawa, Kebbi, Kaduna, Kano, Katsina, Niger, Sokoto, Yobe and Zamfara States in Northern Nigeria. Heather Bourbeau with Dr. Muhammad Sani Umar and Peter Bauman, Shari'ah Criminal Law in Northern Nigeria, Implementation of Expanded Shari'ah Penal and Criminal Procedure Codes in Kano, Sokoto, and Zamfara States, 2017–2019, United States Commission on International Religious Freedom (December 2019), <https://www.justice.gov/eoir/page/file/1250681/download> (accessed March 29, 2022).

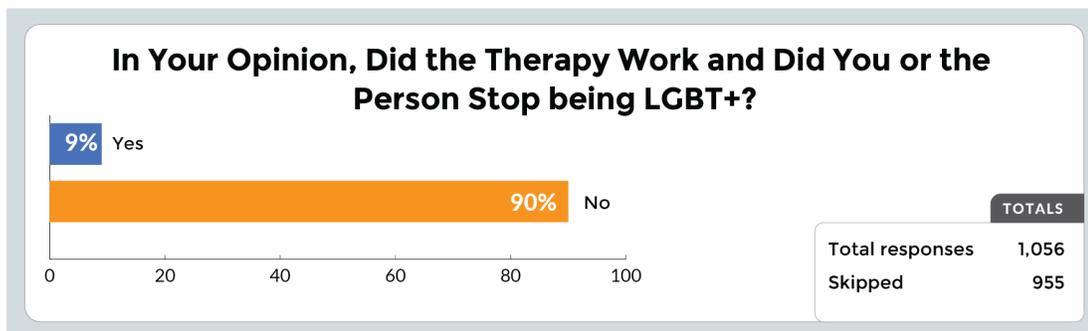
⁸ Same Sex Marriage (Prohibition) Act 2015, Nigeria, <https://www.refworld.org/pdfid/52f4d9cc4.pdf> (accessed March 29, 2022); PLAC, Armed Forces Act, 1994, Nigeria, <http://lawsofnigeria.placng.org/searchlaw.php?search=Armed+Forces+Act> (accessed March 29, 2022).

Findings from Survey of LGBTQ Individuals

- 49% of 2011 respondents to the survey said that they had undergone conversion practices, defined as efforts to change or suppress their sexual orientation or gender identity, while 51% said that they had not experienced conversion practices. 36% of 1216 respondents stated that they knew someone who had undergone conversion practices.



- Among respondents who said they had undergone conversion practices, 90% of 1056 respondents said that the conversion process did not work. In contrast, 10% stated that the conversion process did work.



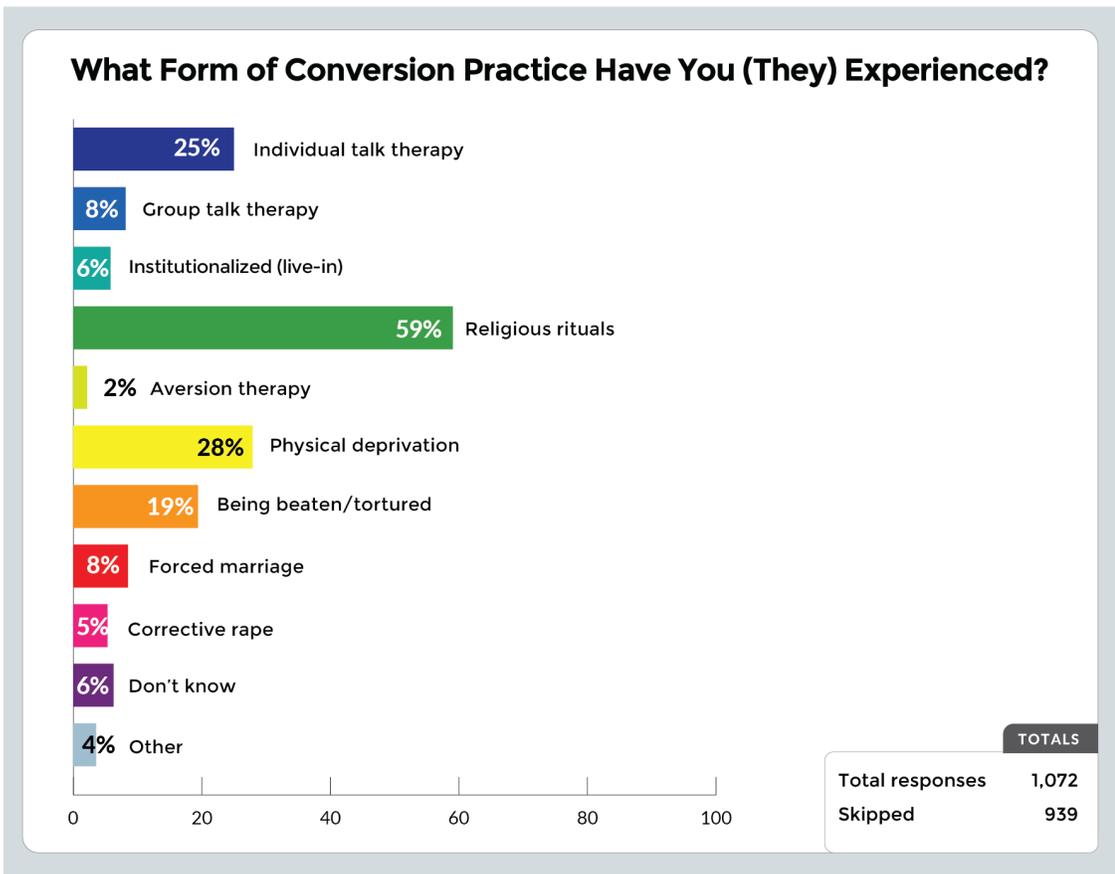
Some respondents stated:

“It still continues, and I found out that this is [the] real me, nothing can change, I was born this way.”

“It never does [work]. The most I find is that there are people strong enough to suppress and suffocate themselves in that way and it’s ultimately really sad to know.”

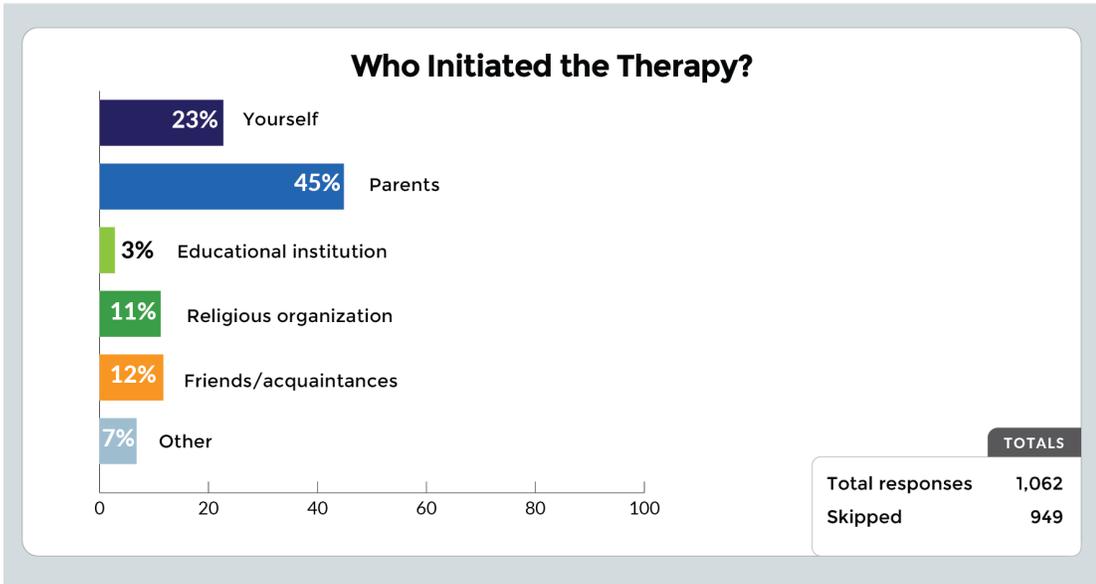
“I only did it for my mum, who thought I was being possessed by an evil spirit though I knew I wasn’t being tormented by an evil spirit. I just wanted her to do what’s in her mind by taking me to different churches. I allowed that because I was just 16 years old and still under her care, but I don’t think it can happen again.”

- 59% of 1072 respondents stated that they had undergone rituals such as exorcisms (casting out demons), prayer, or laying of hands for healing. This was the most prevalent form of conversion practice, while 28% indicated that they experienced physical deprivation including fasting (abstaining from food) and use of medications.

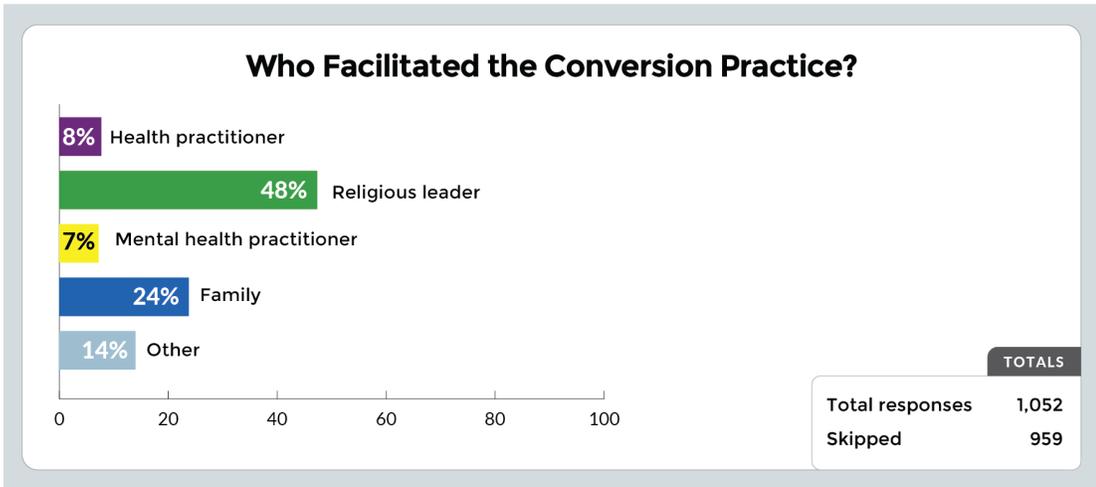


- 45% of 1062 respondents said their parents initiated their conversion practices experience. This was confirmed by the mental health professionals interviewed for this study, who stated that parents approached the professionals requesting treatment for their LGBTQ+ child in most instances. 23% of respondents indicated that they themselves initiated conversion efforts and 12% of respondents said their conversion practices experiences were initiated by friends and acquaintances.⁹

⁹ Because the survey tool only allowed participants to select one choice from the several options available, we recognize that some respondents may have had more than one group initiate conversion practices and the data may not necessarily reflect this.



- 47% of 1,052 respondents reported that religious leaders facilitated their conversion practices experience. This was followed by family members (24%).¹⁰ Stories of similar lived experiences are common:



“When my parents found out about my sexual orientation, I was severely punished and beaten. Then, they took me to the church for deliverance. The pastor who did the deliverance later counseled me, telling me all sorts of things, including that I should go to the gym and take exercises to look more masculine. He also told me I needed to fast. After fasting, the pastor would come to meet me at night, and we did “things.” I was shocked. I went through the process to please my mom and sister even though I felt what they did to me wasn’t right. I wasn’t happy. I still get these feelings of shock, but I am just trying to comport myself.”

“I was very worried about people finding out about who I was. I didn’t want to bring shame to my family. So I became religious in the hopes that it would get rid of my being queer. I did a lot of fasting, a lot of praying, many night sessions praying. It got to a point where it

¹⁰ Because the survey tool only allowed participants to select one choice from the several options available, we recognize that some respondents may have had more than one group initiate conversion practices and the data may not necessarily reflect this.

affected me psychologically, and I had to cut all my friends off, apart from my best friend. In school, I stayed in my room all day, not going out or socializing with people. My pastor kept saying that I needed to pray and fast, but I kept trying, and nothing worked. I self-harmed too, and then it just got to a point where I now accept who I am, fully.”

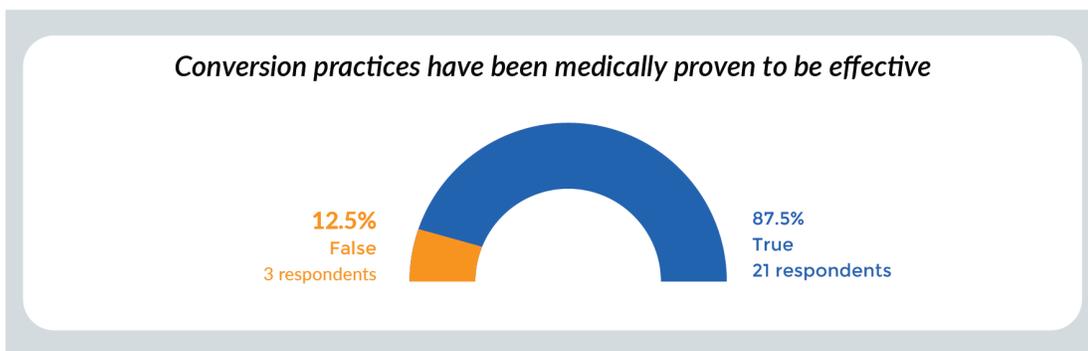
Findings from Survey with Psychologists and Psychiatrists

Psychologists and psychiatrists from eight universities in Nigeria were surveyed. The qualitative data was collected through interviews, while an online questionnaire scripted software was used for data collection for the quantitative survey. A total of 24 lecturers voluntarily participated in this study, three from each of the following universities: Obafemi Awolowo University, University of Ibadan, University of Uyo, University of Jos, University of Nigeria, Nsukka, University of Lagos, Federal University Oye-Ekiti, and University of Ilorin.

All the lecturers teach in the Department of Psychology in their respective universities. Seventeen out of the lecturers in this study hold Ph.Ds. while seven of them hold M.Sc. degrees. The lecturers have varying years of experience teaching in Nigeria with 18 lecturers having between one to 10 years of work experience, while four having 11 to 20 years of work experience, and two have had above 35 years of work experience.

In-depth qualitative interviews were also conducted with seven practicing psychiatrists representing different health facilities in Nigeria. These institutions are spread across the north-central, south-west and north-west regions: Synapse Psychological Services, Abuja; Tranquil and Quest, Lagos; Federal Psychiatric Hospital, Calabar’ Federal Neuro Psychiatric Hospital, Yaba; Neuro-psychiatric Hospital Kaduna; and Aro Neuropsychiatric Hospital, Abeokuta, University Teaching Hospital, Jos. Four of the respondents were male while three were female.

All the lecturers surveyed indicated their awareness of the fact that homosexuality has been removed from the DSM and 87.5% agreed that conversion practices have been proven to be ineffective.



- Three out of seven psychiatrists surveyed disclosed that their institutions offer conversion practices to “correct” diverse sexual orientation and gender identity. These institutions that offer such practices are Synapse Psychological Services, Abuja; University Teaching Hospital, Jos; and the Federal Neuro-Psychiatric Hospital, Yaba.
- Six out of seven psychiatrists indicated that they have never attempted to treat LGBTQ people to “correct” their sexual orientation and gender identity. However, one out of seven of the psychiatrists surveyed stated that they had tried to treat LGBTQ persons including those younger than 18 years of age seeking to correct their sexual orientation or gender identity.

Findings from Focus Group Discussion with Religious Leaders

TIERS held a fact-finding meeting with religious leaders from diverse denominations and from all regions of the country. Emerging from this meeting, 60 religious leaders were invited to discuss the position of Christianity, Islam and other religions practiced in Nigeria on different sexual orientations and gender identities. Sixteen leaders agreed to participate in this discussion. Thirteen attended physically and one participated via Zoom, while the remaining two were interviewed separately (online and physically). They represented the following religions and denominations: Christianity (Catholic and Pentecostal, including Methodist Church, Celestial Church of Christ, Apostolic Church and Omega Fire Ministries); Islam (including the Jama'atu Nasril Islam and Ahlus Sunnah "sects"); and Igbo traditional religion (Odinani, Ifá religion; and Eckankar).

Five out of the 16 religious leaders interviewed stated that they did not know anyone whose sexual orientation or gender identity changed through the use of conversion practices. Nine indicated that they knew people whose sexual orientation had changed through these practices.

Four of the 16 leaders stated that they had directly administered efforts to alter a person's sexual orientation either as part of a group or individually. The four further stated that "some stay changed, some go back." One leader was emphatic about sharing, "I have one who is a living testimony; he is now telling others of the dangers [of homosexuality]."

The findings from this research suggest the following:

- Various harmful methods are adopted in carrying out conversion practices. They can have a lasting negative impact on the lives of survivors.
- Some respondents in Nigeria said they first underwent conversion practices as children.¹¹
- All licensed psychiatrists interviewed were aware that homosexuality is no longer listed in the DSM as a mental illness.¹² Therefore, carrying out conversion practices is unethical. While some psychiatrists recognize the negative impact of these practices and do not carry them out themselves and in their institutions, other licensed professionals support the perpetration of conversion practices.
- All religious leaders interviewed believed that diverse sexual orientations and gender identities are "disorders and deviation from nature and the order of God/gods."¹³ These beliefs lead to the infliction of practices on LGBTQ individuals to achieve conformity.¹⁴ The research found these methods implemented by religious leaders and institutions to include prayers, fasting, counseling/talk therapy, exorcism and deliverance, detention and isolation, and beatings, among others. While not all of these practices are physically abusive, in some instances they have lasting and invasive impacts on the victims.

¹¹ The Initiative for Equal Rights, *The Nature, Extent and Impact of Conversion Practices in Nigeria*, 2022, https://theinitiativeforequalrights.org/wp-content/uploads/2022/02/The_Nature_Extent_and_Impacts_of_Conversion_Practices_in_Nigeria_Web.pdf (accessed March 29, 2022), p. 109.

¹² *Ibid.*, p. 81.

¹³ *Ibid.*, p.94-106.

¹⁴ *Ibid.*, pp. 75-77, 85.

TIERS Recommendations on Ending Conversion Practices in Nigeria

The Initiative for Equal Rights proposes the following recommendations to the government of Nigeria and to other stakeholders on how to end conversion practices in Nigeria:

- National and State legislative bodies should repeal repressive laws, such as the laws that criminalize same-sex relations and the Same-Sex Marriage (Prohibition) Act 2015, which create an ecosystem that enables discrimination and human rights violations against LGBTQ persons to thrive.
- National and State legislative bodies should formulate laws against discrimination based on sexual orientation, gender identity/expression, and sex characteristics.
- The State should introduce specific protections for vulnerable groups, especially children. These protections should extend to protection against abusive parents, guardians, and family members and protection within religious, health, and educational institutions, and other public and private settings.
- The National Human Rights Commission, working in collaboration with LGBTQ organizations in Nigeria and the state police, should introduce an effective reporting and complaints system to ensure that human rights violations against LGBTQ persons do not continue.
- Stakeholders should work together to create nationwide awareness-raising campaigns on diverse sexual orientations, gender identities and expressions, and sex characteristics, as well as the impacts of conversion practices. Awareness efforts should target families, the media, human rights organizations, educational institutions and leaders, religious organizations and mental health practitioners.

South Africa

South Africa

Context

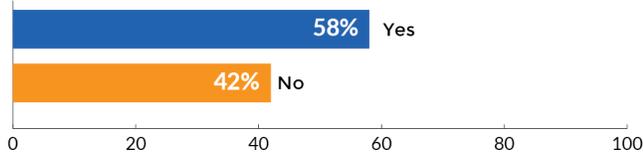
The Bill of Rights, enshrined in the Republic of South Africa Constitution, 1996, includes a guarantee of equality and prohibits unfair discrimination on several grounds, including gender, sex, and sexual orientation. In 2006, South Africa became the fifth country globally, the second outside of Europe, and the first on the African continent to grant official recognition of same-sex marriages through the Civil Union Act, 2006 (Act No. 17 of 2000). In terms of the Alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003), transgender and intersex individuals can, under certain circumstances, have their sex marker altered on official documents. Legally, South African lesbian, gay, bisexual, and transgender people have achieved substantive equality. Considering the various legal instruments, conversion practices are an affront to the dignity, safety, wellbeing, and belonging of individuals who are coerced into and otherwise subjected to conversion practices.

Findings

The study assumed a mixed methodology approach. Three hundred and three respondents participated in an online survey. A further 30 participants who self-identified as LGBTQ participated in in-depth one-on-one interviews. The study protocol was approved by the Faculty of Education's ethical review board at the University of Johannesburg.

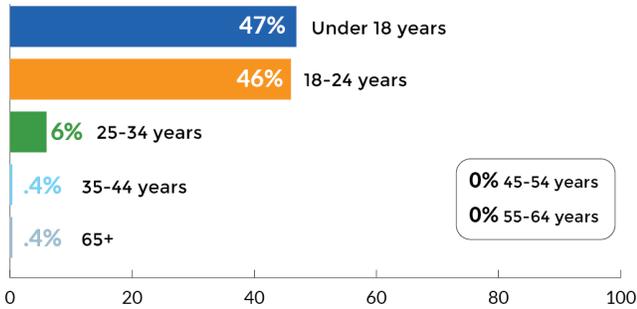
- 58% of 303 respondents stated that they had experienced conversion practices. Of those who responded that they had experienced conversion practices, 47% stated that they experienced these practices under the age of 18 years, while 46% were between the ages of 18-24, and 46% were between 25-34.

Have you Ever Experienced Conversion Practice(s) that Attempted to Convert/Change your Sexual Orientation and/or Gender Identity?



TOTALS	
Total reponses	302
Total respondents	303
Skipped	1

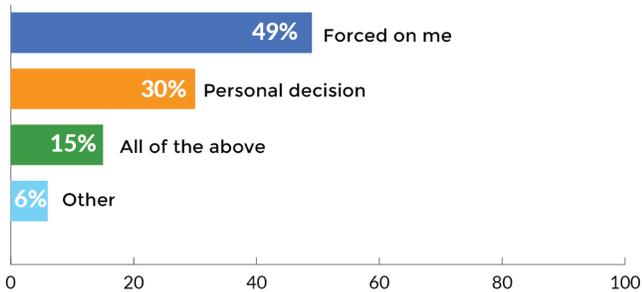
How Old Were You When the Conversion Practice Took Place?



TOTALS	
Total reponses	277
Total respondents	303
Skipped	76

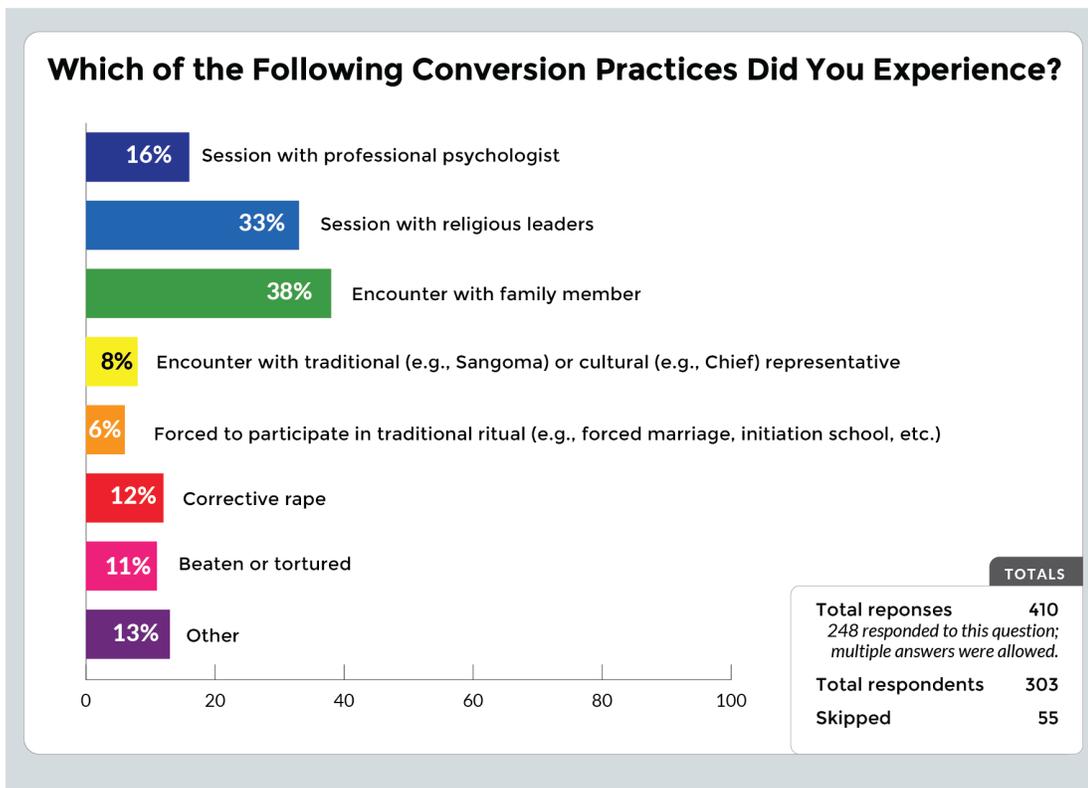
- 49% of 303 respondents stated that they were forced into conversion practices, while 30% made a personal decision to seek out and undergo conversion practices due to external influences and social environments.

Were the Conversion Practices Forced on You or Was it an Individual Decision?



TOTALS	
Total reponses	246
Total respondents	303
Skipped	57

- Conversion practices in South Africa take on different forms, including sessions with a professional psychologist or a religious representative, encounters with a family member, engagement with a traditional (e.g., Sangoma) or cultural (e.g., Chief) representative, participating in a traditional ritual such as initiation school, forced marriage, so called “corrective rape,” and beatings and torture.



- Asked about “the most common motivators of conversion practices,” 49% of 303 respondents identified family members, including extended family, family friends and those close to the family – followed by religious leaders at 20%. (Chart on following page.)

Lived Experiences

“Family members organized different sessions, firstly with the pastor, then traditional healer, then with a professional psychologist. None of it helped.”

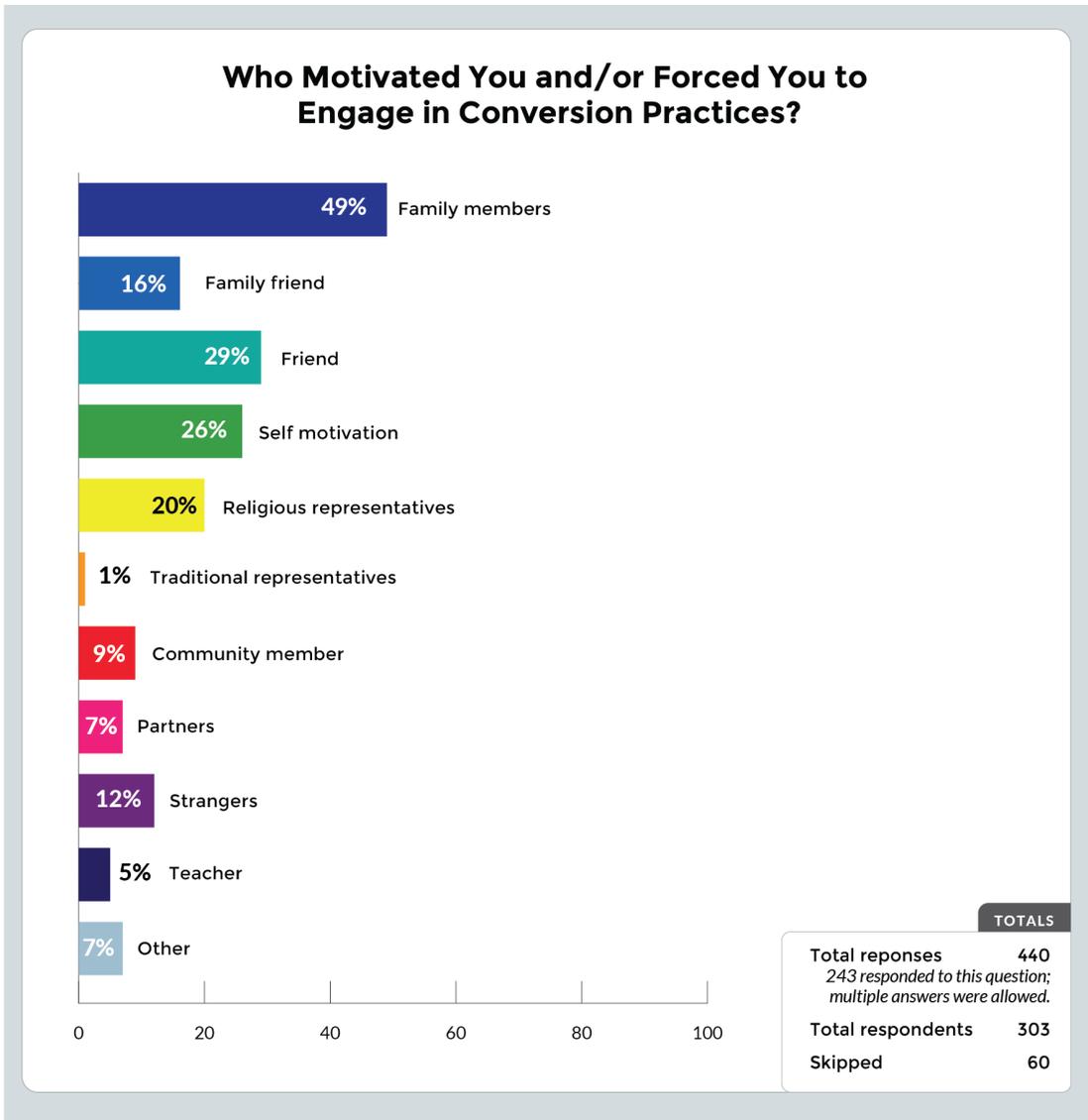
“I was continually prayed and fasted over, and when that didn’t work, they made my cousin sleep with me forcefully. Actually, my cousin raped me.”

“I was engaged to a man, who thought I would outgrow the ‘lesbian phase,’ so when he figured out that it’s still there, he suggested traditional healing, and when that did not work out to his satisfaction, he convinced me to go to church for salvation.”

“It happened when I was in high school. I thought I was dirty and cursed. I believed I needed to change. I attempted suicide several times, and I thought I probably am not meant to be in this world.”

“I have always felt like a guy and still feel like a guy. Conversion hasn’t changed anything. I just felt impure because I used to be religious and lacked self-love. Ngoku [now], I feel like a human. A male human. A male having feelings for other male humans (sexually attracted to men more). I am not religious now. I don’t care what my Christian family says of my sexuality. My religion is love, and if God is love, then surely love understands what I have no control over.”

“The experience was so bad I even failed Grade 10.”



The findings from the research on South Africa suggest the following:

- Conversion practices in South Africa are primarily practiced by family members or individuals close to the family. They are experienced in the home environment as the first layer of discrimination that many LGBTQ people experience. External perpetrators and additional forms of conversion practices are employed as an added layer if that does not work. Most respondents said they underwent conversion practices for periods ranging between 24 hours and 12 months.
- Conversion practices often begin when LGBTQ individuals are of school-going age, with negative consequences for their schooling. Yet some respondent said that their studies became the primary weapon to fight conversion practices, through resilience and self-determination.

- Conversion practices have various psychosocial effects on LGBTI people. Survivors experience social rejection and feel forced to hide their identity. In some instances, survivors adopt unhealthy coping processes, and their mental health may be negatively impacted. Some of the impacts of conversion practices on mental health include depression, social anxiety, substance abuse, thoughts and attempts of suicide, a distorted or negative body image, and other mental health issues.

AC2 Recommendations on Ending Conversion Practices in South Africa

Access Chapter 2 proposes the following recommendations to the government of South Africa and to other stakeholders on how to end conversion practices in South Africa:

- The National Assembly should prioritize the immediate signing of the Hate Crimes and Hate Speech Bill and review all laws to ensure inclusive and affirming language in terms of representation and gender identity and gender expression.
- Professional institutions, including the Psychological Society of South Africa, the South African Society for Clinical Psychology, the South African Society for Psychiatrists, and the Health Professions Council of South Africa, should educate their members, through pre-service and in-service training, about the damaging effects of conversion practices. Furthermore, these bodies should hold accountable any professional practicing conversion practices, including by stripping perpetrators of their licenses where applicable.
- The Department of Basic Education (DBE) and the Department of Higher Education (DHE) should develop and introduce mandatory modules on sexual orientation, gender identity and expression, and sex characteristics in the curriculum. They should partner with LGBTQ organizations that can provide sensitization training and community dialogues at the school level.

Message from a Survivor of Conversion Practices in South Africa

“It is already difficult to live in a world where everyone thinks you are different and has a cure. We are also human beings and did not choose to be who we are, as much as a zebra did not choose its stripes, black and white. It’s not by choice; it is by birth. Love us, hate us, we will forever remain queer. Love that child, love him unconditionally, and they will conquer the world with your love and support.”

Cross-Cutting Recommendations

The following recommendations are endorsed by Access Chapter 2, galck+, The Initiative for Equal Rights, and Outright International on eradicating conversion practices in Africa:

Governments

- Establish, through appropriate legal or administrative means, a comprehensive definition of prohibited conversion practices.
- Recognize that conversion practices can, in some circumstances, amount to cruel, inhumane, and degrading treatment or torture, and ensure that such forms of conversion practices are prohibited under all circumstances.
- Repeal discriminatory laws that criminalize consensual same-sex sexual activity and thereby fuel conversion practices.
- Pass non-discrimination laws that prohibit discrimination based on sexual orientation, gender identity, and expression.
- Create or strengthen monitoring and complaints mechanisms for survivors of conversion practices so that they have access justice and other support services, including healthcare, legal and psychosocial support.
- Provide and facilitate access to LGBTQ-affirming counseling services and other healthcare services for survivors of conversion practices and for LGBTQ members of the public.
- Raise awareness and sensitize communities, including religious communities, that sexual and gender diversity are not disorders to be corrected.
- Put in place programs to eliminate stigma associated with sexual and gender diversity.
- Regulate public and private actors and establish or strengthen systems of sanctioning such actors, including medical practitioners, to ensure they do not offer, advertise, or carry out conversion practices and violate human rights of LGBTQ persons through such harmful practices.
- Ensure de-pathologization of diversity in sexual orientation and gender identity in State and non-State medical classifications that have an impact on public health policies and diagnostics in all healthcare settings, including medical curricula, accreditation procedures and continuing education.
- Support further research and data collection on the nature, extent, and impact of conversion practices and on best practices to eliminate these harmful practices.

Civil Society Organizations

- Foster dialogue with stakeholders, including medical and health professional organizations, faith-based organizations, families, the media, human rights organizations, political leaders, educational institutions, and community-based organizations, to raise awareness about the human rights impact of conversion practices.
- Contribute to further documentation of conversion practices and their harms, in order to raise awareness that such practices cause lasting trauma and can amount to torture, as part of ongoing efforts to promote increasing societal understanding and acceptance of LGBTQ people.
- Provide affirmative counseling services, referrals, other rehabilitation services and support in accessing justice for survivors of conversion practices.

Faith and Religious Leaders

- Publicly condemn the use of conversion practices.
- Dispel all harmful, religious-based myths that drive negative attitudes toward and exclusion of LGBTQ people and that are used to justify conversion practices in religious spaces and society at large.
- Offer affirming counseling services to LGBTQ congregants, or be prepared to refer them to such services.

Medical and Mental Health Associations and Practitioners

- Enact policies and regulations prohibiting the use of conversion practices and hold practitioners accountable and ensure that licensing boards are empowered to revoke medical licenses of health professionals who offer, advertise, or carry out conversion practices.
- Uphold principles of biomedical ethics as articulated in the Nuremberg Code (1947), which recognize that “the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided ... [and] that doctors should avoid actions that injure human patients.”¹⁵

Academia

- Improve higher learning institutions’ curriculum by introducing academic curriculum on sexual orientation, gender identity and expression, and sex characteristics that is in line with international human rights standards.
- Facilitate research and knowledge production on the nature, extent and impact of conversion practices by a diversity of disciplines and produce recommendations for the elimination of conversion practices.

¹⁵ Nuremberg Code (1947), British Medical Journal (7070)313: 1448, 7 December 1996. https://media.tghn.org/mediaLibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf (accessed March 29, 2022), p. 1.



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