CONVERSION THERAPY: CURRENT PRACTICES, EMERGING TECHNOLOGY, AND THE PROTECTION OF LGBTQ+ RIGHTS IN AFRICA

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INTRODUCTION

Across Africa, sexual and gender minorities (LGBTQ+ persons) continue to be subjected to criminalising and discriminatory laws and social attitudes. In some societies, homosexuality is still considered to be a pathological condition, requiring medical or psychiatric intervention. While this misconception of homosexuality as an aberration originated in the West, the idea that heterosexuality is a normative value for society has spread rapidly across Africa through political and religious colonialism and through criminal laws introduced by colonial governments.

Nevertheless, homosexuality has not been considered a psychiatric disorder since 1990 when the World Health Organisation (WHO) officially removed homosexuality from its list of mental illnesses in its international classification of diseases. The American Psychology Association (APA) also removed homosexuality from its Official Manual of Mental Disorders Diagnosis and Statistics (DSM) in 1973 and supported their position in several court cases.

Unfortunately, the stigmas surrounding homosexuality continue to persist in Africa and many people still believe homosexuality can be ‘cured’ through an intervention. Conversion therapy is one such intervention with attendant harmful physical or psychological consequences. The practice of conversion therapy on homosexual persons can be traced as far back as the 1890s to experiments by a German psychiatrist Albert von Schrenck-Notzing and an Austrian endocrinologist, Eugen Steinach, who both claimed success in converting homosexual men scientifically.

Over the years, the harmful effects of conversion therapy on human dignity and mental and emotional health have been well documented. This policy paper looks at the nature of conversion therapy in Africa and it provides an analysis of why conversion therapy is considered a human rights violation and the reasons why it should be prohibited. This paper also highlights the threat of emerging technologies and the impact these could potentially have in creating a more evolved, high-tech version of conversion therapy.

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7 As above.
UNDERSTANDING CONVERSION THERAPY

DEFINITION OF CONVERSION THERAPY

Conversion therapy is a broad term which refers to therapy techniques or other activities that attempt to change or alter sexual orientation or reduce a person’s attraction to other persons of the same sex and instil conventional gender roles. Conversion therapy is based on the premise that homosexuality is a disease, addiction, or religious aberration, even though all major medical and psychiatric organisations agree that LGBTQ+ identities are a normal aspect of human diversity. For this paper, we refer to conversion therapy in the broad sense to include a host of other socio-cultural practices, in addition to psychological therapies, performed in the attempt to alter sexual orientation or reduce the attraction to others of the same sex.

FORMS OF CONVERSION THERAPY

Conversion therapy takes a variety of forms, with many practitioners employing several techniques.

a) Psychoanalytic therapy

Conversion therapy can make use of traditional psychotherapeutic techniques such as counselling, group therapy, worksheets, and social skills training. This form of conversion therapy is based on the premise that homosexuality originates from past trauma, irregular parental relationships, or self-esteem problems. Therapists encourage the individual to share their intimate thoughts and feelings around their same-sex desire and non-heteronormative identity to guide them to view these thoughts as undesirable and shameful. This form of therapy is generally meted out by psychiatrists or psychologists and has generally proven to be unsuccessful. Also, it often contravenes codes of conduct of psychiatric bodies.

9 Drescher (n 1 above) 444.
10 UK Council for Psychotherapy (n 8 above).
13 Reynolds (n 11 above).
b) Faith-based therapy

This form includes religious prayer and exorcism conducted at places of worship, camps, in family settings, or combined with other forms of conversion therapy. This form of conversion therapy views LGBTQ+ identities and same-sex sexual desire as religious sins and encourages LGBTQ+ people to reject their identity by focusing on religious doctrine. This approach is the most practiced reparative therapy in African society and is often initiated by family members of the individual.\(^\text{14}\)

Traditional conversion therapy is also common in Africa.\(^\text{15}\) People who are perceived to be homosexual may be taken to herbalists or traditional healers where they are given herbal medicines and are sometimes exorcised according to traditional practices.\(^\text{16}\) In South Africa, for instance, traditional male initiation processes are also relied on to convert young gay men,


\(^\text{16}\) As above.
such as the amaXhosa initiation and circumcision ritual ulwaluko. In Kenya, there are documented instances of suspected LGBTQ+ individuals being forced into marriage or religion in the hope that they will abandon same-sex relationships. Some beliefs also consider homosexuality as stemming from ‘possession’ by a demon or spirit and can be cured through an exorcism.

c) Aversion therapy
Conversion therapy often makes use of several abusive techniques such as aversive conditioning therapies and physical abuse. Aversive conditioning therapies involve administering beatings, whippings, burnings, electric shocks, and nausea-inducing medication while images of same-sex activities are displayed. These violent practices cease when images of heterosexual behaviour are shown. This therapy aims to use torture to force LGBTQ+ individuals to form negative associations of pain and discomfort with their sexuality or gender expression.

d) Sexual abuse
Sexual abuse, particularly guided masturbation and rape may be used in an attempt to force LGBTQ+ people to heterosexuality. Homophobic rape (often referred to as ‘corrective’ rape) is perceived as a curative act for homosexual individuals, primarily targeting LBQ+ women. This practice is often believed by the perpetrator to alter the sexual orientation of known or supposed LBQ+ person by forcing them to have sex with a man. This brutal form of conversion therapy often generates serious consequences, even resulting in the death of the victims as with the case of South African footballer, Eudy Simelane.

e) Surgical interventions
Some of the earliest forms of conversion therapy included injecting individuals perceived to be homosexual with substances such as testosterone, oestrogen, animal organ extracts, and cocaine. Additionally, some individuals would be subjected to male sterilisation or the surgical removal of the testicles, uterus, ovaries, and/or clitoris. Many patients were also lobotomised, to sever the connections between the frontal lobes and the rest of the brain. This procedure often left patients in a vegetative state.

20 Gans (n 12 above) 223.
21 As above.
22 ILGA (n 19 above) 38-43.
24 As above.
26 Gans (n 12 above) 223.
27 As above.
28 Gans (n 12 above) 223.
Psychological effects of conversion therapy
Conversion therapy can cause long-term psychological harm when it is the result of psychotherapeutic treatment practiced by mental health professionals or by religious leaders. Individuals who have been exposed to this type of therapy in their life experience conflict over their self-identity, which harms them and can lead to depression, negative self-image, trauma responses, and even suicide.


EFFECTS OF CONVERSION THERAPY
The different forms of conversion therapies have both physical and psychological effects on the individuals who experience it. These effects are amplified for those who are coerced or forced to undergo such therapies, especially minors.

Physical effects of conversion therapy
Many forms of conversion therapy are invasive and include a physical intervention component. The use of physical violence and dangerous electronic, surgical, and chemical methods in conversion therapy has resulted in numerous injuries and deaths. In one incident, the victim was chained to a bed, prevented from going to the toilet, electrocuted with a stun gun, made to eat his faeces, and beaten which eventually cost him his life. Often the intervention of medicine in the process of changing sexual orientation is done through treatment with electroshock therapy or the ingestion of dangerous chemicals.

Psychological effects of conversion therapy
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29 ‘SA teen dies brutal death after attending gay conversion camp’ The South African, 05 May 2013, [accessed 27 March 2020].
30 As above.
CONVERSION THERAPY IN AFRICA

In African society, conversion therapy takes many forms. However, it is primarily driven by members of religious communities. In many African communities, homosexuality is perceived to be a spiritual problem rather than a mental illness, or a pathology. Churches may organise exorcisms and prayers to drive out the 'demon of homosexuality.' Currently, the internet has also made international sources of this form of therapy widely available in Africa, making them more accessible and thus more dangerous.

RELIGIOUS CONVERSION THERAPY

Homosexuality is still perceived to be unreligious and 'unAfrican' on the African continent. As a result, religious conversion therapy is the most practiced form of conversion therapy in Africa. According to the 2019 statistics from the international organisation OutRight Action International, 75% of conversion therapy in Africa is carried out for religious and cultural reasons.

TRADITIONAL CONVERSION THERAPY

Conversion therapy cases in Africa are also carried out for cultural reasons and through localised methods. This form of conversion therapy in Africa is performed by traditional healers. They claim to be able to change the sexual orientation of an LGBTQ person through potions. However, testimonies have shown that these treatments do not change anything.

CONVERSION CAMPS

Conversion therapy in the form of training camps is prevalent, justified as an attempt to safeguard the family honour. LGBTQ+ people are taken to isolated camps where they receive advice that will be able to subsequently change their sexual orientation.

PSYCHOANALYTIC THERAPY

This form of conversion therapy is popular in Africa and takes place in person and over the internet, utilising conventional psychotherapy techniques to explain away and combat same-sex desire. Infamously, during Apartheid, psychologists provided the South African government pseudo-scientific justification for forced conversion therapy.

Many African states continue to tolerate these kinds of religious interventions despite the harmful experiences LGBTQ+ people have had with them.

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34 OutRight Action International (n 14 above) 33.
35 As above, 32.
36 Sjodin (n 15 above).
37 OutRight Action International (n 14 above) 33-34.
39 Drescher (n 1 above) 38.
40 Sjodin (n 15 above).
TECHNOLOGY AND CONVERSION THERAPY

The advent of the fourth industrial revolution has led to major developments in the digital world. This has resulted in a wave of technological progress in recent decades, significantly impacting communication and information. For LGBTQ+ people, this has enabled the creation and hosting of social forums on digital media platforms. Likewise, it has also enabled the creation of movements aimed at converting LGBTQ+ people to heteronormativity.

HOW TECHNOLOGICAL DEVELOPMENTS HAVE IMPACTED CONVERSION TECHNOLOGY

Social media and video streaming websites have recently been weaponised to reach young LGBTQ+ people. Often these social media accounts and videos have misleading titles designed to lure young LGBTQ+ people with the promise of wholesome content, only to then display messages promoting conversion and discrimination. Sites including Facebook and YouTube also display ads for groups promoting or offering conversion therapy services to people who show interest in LGBTQ+ content.⁴³ The use of social media in conversion therapy is especially concerning considering the influence it has over impressionable young people and the reach it has.⁴⁴

Some conversion therapy service providers have even created apps. One such app amassed over 1,000 users before it was removed from Apple and Amazon’s app stores in 2018 and eventually from Google Play Store in 2019 after a change.org petition collected over 150,000 signatures.⁴⁵ In 2018, the government of Malaysia released an online app called ‘Hijrah Diri – Homoseksualiti.’⁴⁶ The app purportedly provides resources to overcome same-sex desire, including eBooks based on Islamic teachings, audio files with thematic talks, and guided process teaching users to ‘Understand the Challenges’ and ‘Control Your Lust.’⁴⁷ Apps such as these can be dangerous since they are easily accessible and create difficulties with regulation and liability since the process is self-executed.

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⁴⁴ ‘This pro-conversion therapy group wants to target LGBTQ+ youth on social media’ Them 1 August 2018 https://www.them.us/story/conversion-therapy-social-media (accessed 30 April 2020).
⁴⁶ ILGA (n 19 above) 56.
⁴⁷ As above.
Furthermore, scientists have predicted that, in future, technology could be developed that would target same-sex attraction specifically and could be used to alter the sexual orientation of a person.48 Studies in human neuroscience, biotechnology, psychopharmacology, and other disciplines have aimed to develop anti-love biotechnology,49 that is, neurotechnological interventions that can block or diminish feelings of love, lust, attraction, and even basic social bond which, as a by-product, can lead to a ‘gay cure’.50 This technology is designed to impact the neurological thought process of an individual to pursue higher-order goals, rather than lower-level feelings, thereby enhancing the individual’s decision-making autonomy.51

49 As above.
LEGAL FRAMEWORKS ON CONVERSION THERAPY AND TECHNOLOGY

The Yogyakarta Principles reiterate the right to health in Principle 17, stating that everyone has the right to the highest attainable standard of physical and mental health, regardless of sexual orientation, gender identity, gender expression, or sex characteristics. Principle 10e urges states to prohibit intrusive and irreversible treatments including reparative or conversion therapies when enforced or administered without the free, prior, and informed consent of the person concerned. Conversion therapy has been recognised as a violation of the right to health and freedom from cruel, inhuman, or degrading treatment.

Unfortunately, most states do not even have adequate legal frameworks for conventional conversion therapy, making it less likely that the intersection of technology and conversion therapy is covered in legislation. Only Brazil, Ecuador, and Malta have laws banning conversion therapy. Countries like Chile, Mexico, Canada, and Germany are in the process of amending their laws to prohibit conversion therapy. In the USA, some states prohibit conversion therapy on minors, but there is no nationwide law. While some countries have prohibited mental health diagnoses based exclusively on sexual orientation, they do not directly ban conversion therapy. The regulations on healthcare professionals may prevent them from administering conversion therapy but it is unlikely to curb conversion therapy services offered by non-healthcare professionals, such as religious bodies.  

HOW CAN WE INCLUDE THE ISSUE OF CONVERSION THERAPY IN TECHNOLOGY ETHICS?

While psychiatrists, psychologists, and other medical practitioners are bound by strict ethical codes of practice that often prohibit harmful practices such as conversion therapy, no such code binds individuals or groups developing technology that may be used in conversion therapy.

Technology ethics is a broad field and strategies such as Value in Design/Value Sensitive Design may be important tools in ensuring that new technology does not give rise to the harm of conversion therapy. VID/VSD is a three-part methodology to proactively incorporate certain values in design and guard against harmful effects. The first part of the methodology focuses on a ‘philosophically-informed conceptual analysis’. It starts with the premise that technology may enhance, transform, or threaten existing values and that certain values may be built into technology, for example, understanding that social media affects privacy. The next part entails an empirical inquiry into how identified stakeholders assess and behave with the technology as well as any value conflicts it gives rise to. The final part aims to incorporate the results of the previous parts into the design in a proactive way.

55 As above.
56 Manders-Huits (n 54 above).
Earp, Sandberg, and Savulescu laid down the following as ethical guidelines for the use of anti-love biotechnology:

1. The love in question would be harmful and in need of dissolving one way or another.

2. The person would have to want to use the technology so that there would be no problematic violations of consent.

3. The technology would help the person follow their higher-order goals instead of lower-order feelings, thereby enhancing ‘bigger picture’ decision-making autonomy.

4. It might not be psychologically possible to overcome the perilous feelings without the help of anti-love biotechnology—or at least more ‘traditional’ methods had already been tried or thoroughly considered.

Guidelines such as the above can be adapted to guarantee that technological advancements are not used in a way which could violate human rights of vulnerable communities. Requiring a party to produce written consent, as well as providing verbal consent after undergoing an assessment should be a principal safeguard. This will eliminate persons being forcibly subjected to undergo technology-based procedures, and thus prevent human rights violations.
CONCLUSION

Conversion therapy is one outcome of societal and internalized homophobia and transphobia, and its prevalence is encouraged by negative attitudes towards LGBTQ+ persons.\(^57\) It is a practice that aims to alter an individual's sexual orientation or gender identity. It poses a major concern for LGBTQ+ individuals and their human rights as it causes serious physical and psychological suffering to its victims. Conversion therapy is an unscientific practice and a violation of the global ban on torture and inhuman treatment. According to the International Rehabilitation Council for Torture Victims (IRCT), the practice of conversion therapy should be banned worldwide given the extreme and often unimaginable human suffering it causes.\(^58\)

Through conversion therapy practices, LGBTQ+ people are subjected to corrective violence and harmful drugs including antipsychotics, antidepressants, anxiolytics, and hormone injections. Further, electroconvulsive therapies aversive treatments using electric shocks or drugs that cause vomiting exorcism. Sometimes ritual cleansing is used which often involves violence when reciting religious verse, starvation, forced exposure to nudity, forced isolation, and confinement. In most cases, minors and children are the most immediate victims of this harmful practice.

By banning coercive conversion therapy there are much better effects for the LGBTQ+ individual and community. This is why countries like Germany, Brazil, Malta, and Taiwan have banned conversion therapy practices.\(^59\)

In 2014, the African Commission on Human and Peoples’ Rights adopted Resolution 275 titled ‘Resolution on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity’.\(^60\) Resolution 275 draws a strong conclusion that every person, including LGBTQ+ persons, is entitled to equal protection under the African Charter on Human and Peoples’ Rights and expresses concern over the continuing acts of violence, discrimination and other human rights violations committed against individuals based on their actual or imputed sexual orientation or gender identity by both state and non-state actors. Coercive conversion therapy practices are a form of violence against LGBTQ+ persons. The continuation of such practices violates the rights of LGBTQ+ persons rights to protection from violence as outlined in Resolution 275.

Families in Africa still resort to conversion therapy due to the lack of knowledge that conversion therapy does not work. There is a need to create awareness for survivors of conversion therapies as well as produce documentaries on ex-conversion therapists that testify that a person’s sexual orientation or gender identity and expression cannot be changed through conversion therapy. This will help reduce misconceptions among people and limit the use of conversion therapy.

Consequently, it is necessary to disseminate information about the limits and dangers of conversion therapy.\(^61\) There is limited information about the topic and activists and government have to develop messages that demonstrate the dangers of conversion therapy. This would provide an empowering visibility campaign for LGBTQ+ individuals who have experienced discrimination or violence and are recovering from incidents of conversion therapy practices.

\(^{57}\) OutRight Action International (n 14 above) 67.


Further, there is a need to partner with other stakeholders like health ministries and mental health professional societies to educate policymakers, influencers and the public that homosexuality is not a disease and therefore all coercive attempts to ‘convert’ sexual orientation should be banned or limited.

In conclusion, the following recommendations should be considered by policymakers in Africa:

1. Governments should condemn the continuous use of conversion therapies in all forms.

2. Policy makers should review discriminatory laws that trigger violence and human rights violations against LGBTQ+ persons.

3. States should enact laws to ban coercive conversion therapies and implement policies that discourage non-coercive conversion therapies, with a particular focus on the use of conversion therapy practices on minors perceived to be sexual or gender minorities.

4. States should institute guidelines and policies to reinforce technology ethics in the area of conversion therapy and prohibit the coercive use of technology to alter sexual orientation.

5. Law enforcement authorities should investigate and prosecute incidents of coercive conversion therapies, particularly those involving torture and cruel, inhumane, or degrading treatment.

6. Governments should include sexual diversity in the training curriculum of service providers across healthcare, welfare, and policing services.

7. Governments should enforce the implementation of policies regarding the ethical development of artificial intelligence in emerging technologies to curb potential digital bias against LGBTQ+ communities.

8. National human rights institutions should establish a reporting process for informing the institution on human rights abuses resulting from conversion therapies and establish processes to provide remedies for human rights abuses resulting from conversion therapies.

9. National human rights institutions should design and implement campaigns to promote an end to all forms of conversion therapies.

10. National human rights institutions should liaise with community-based organisations to promote awareness on the harmful effects of conversion therapies.
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