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Introduction

ILIAS TRISPIOTIS AND CRAIG PURSHOUSE

THIS BOOK EXAMINES legal responses to LGBT+ 'conversion therapy'. The seeds of this collection began with a discussion about the 2019 Oscar Best Picture race. As colleagues at the University of Leeds at the time, we would sometimes discuss cinema when passing each other in the corridor. Although we disagreed about the merits of Alfonso Cuarón's *Roma* over Yorgos Lanthimos's *The Favourite*, we thought that the film adaptation of *Boy Erased* should have got a bit more love during awards season.[1] The film, starring Lucas Hedges, Nicole Kidman and Russell Crowe, is based on Gerard Conly's account of his time in a Love in Action 'conversion therapy' centre and sees the 'students' subject to a parade of abusive behaviour including mock funerals where they are hit with Bibles and dunked in a bathtub, being barricaded into a room and forced to make humiliating confessions. A few months earlier, another 'conversion therapy' film, *The Miseducation of Cameron Post*, had been released starring Chloë Grace Moretz.[2] Based on the novel by Emily M Danforth, it detailed the emotional abuse suffered by 'disciples' at the God's Promise 'conversion therapy' programme.

Surely, we thought, this would be unlawful? How could they get away with running such centres without being immediately sued and arrested? The first-named editor, a specialist in human rights and equality law, thought that 'conversion therapy' involves a distinctive combination of discrimination and abuse, which could constitute degrading treatment. As a torts lawyer, the second-named editor thought that the torts of battery, false imprisonment and negligence might capture much of the wrongdoing in the film. We thought that we should look further at the issue and maybe write an article on the topic, if there was nothing else out there. Our initial research showed that, while some US academics had discussed the matter and Theresa May's LGBT+ action plan had discussed a ban on 'conversion therapy' in the UK, it had been underexplored in English legal scholarship.[3]

Our naïve plan for a single article covering all of the legal issues raised by 'conversion therapy' became a bigger job than we anticipated. One article soon became two: one on the human rights issues, published in the *Oxford Journal of Legal Studies*, and one on the torts issues in *Legal Studies*. The OJLS article argued that 'conversion therapy' is disrespectful to the equal moral value of LGBT+ people and violates specific protected areas of liberty and equality that are inherent in human dignity. As such, all forms of 'conversion therapy' amount at a minimum to degrading treatment in violation of human rights law, particularly Article 3 of the European Convention on Human Rights (ECHR).[4] The *Legal Studies* work argued that,

[1] Joel Edgerton et al (Producers), *Boy Erased* (Focus Films, 2018) based on the memoir by Gerard Conly (London: William Collins, 2018).
[2] Michael B Clark et al (Producers), *The Miseducation of Cameron Post* (Beachside Films and Parkville Pictures, 2018) based on the novel by Emily M Danforth (Penguin 2017).
[3] See Craig Purshouse and Ilias Trispiotis, 'Is "conversion therapy" tortious?' (2022) 42(1) Legal Studies 23, fn 12 for some of the US sources. For details of the LBGT Action Plan see UK Government Equalities Office, *LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People* (GEO 2018).
[4] Ilias Trispiotis and Craig Purshouse, '"Conversion Therapy" as Degrading Treatment' (2022) 42(1) OJLS 104.

while many tort claims against 'conversion therapists' had the potential to succeed, particularly in egregious cases, some types of claim would fail.[5] For example, a negligence claim might fail if the claimant does not suffer a medically recognised psychiatric injury, and a claim under the rule in *Wilkinson v Downton* would fail if the 'conversion therapist' had a benign motive. Reform of the law would be needed if the practice was to be stamped out.

Realising not only that our two articles were barely scratching the surface on the law surrounding this practice, but also the limitations of our own experience and expertise, we decided to assemble a range of voices to look at whether and how 'conversion therapy' should be banned in law. All the chapters in this collection support using the law to ban 'conversion therapy', but do not necessarily agree about the best way of doing so. We wanted to select authors who think differently from each other and from us, and who have had various kinds of experiences in advancing LGBT+ equality, whether through scholarship, legal advocacy, activism, or a combination thereof. We chose authors with different disciplinary and geographic perspectives and at various stages of their careers because we had learned so much from being involved in diverse intellectual spaces throughout our research project on 'conversion therapy'. We chose contributors whose scholarship we had read and taught, and/or whose work we admired. We also chose contributors who have survived 'conversion therapy' and/or have worked with survivors: their insights in the practice, and the non-legal steps that ought to be taken to end it, are invaluable and penetrate all parts of the book. Countless other scholars and activists have advanced our understanding of 'conversion therapy' and LGBT+ equality, many of whom are referenced in this collection.

This chapter introduces the collection by highlighting points that struck us as particularly significant in understanding the practice and effects of 'conversion therapy'. The book is intended to be read in many ways. Egalitarian, emotional and dignitarian ideas that are introduced in the first part continue throughout the book, where different aspects of the scope and limitations of a legal ban on 'conversion therapy' are discussed. For example, the dignitarian harms of 'conversion therapy' are explored in different ways in several chapters, while legal protection for gender identity and expression is pursued in others. Cross-cutting themes pervade many chapters – such as coercion and consent, and the type and formulation of laws in this area – as do themes addressing activism and transitional justice. But before moving on, it is important to address two key points. First of all, what is 'conversion therapy'? Secondly, what is the right term to refer to it?

According to the UN, 'conversion therapy' is a widely discredited set of practices which aim to 'cure' LGBT+ people by changing or repressing non-heteronormative sexualities and gender identities.[6] As the 2022 Memorandum of Understanding on 'Conversion Therapy' in the UK, which was signed in 2022 by leading UK health bodies, including NHS England and NHS Scotland, puts it

[5] Purshouse and Trispiotis (n 4).

[6] UN Human Rights Council, *Practices of So-Called "Conversion Therapy": Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity,* 1 May 2020, A/HRC/44/53, para 2. Also, Independent Forensic Expert Group, 'Statement on Conversion Therapy' (2020) 72 Journal of Forensic and Legal Medicine 101930, 1.

> 'conversion therapy' is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.[7]

So, 'conversion therapy' describes 'a multitude of practices and methods' to change or suppress an individual's sexuality or gender identity.[8] All involve 'attempts to pathologize and erase the identity of individuals.'[9]

A wide range of 'conversion therapies' have been reported including 'corrective' rape and sexual assault,[10] imprisonment and kidnapping,[11] physical abuse,[12] electroconvulsive shock treatments,[13] hormone treatments,[14] and 'aversion therapy'.[15] However, not all forms of 'conversion therapy' involve overt violence. Some take the form of 'talking therapies', which involve psychotherapy, peer support, or pastoral counselling.[16] Techniques utilised there include trying to make recipients behave in conformity with gender stereotypes;[17] encouraging them to sever ties with their families; and promoting celibacy.[18]

There is significant evidence that the use of psychotherapy or pastoral counselling as a practice of 'conversion therapy' can cause grave, life-long harm.[19] So, the distinction between physical and 'talking' forms of 'conversion therapy' does not downplay the harmfulness of the latter. People who have undergone such 'therapies' have reported 'loss of self-esteem, anxiety, depression, social isolation, intimacy difficulty, self-hatred, shame, sexual dysfunction, suicidal ideation, and post-traumatic stress disorder.'[20] And arguably, many forms of 'conversion therapy' would be difficult to classify as they constitute both physical and emotional abuse.

To recap, 'conversion therapy' refers to any sustained effort to change or suppress a person's sexual orientation or gender identity *because* their sexuality or gender identity are considered inferior or problematic. Moreover, there is incontrovertible evidence from across

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[7] BACP et al, *Memorandum of Understanding on Conversion Therapy in the UK*, November 2022, version 2 <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/>.
[8] Practices of So-Called "Conversion Therapy" (n 6) para 17.
[9] ibid para 19.
[10] ibid paras 18 and 39.
[11] ibid para 39.
[12] ibid paras 39, 50 and 52.
[13] Report of the Special Rapporteur on the Question of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, UN General Assembly, A/56/156, 3 July 2001, para 24.
[14] Practices of So-Called "Conversion Therapy" (n 6) para 46.
[15] ibid para 43.
[16] K. A. Hicks, '"Reparative" Therapy: Whether Parental Attempts to Change a Child's Sexual Orientation Can Constitute Child Abuse' (1999) 49 Am U L Rev 506.
[17] Practices of So-Called "Conversion Therapy" (n 6) para 45.
[18] ibid para 37.
[19] J. Turban and others, 'Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults' (2020) 77(1) JAMA Psychiatry 68; J. Devlin and others, 'Sexual Orientation Change Efforts Among Current or Former LDS Church Members' (2015) 62(2) J Couns Psychol 95; D. Halderman, 'Therapeutic Antidotes: Helping Gay and Bisexual Men Recover from Conversion Therapies' (2002) 5(3-4) J Gay & Lesbian Psychotherapy 117.
[20] Practices of So-Called "Conversion Therapy" (n 6) para 56. See also J. Fjelstrom, 'Sexual Orientation Change Efforts and the Search for Authenticity' (2013) 60(6) J Homosex 801.

the world that 'conversion therapy' is consistently aimed at effecting a change from non-heterosexual to heterosexual and from trans or gender diverse to cisgender.[21] The assumption that LGBT+ sexualities and gender identities are inherently inferior, and ought to be changed or suppressed for that reason, lies at the core of 'conversion therapy'.

We noted earlier that curbing 'conversion therapy' relies on understanding what such practices constitute, as well as their harmfulness. Language is central to drawing attention and action towards 'conversion therapy'. So, is 'conversion therapy' the right term to describe the litany of harmful practices described above?

There are at least four problems with the term 'conversion therapy'. First of all, the term 'therapy' suggests that a person's sexuality or gender identity, or their expression, amount to some sort of illness or condition that can be 'cured'. Secondly, 'therapy' also conveys the misleading idea that there is sound medical or scientific evidence backing conversion practices, just as it happens with most legitimate therapies. Both those connotations are patently false. LGBT+ identities are not illnesses or pathologies,[22] nor is there any evidence that they can be changed through 'treatment'.[23] Apart from its falsity, the message conveyed by the term 'therapy' reproduces, and promotes, the social image of LGBT+ people as abnormal and disgusting – a social image which grounds their pre-existing stigma. 'Therapy' therefore relays a demeaning message that affects not only survivors of 'conversion therapy', but LGBT+ people in general, and the attitudes of other people towards them. A third problem with 'therapy' is that it fails to capture the abusive nature of many forms of 'conversion therapy'. Many conversion practices are nothing else than violence, rape, humiliation, intimidation – practices that cannot possibly be included in any legitimate definition of therapy. But the term 'conversion' is also problematic. 'Conversion' implies that sexual orientation or gender identity can be changed, despite the complete lack of credible evidence that any such interventions work.

For all those reasons, some advocates and organisations have started to favour the term Sexual Orientation, Gender Identity or Gender Expression Change Efforts (SOGIE CE) instead of 'conversion therapy'. Although the term 'change' may not accurately reflect how such attempts operate, SOGIE CE avoids the problems of the term 'therapy'. However, at the time of writing, SOGIE CE is not widely used or understood, perhaps with the exception of certain advocacy spaces.[24] Even though it is arguable that a common, agreed-upon terminology does not exist yet, 'conversion therapy' remains the most widely used and understood term across the world. 'Conversion therapy' is used in the relevant UN reports,[25] in national and local bans, in advocacy and in common parlance in most countries we are aware of. By contrast, in our experience, SOGIE CE is not widely understood within activists and policy-makers, or within the general public, even in the Global North.

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[21] Practices of So-Called "Conversion Therapy" (n 6) para 17.

[22] Homosexuality was removed from the DSM in 1974 and the ICD in 1990. See American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders II (6th printing, APA Publishing, 1974) and World Health Organisation International Statistical Classification of Diseases and Related Health Problems (WHO, 1990).

[23] See e.g. 'Editorial' (2016) 387 *The Lancet* 95; Independent Forensic Expert Group (n 6) 5.

[24] Advocates often use completely different terms to 'conversion therapy' or SOGIE CE. For instance, certain advocacy organisations in South Africa use a local term, *Inxeba Lam*, which means 'My Wound' in Xhosa, to describe 'conversion therapy'.

[25] See n 6 above and n 29 below.

We have decided to use 'conversion therapy' in many parts of this collection, including its title. In other parts of the book, the term *conversion practices* is used. None of those terms is unproblematic. However, research and advocacy within global or multilateral spaces benefit from tapping on the common terminology we have at the time of writing, at least until we build a unified understanding of the practice of 'conversion therapy' and determine which global (or localised) terms can be used to describe it and draw attention to it. We want to make one thing clear though: 'conversion therapy' is a misnomer. That is why both 'conversion' and 'therapy' are between inverted commas throughout the book – to remind the reader that they convey a delusive perception of the abuse they are used to describe.

While researching this topic we have been involved in advising policy-makers about a ban in the UK (though the second-named author has since stepped back from this work). One of the reasons why a ban on 'conversion therapy' has proved contentious in the UK is due to the fierce debates about transgender rights. It is worth briefly discussing this important issue here. To an extent, a ban aimed at gay, lesbian and bisexual 'conversion therapy' would be more straightforward to implement as it is easier to define sexual attraction than gender identity. With trans or gender diverse people, any likely ban is more complicated, particularly with children. This is because healthcare professionals prescribing puberty blockers and, eventually, cross-sex hormones to children with gender dysphoria could be seen as offering a form of 'conversion therapy', potentially transforming a gay cis-gendered person into a straight trans person. We would not want a position where therapy to assist someone to become more comfortable with their biological sex, or their sexuality, was outlawed or discouraged. Questioning and reflecting before undergoing significant medical interventions cannot be anything other than good practice.[26] As Lemma and Savulescu argue, it is important that transgender patients have the opportunity to have a reflective space and, as such, we have ethical grounds to advocate a 'respectful, collaborative, and inquisitive approach so as to ensure that the desire to medically transition can be said to be autonomous.'[27]

Any ban on 'conversion therapy' therefore needs to strike a fine balance between ensuring that the rights of trans people are respected, while also ensuring that legitimate forms of talking therapy with the aim of making sure that those undergoing gender reassignment are actually transgender are not captured by a ban. These barriers are not unbreachable and some jurisdictions seem to have handled them delicately by carving out important exemptions covering therapeutic interventions that do not pathologise any sexualities or gender identities but aim to provide acceptance and support for a person's exploration of their identity.[28] Those exemptions are justified because such types of therapeutic intervention do not constitute 'conversion therapy'. They are not based on the assumption that some sexualities or gender identities are inferior to others, and do not aim to change or suppress them for that reason.

[26] A. Lemma and J. Savulescu, 'To be or not to be? The role of the unconscious in transgender transitioning: identity, autonomy and well-being' (2023) 49 *Journal of Medical Ethics* 67.
[27] Ibid, 71.
[28] See eg the legislation adopted in Queensland (Public Health Act 2005, s 213F as amended by Health Legislation Amendment Act 2020, s 28) and Victoria (Change or Suppression (Conversion) Practices Prohibition Act 2021, s 5).

Despite that the United Nations have repeatedly called on states to take action against 'conversion therapy',[29] and so have many other international and regional organisations including the European Parliament,[30] the Council of Europe,[31] and the UN Committee Against Torture,[32] 'conversion therapy' is banned in a small number of countries around the world. At the time of writing, out of the 46 members of the Council of Europe only Malta, France, Germany and Greece have introduced nationwide bans on 'conversion therapy', either fully[33] or partly.[34] In Spain, there are regional-level bans in non-discrimination legislation.[35] The practice is not banned in the United Kingdom.[36] Beyond Europe, Canada and New Zealand have introduced general national bans on 'conversion therapy', whereas medical professionals are banned from providing 'conversion therapy' in Brazil, Ecuador and Taiwan. In the United States, so far twenty States have introduced bans on the practice,[37] although many exempt religious counsellors and organisations from the scope of the prohibition. A similar exemption is part of the ban on 'conversion therapy' in Queensland, one of the three Australian jurisdictions banning the practice at the moment.[38]

At the time of writing, many countries across the world are considering legal bans on 'conversion therapy'. Even so, widespread uncertainty and disagreement prevail with regards to whether states are under a legal duty under international human rights law to ban 'conversion therapy'; what practices and exemptions should be included in a ban; what legal mechanisms ought to be used; and what other steps, beyond a legal ban, ought to be taken to prevent this

[29] See e.g. Practices of So-Called "Conversion Therapy" (n 6). Also, UN Joint Statement, *United Nations Entities Call on States to Act Urgently to End Violence and Discrimination Against Lesbian, Gay, Bisexual, Transgender and Intersex Adults, Adolescents and Children* (September 2015); Annual Report of United Nations High Commissioner for Human Rights, *Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity*, 17 November 2011, A/HRC/19/41, para 56; *Report of the Special Rapporteur on the question of torture and other cruel, inhuman or degrading treatment or punishment,* UN General Assembly, 3 July 2001, A/56/156, para 24.

[30] European Parliament, Committee on Civil Liberties, Justice and Home Affairs, *Amendment 8 to the Report on the Situation of Fundamental Rights in the EU in 2016*, 21 February 2018, A8-0025/8.

[31] D. Mijatović, 'Nothing to Cure: Putting an End to So-Called "Conversion Therapies" for LGBTI People' (Strasbourg, 16 February 2023) at <https://www.coe.int/en/web/commissioner/-/nothing-to-cure-putting-an-end-to-so-called-conversion-therapies-for-lgbti-people>.

[32] See e.g. UN Committee Against Torture, 'Concluding Observations on the Seventh Periodic Report of Ecuador' (CAT/C/ECU/CO/7, 11 January 2017) para 49. Also UN Committee Against Torture, 'Concluding Observations on the Fifth Periodic Report of China' (CAT/ C/CHN/CO/5, 3 February 2016) para 55.

[33] There is a full national ban on 'conversion therapy' in Malta. See Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act, s 3.

[34] In 2020, Germany criminalised the provision of 'conversion therapy' to minors. The provision of 'conversion therapy' to adults is outlawed provided that there was coercion, deceit or misapprehension. This is also the case with the 2022 Greek ban.

[35] At the time of writing, 'conversion therapy' is banned in the Spanish regions of Madrid, Valencia, Andalucía, Aragon, Cantabria, Navarra, Murcia, Canary Islands and Rioja.

[36] A private member's bill outlawing 'conversion therapy' was lost when the UK Parliament was prorogued in 2019. In October 2021, the UK Government opened its proposals to ban 'conversion therapy' for consultation (as part of this consultation, the first-named author gave evidence in the UK Parliament in November 2021) but those proposals were pulled in April 2022 and nothing concrete has been re-introduced since. As noted earlier, a Memorandum of Understanding signed by the NHS and leading counselling, psychotherapy and mental health bodies seeks to ensure that no registered medical practitioners offer the practice in the UK (n 7 above).

[37] At the time of writing, these are: New Jersey, California, Oregon, Illinois, Vermont, New Mexico, Connecticut, Rhode Island, Nevada, Washington, Hawaii, Delaware, Maryland, New Hampshire, New York, Massachusetts, Colorado, Maine, Utah and Virginia.

[38] The others are Victoria and the Australian Capital Territory.

practice and support its survivors. Those are only some of the pressing questions that these chapter authors are looking to answer.

This collection is divided into three parts. Part I sets out the reasons that justify a legal ban on 'conversion therapy'. Part II explores the scope of a ban on 'conversion therapy' and how a ban might interact with specific rights. Part III looks beyond a legal ban on 'conversion therapy'. This part includes the voices of activists and survivors who broach the non-legal steps that are required to end 'conversion therapy' and support LGBT+ survivors. However, many chapters touch upon all three areas, and the themes of the normative justification of a ban and its scope and implementation pervade most chapters.

Opening Part I on the reasons in support of a ban, Ilias Trispiotis's chapter considers the extent to which there is a legal duty on states to ban 'conversion therapy' under international human rights law. Trispiotis claims that all forms of 'conversion therapy' involve a distinctive combination of two serious moral wrongs. Firstly, all forms of 'conversion therapy' put LGBT+ people at a proved, real risk of grave harm. Secondly, all such 'therapies' directly discriminate on the grounds of sexual orientation and gender identity. This combination of wrongs means that all forms of the practice fall qualitatively within the scope of the prohibition of degrading treatment. As a result, states are under a positive legal duty to ban all forms of 'conversion therapy'.

Jonathan Herring focuses on the criminalisation of 'conversion therapy'. His chapter argues that the wrongs inflicted by 'conversion therapy' are of sufficient severity to justify criminal intervention against all forms of the practice. Herring shows that, in many ways, 'conversion therapy' is analogous to the criminal offence of coercive control. Drawing analogies to the offences of domestic abuse and domestic violence in the UK, the chapter highlights the relational nature of the wrong in 'conversion therapy', as well as the fact that autonomy and consent should not be a defence to it. In fact, according to Herring, focusing on the value of personal autonomy greatly strengthens the case in favour of criminalisation of 'conversion therapy'.

Jack Drescher was an early critic of what were once known as 'reparative practices' and was author of the landmark article 'I'm Your Handyman', one of the first pieces that detailed the harms of, and ethical concerns with, the practice from a psychiatric perspective. The article is reprinted here, together with a coda detailing what has changed in the almost-25 years that have passed since its publication.

Finishing off Part I, Senthorun Raj considers the emotional grammar of banning 'conversion therapy'. Considering the personal testimonies of victims, together with the language of parliamentary debates on a ban in the UK, Raj shows how emotions such as pain and shame have featured in the discourse surrounding a ban – and the role that such emotions can play in justifying and structuring legal intervention in this area.

Opening Part II on the scope of a ban are two chapters considering the relationship of 'conversion therapy' with children's rights, albeit from different perspectives. Noam Peleg argues that 'conversion therapy', when directed at children, violates a host of rights under the UN Convention on the Rights of the Child (UN CRC) and breaches some of its key guiding principles, such as the principle of non-discrimination, children's best interests, and their right to participation in decision-making. Peleg's chapter takes children and their rights as its focal point of analysis, against a reality where discussions about banning 'conversion therapy' tend

to focus on the role of parents in relation to children's sexual rights and gender identity, and rarely consider the rights of children in those areas.

Hannah Hirst's chapter specifically focuses on gender diverse children. Hirst analyses the scope of a ban on 'conversion therapy' through the lens of the child's right to develop under the UN CRC and UK law. Hirst argues that a ban on all forms of 'conversion therapy' that seek to change children's gender identities is necessary to protect the right of gender diverse children to develop into adulthood – not just physically, but also mentally and socially – and guarantee them a 'maximally open future'.

Staying on the theme of gender identity, Lui Asquith's chapter looks at how a ban on 'conversion therapy' should be formulated to protect trans people whilst ensuring individual access to responsible healthcare in relation to gender identity. Asquith makes two key points: the first is that a ban on 'conversion therapy' has to be informed by an adequate definition of gender identity and gender expression, and has to protect both. The second is that a ban has to explicitly exempt legitimate gender-related healthcare services. The chapter analyses those points through examples coming from UK and comparative law.

In the last chapter of Part II on the scope of a ban on 'conversion therapy', Javier García Oliva and Helen Hall address the important question of the compatibility of a ban with the right to freedom of religion or belief. García Oliva and Hall argue that, as a matter of principle, banning religious forms of 'conversion therapy' does not amount to a disproportionate interference with the right to freedom of conscience under Article 9 ECHR. Drawing on specific examples of spiritual 'conversion therapies', such as exorcism, García Oliva and Hall conclude that a ban that exempts such spiritual practices would breach central principles of human rights law – and would also lack efficacy.

Part III of the book looks beyond a legal ban on 'conversion therapy'. This part of the book opens with Jayne Ozanne's chapter, which describes religious forms of 'conversion therapy' as a form of spiritual abuse. Drawing on her experience as a survivor of 'conversion therapy' and a leading campaigner to ban it, Ozanne unfolds the different stages of the abuse involved in the practice. The chapter highlights specific steps that ought to be taken to counteract the conditions and structures that make 'conversion therapy' possible. Central among them is engagement with religious communities on the basis of specific, agreed-upon principles that aim to protect LGBT+ people. Ultimately, according to Ozanne, ending 'conversion therapy' depends on forging a shared commitment amongst governments and religious leaders to take specific legal and non-legal steps against the practice.

Jordan Sullivan and Nick Schiavo's chapter draws on their research experience working with survivors of 'conversion therapy' in Canada. Their chapter highlights the ways that the lived realities of survivors can be used to build a body of knowledge on the practice and effects of 'conversion therapy'. The chapter argues that any legal ban must engage with that body of knowledge in order to devise sufficient support for survivors. According to Sullivan and Schiavo, unless it incorporates specific support structures, a legal ban on 'conversion therapy' cannot address the barriers faced by LGBT+ people to accessing financial, psychological, and culturally and religiously appropriate care – barriers that often propel them into seeking 'conversion therapies'.

Completing the collection is Natasa Mavronicola's and Lee Davies's chapter on using transformative reparations in addition to a legal ban on 'conversion therapy'. Transformative

reparations call on the state to transform the unjust circumstances in which serious wrongs have been committed. As Mavronicola and Davies show, this approach has emerged in contexts involving serious human rights violations, not unlike the ones involved in 'conversion therapy'. The chapter shows the specific ways that transformative reparations could be realised in the UK – for instance, through establishing a truth commission on the scope and scale of 'conversion therapies' – and emphasises the importance of prevention of 'conversion therapy' through historical reckoning and through reshaping the social norms and institutions that make 'conversion therapy' possible.

Your journey through this book can take various paths, and you will have different ideas about how the practice of 'conversion therapy' should be brought to an end. Our hope is that you will learn as much from each of these chapter authors as we have in editing this book and that it will inspire further debate on a complicated and topical area of law and policy.