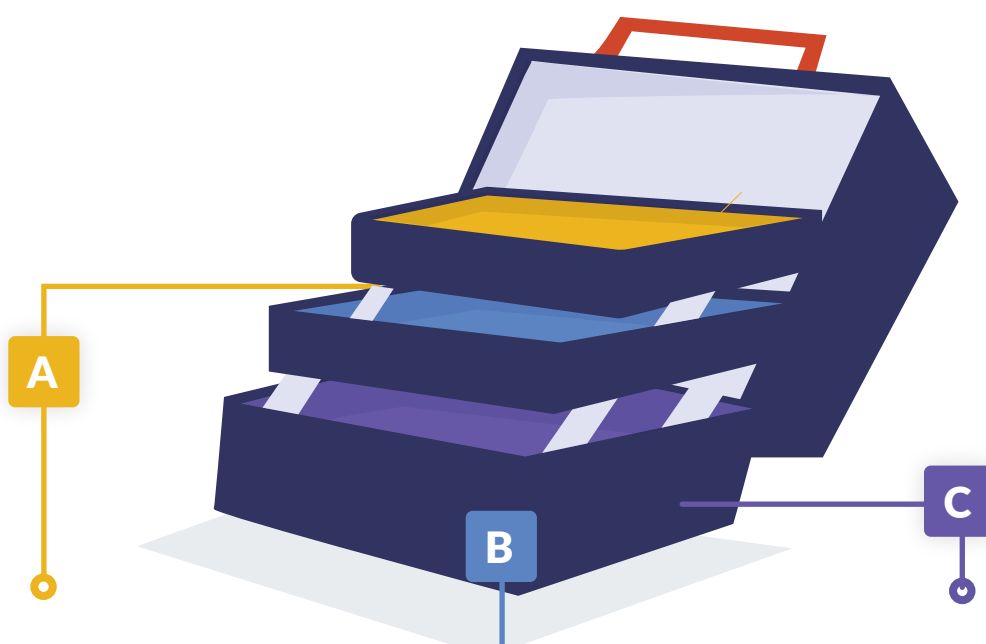


# TOOLBOX

to combat so-called

## “CONVERSION THERAPIES”

This toolbox is based on *Curbing Deception: A world survey on legal regulation of so-called “conversion therapies”* an ILGA World report by Lucas Ramón Mendos (2020).



### LEGAL TOOLS



Legal bans



Regulation of healthcare professions



Complementary legal protections



Insurance restrictions



Advertising and referral restrictions



PUBLIC POLICY TOOLS



Official statements



Awareness raising



Education



Access to justice



Survivor support



Enforcement agencies



No official support to proponents



KEY ALLIES



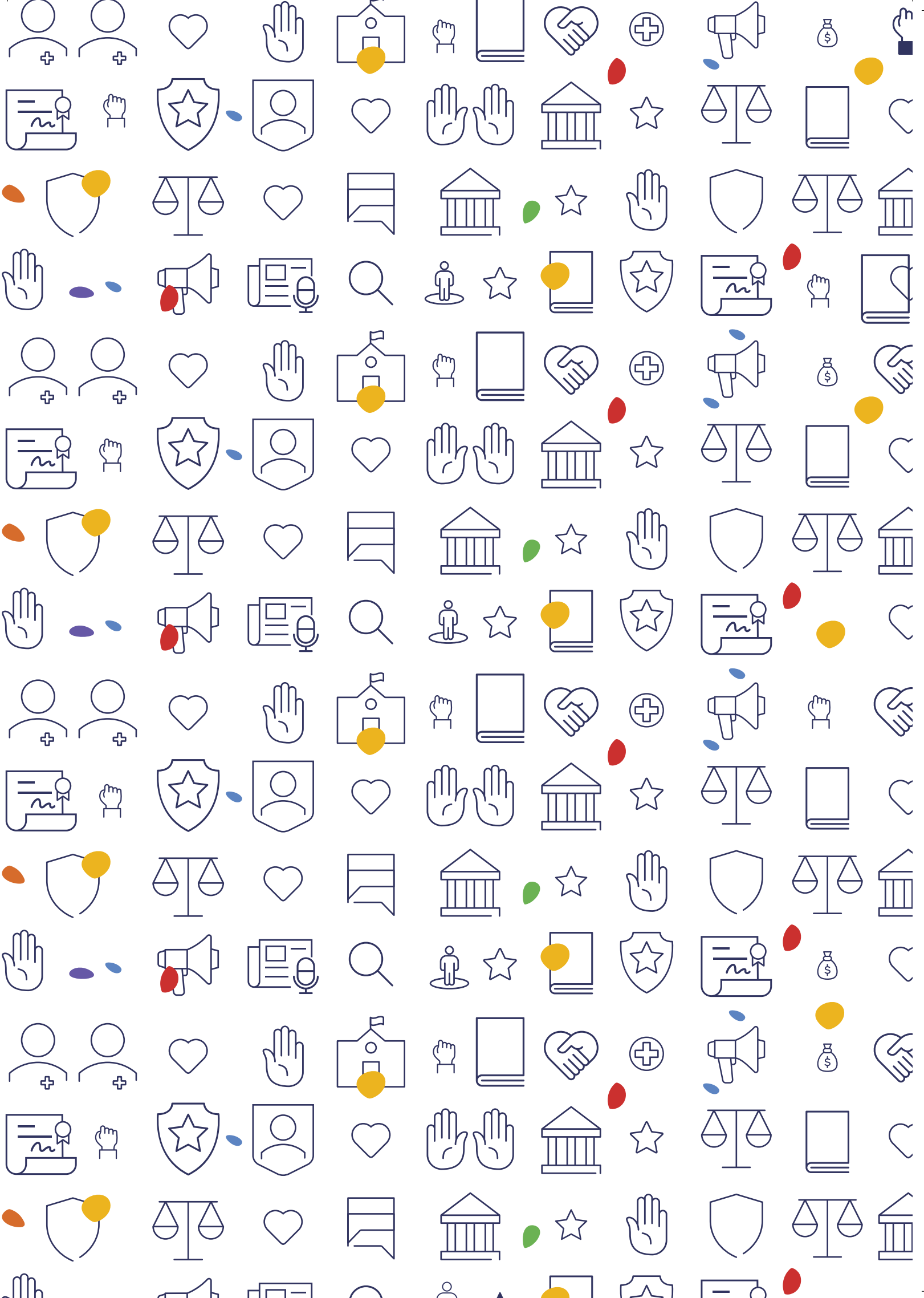
NHRIs and human rights bodies



The media



Professional associations





## Legal bans

Legal bans are laws that explicitly prohibit the administration of conversion therapies. Bans can vary greatly in their approach and scope.



### Model legislation examples

Annotated Model Law by transfeminist activist Florence Ashley in 2019 (Canada).

Sample legislation by NCLR and the Human Rights Campaign in 2015 (USA).

#### NATIONWIDE BANS



1. Brazil / 2. Germany /  
3. Ecuador / 4. Malta

#### SUBNATIONAL BANS



1. USA / 2. Spain / 3. Canada

#### INDIRECT BANS



1. Argentina / 2. Uruguay / 3. Samoa  
4. Fiji / 5. Nauru

#### Bills introduced



1. Canada / 2. Australia / 3. Mexico / 4. Chile / 5. UK /  
6. France / 7. Ireland / 8. Poland / 9. New Zealand



4 UN member States



3 UN member States



5 UN member States



10+ UN member States



## Regulation of healthcare professions

Laws that regulate health care professions can prohibit any diagnosis that is only based on a person's sexual orientation or gender identity. These laws indirectly ban "conversion therapies" carried out by health professionals.



Argentina

Uruguay

Latin America



Fiji

Nauru

Samoa

Pacific

(Indirect bans)



USA  
(some states)



Canada  
(some provinces)



Many of the bans in force amend laws regulating health professions. Violators can be admonished or have their licenses revoked.



Puerto Rico (USA)



To obtain or renew a license to operate a health facility, professionals need to submit a certification stating that "conversion therapies" will not be provided.



## Complementary legal protections



### Anti-fraud law

Framing “*conversion therapies*” as a “deceptive practice” (i.e. a service offered that does not yield the promised result) can protect potential victims.



Two states in the USA (Illinois and Connecticut) and the city of Vancouver (Canada) have followed this approach. In 2015, a judicial decision in New Jersey (USA) found that “conversion therapies” were a fraudulent practice.



USA



Canada



### Anti-discrimination law

Framing “*conversion therapies*” as an act of discrimination based on sexual orientation, gender identity and gender expression (SOGIE) can provide victims with an effective way to seek redress.



The bill introduced in the Chilean Congress follows this approach.



Chile



### Child protection law

Framing “*conversion therapies*” as a practice that puts children at risk offers enhanced protection against parents who may want to force or convince their children.



The bills introduced in Mexico (federal level) and in Chile follow this approach.



Mexico



Chile



### Aggravating circumstances

Aggravating the penalty for criminal acts perpetrated with the intention of changing a person’s sexual orientation or gender identity can send a strong message against extreme forms of “conversion therapy” that involve criminal activity.



Ecuador incorporated such provisions in its 2014 Penal Code.



Ecuador



## Insurance restrictions



As “conversion therapies” cannot be considered “health services”, legally excluding them from being considered eligible for reimbursement by insurance companies is another effective tool to discourage them.

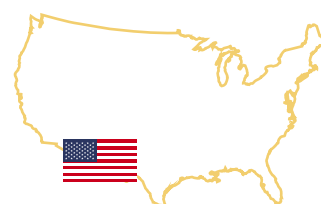


Netherlands



### Canada

Provinces of Ontario, Nova Scotia, and Prince Edward Island



### USA

A federal bill that will ban the use of Medicaid funding for “conversion therapy” was introduced in 2019.



## Advertising and referral restrictions



Advertising “*conversion therapy*” has the effect of legitimising the false idea that sexual orientation, gender identity or gender expression can or should be changed. Restrictions on advertising tackle the social dimension of the existence of these “therapies”.



Prohibiting referrals serves as a way of preventing providers banned from offering the “therapies” to refer people to those who are not.

### Measures to regulate or restrict advertising

Lorem ipsum



Brazil



Malta



Spain  
(Andalusia, Aragón,  
Madrid, and Valencia).



Germany



USA  
(Hawaii,  
Rhode Island  
and Illinois).



As an alternative, it has been suggested that the advertising of conversion therapy should be regulated in the same manner as other harmful products like cigarettes and alcohol.

### Referring someone to “conversion therapy” is either prohibited or restricted



Malta



USA\*

\*(including Connecticut,  
Rhode Island, Delaware,  
and Maryland).



Ecuador



Germany

## PUBLIC POLICY TOOLS

B



## Official statements

Official statements condemning “*conversion therapies*” issued by governmental agencies or public officials can highlight the position of government on the issue and may even indicate a specific course of action to be followed towards more substantial progress.

They also serve to raise awareness about the existence and harms of these “therapies”.



Argentina



Australia



Canada



Germany



Chile



Israel



Taiwan  
(China)



UK



Mexico



Peru



USA



European  
Parliament



Austria



other countries



Statements of this kind have been issued by governmental bodies, agencies or high-ranking officials of these countries.



## Awareness raising: campaigns and dialogue

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Raising awareness about the ineffectiveness and harmful nature of all forms of **“conversion therapies”** serves as an invaluable preventive measure.

As we see ideas that degrade any form of sexual and gender diversity being actively promoted, States should ensure that scientific, unbiased information is disseminated, especially where groups are actively promoting **“conversion therapies”**.



Many religious groups and organisations promote **“conversion therapy”** based on certain interpretations of religious beliefs. Depending on local contexts, engaging in constructive dialogue could be one of the avenues to explore. The fact that an increasing number of religious institutions and organisations are starting to repudiate **“conversion therapies”** lends support for initiatives of this kind.

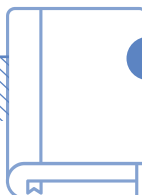


## Education

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States need to make sure that **health professionals** (especially in the field of medicine, mental health, social work and other related professions) receive the **adequate training** to learn about the harms produced by **“conversion therapies”** and, where applicable, understand the implications of legal restrictions.

In many countries, professionals still learn from **books that describe sexual and gender diversity as “pathologies” to be “cured”**. UN Treaty Bodies have urged States to train professionals on the rights of LGBT people, including their rights to autonomy and physical and psychological integrity.





## Survivor support

While the focus on prevention is of utmost importance, authorities must also attend to the needs of those who are enduring the consequences of having gone through **“conversion therapy”**, especially minors and young vulnerable adults. Enforcement agencies should work in close collaboration with networks of survivors and civil society organisations. In some countries, these networks are mobilising and producing helpful resources.



In Australia, the group **“SOGICE Survivors”** has issued statements and produced guidelines for communicators working with survivors.



**Enforcement agencies should work in close collaboration with networks of survivors and civil society organisations.**



## Enforcement agencies

Where restrictions on **“conversion therapies”** are in force, it is key that a governmental agency is put in charge of implementing such legal measures.



### Existing body

Like the Ministry of Health or the Ministry of Justice. In Germany, the **Federal Centre for Health Education** (Ministry of Health) offers counselling services for survivors of “conversion therapies” and their families.



Germany



### Agency created for this purpose

For instance, in Hawaii (USA) the **“Sexual Orientation Counselling Task Force”** addresses the concerns of minors seeking counselling on sexual orientation, gender identity, gender expressions, and related behaviours.



USA



### Licensing bodies

Where bans affect licensed professionals only, supervisory and discipline powers are oftentimes given to licensing bodies (sometimes locally referred to as professional colleges, boards or councils).



## Access to justice



Concerns about impunity and failure to prosecute perpetrators of “*conversion therapies*” have been raised by UN Treaty Bodies.



### Court personnel

Court personnel and other relevant actors should be **adequately trained** on SOGIE issues and, more specifically, how to deal with cases regarding SOGIECE.



### Redress and compensation

Ensuring access to adequate **redress and compensation** should also be included among the priorities in the assistance of victims.



### Enforcement agencies

Enforcement agencies should have easily accessible mechanisms for the public to **register complaints** regarding “*conversion therapies*”.



### Civil society organisations

Civil society organisations can also engage in strategic litigation. Favourable judicial decisions have been issued in China, the United States and Costa Rica.



USA



China



Costa Rica



## No official support to proponents

States need to ensure that governmental agencies and bodies, at any of its levels, are **not providing support** to groups or organisations engaging in “*conversion therapies*”.



In the state of **New York, USA**, local laws regulating mental health services were amended in 2016 to prohibit the provision of “*conversion therapies*” in public facilities.



Revoking charitable status or withdrawing tax exemptions to organisations engaging in “*conversion therapies*” are also among the possible measures that States can adopt to discourage these practices.

States should refrain from sponsoring, promoting, advocating, funding or supporting any activities or organisations engaging in these harmful practices.



Restrictions on the use of public funds have been implemented in several states in the USA (**Maine, Maryland, Rhode Island, Connecticut**) and in the Canadian province of **Nova Scotia**.



In **Puerto Rico**, the offer of “*conversion therapies*” prevents any organisation or institution from receiving economic incentives.





## NHRIs and human rights bodies

### National Human Rights Institutions (NHRIs)

are state-mandated bodies, independent of government, with a broad constitutional or legal mandate to **protect and promote human rights** at the national level. In their unique position with a legal mandate to promote and protect human rights domestically in an independent manner, these institutions can make a sizeable contribution to the restriction of **“conversion therapies”**.

2015



COPRED, México

2016



CONAPRED, México

2017



Hong Kong Equal Opportunities Commission

2018



Queensland Human Rights Commission, Australia

2019



Office of the Ombudsperson Peru



Some bodies that have already contributed to the cause.



## The role of the media

The media can play a key role in a strategy to counter the prevalence of **“conversion therapies”**.

### JOURNALISTIC INVESTIGATIONS



Have contributed to shed light on the underground existence of therapists and groups providing **“conversion therapies”**, especially where they publicly deny engaging in these harmful “therapies” or “rebrand” their services in deceptive ways.

### ETHICS AND RESPECT



It is crucial that the media engages with survivors in an ethical and respectful way.



In **Australia**, *The Brave Network* and *Equal Voices* produced a set of guidelines for communicators to accurately and responsibly represent survivors in the media.



## The role of professional associations

Professional associations have played a crucial role in the growing consensus against **“conversion therapies”**.



### Regulatory powers

Where associations are given regulatory powers over the conduct of their members, they can contribute to restrict these practices by dictating internal rules against **“conversion therapies”**.



### Public statements

Public statements against **“conversion therapies”** by Professional Associations contribute to the global consensus against these practices.  
More than  
**60 PROFESSIONAL ASSOCIATIONS ACROSS 20 COUNTRIES** have repudiated **“conversion therapies”**.



### Drafting of legal measures

Active participation in the drafting of legal measures to ban **“conversion therapies”** is also a valuable contribution that associations can make.



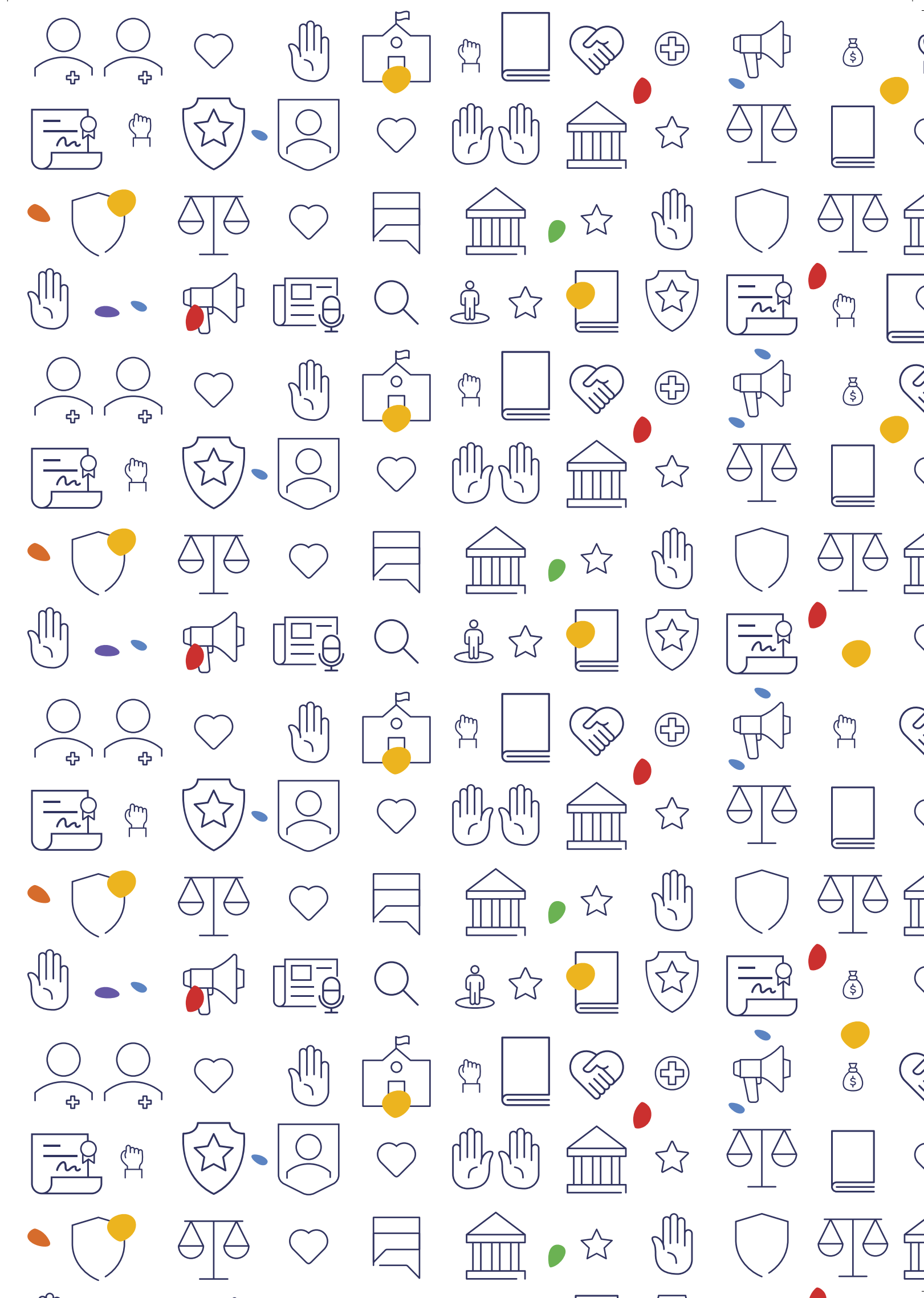
Since 2019, the **Israel Medical Association** bars its members from performing **“conversion therapy”**. Violators can have their membership revoked by the Ethics Committee.



In May 2020, the **Albanian Order of Psychologists** stated that **“conversion therapy”** was prohibited and announced that any psychologist engaging in it would be subject to disciplinary proceedings.

The **German Medical Association** participated in the process of drafting the **legal ban** in Germany.







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