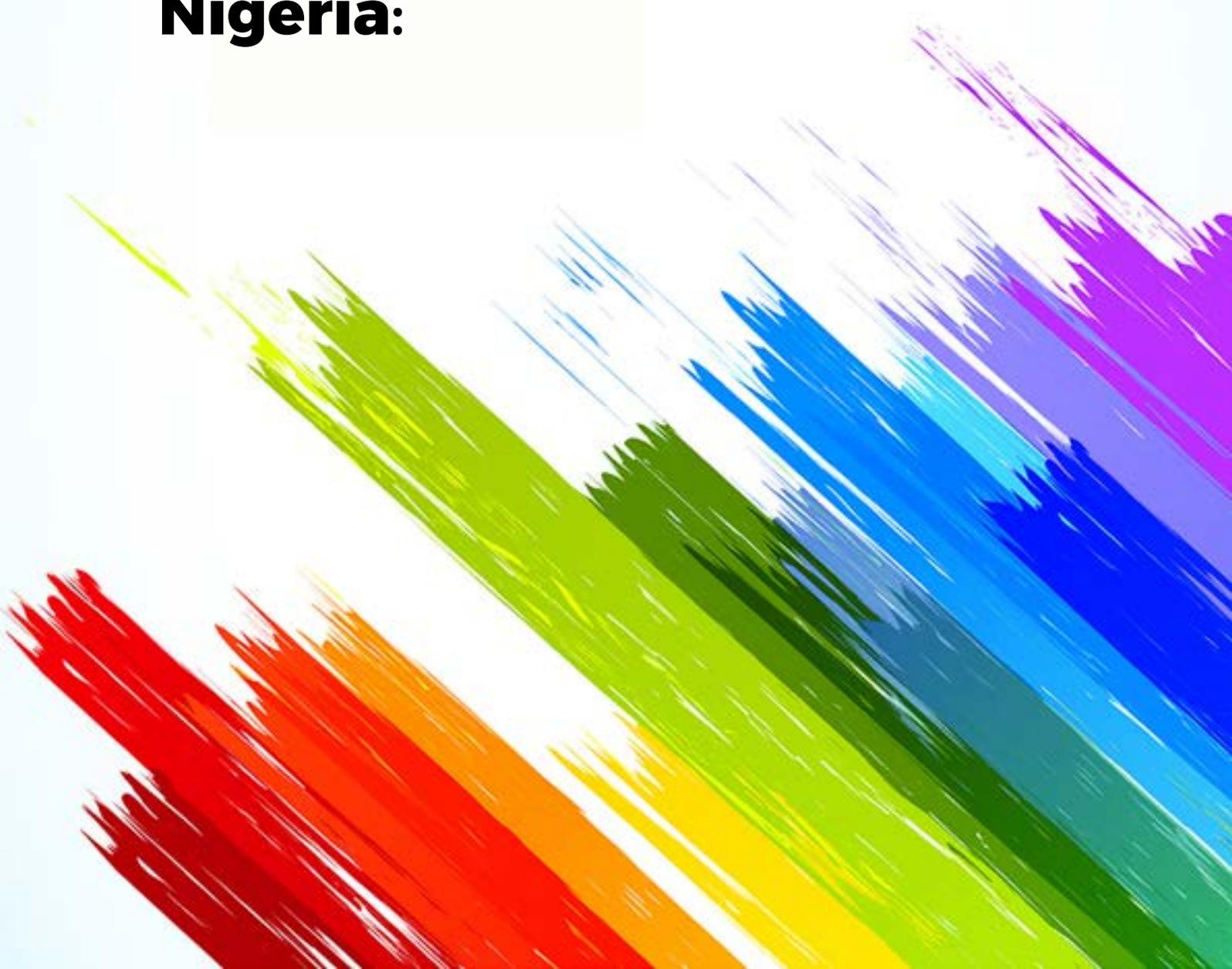




The Nature, Extent And Impacts Of Conversion Practices In Nigeria:





The Nature, Extent And Impacts Of Conversion Practices In Nigeria:

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The Initiative for Equal Rights (TIERS)

Contact: info@theinitiativeforequalrights.org

Website: www.theinitiativeforequalrights.org

Written by: **Ohotuowo Ogbeche**

For TIERS

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List of Abbreviations

- LGBTQI** – Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
SOGIE – Sexual Orientation and Gender Identity/Expression
SOGIESC – Sexual Orientation, Gender Identity/Expression and Sex Characteristics
SSMPA – Same Sex Marriage (Prohibition) Act, 2014
TIERs – The Initiative for Equal Rights

Meaning of Terms

For this research report, the following terms have the meanings so attached.

1. **Homosexual:** A person who is emotionally, romantically, sexually or relationally attracted to people of the same sex.
2. **Lesbian:** A woman who is emotionally, romantically, sexually or relationally attracted to other women.
3. **Gay:** A synonym for homosexual in many parts of the world. In this report, it is used specifically to refer to a man who is emotionally, romantically, sexually or relationally attracted to other men.
4. **Bisexual:** A person emotionally, romantically, sexually or relationally attracted to people of the same gender and other genders, though not necessarily simultaneously; a bisexual person may not be equally attracted to both sexes, and the degree of attraction may vary as sexual identity develops over time.
5. **Transgender:** An umbrella term referring to an individual whose gender identity is different from the sex assigned at birth. It may include people who are not exclusively masculine or feminine (people who are non-binary or genderqueer, including bigender, genderfluid or agender).
6. **Intersex:** Sometimes regarded as a third sex classification, intersex is a general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.
7. **LGBTQI+:** A blanket term that refers to people who identify as lesbian, gay, bisexual and/or trans, queer, intersex and asexual.



8. **Gender identity:** One's deeply rooted internal sense of their gender, i.e., being male or female, both or something other than female and male. For most people gender identity aligns with assigned sex but this is not often the case for trans persons.
9. **Gender expression:** External manifestation of one's gender identity, usually expressed through masculine, feminine or gender-variant behaviour, clothing, haircut, voice or body characteristics. Typically, transgender persons seek to make their gender expression match their gender identity, rather than their birth-assigned sex.
10. **Sexual orientation:** An inherent or immutable enduring emotional, romantic, sexual or relational attraction to another person; it may be a same-sex orientation, opposite-sex orientation or bisexual orientation. It is not to be confused with sexual preference, which is what a person likes or prefers to do sexually; a conscious recognition or choice.
11. **Sex characteristics:** These are present at birth and comprise the external and internal genitalia (e.g., the penis and testes in males and the vagina and ovaries in females). Secondary sexual characteristics are those that emerge during the prepubescent through post-pubescent phases
12. **Outing:** Exposing someone's sexual orientation as being lesbian, gay, bisexual or transgender, without their permission; in essence, "outing them from the closet". Outing someone can have serious employment/economic/safety/religious repercussions in some societies or situations.
13. **Transphobia:** The fear and hatred of or discomfort with others because of their actual or perceived gender identity or expression.
14. **Homophobia:** The fear and hatred of or discomfort with homosexuals; usually based on negative stereotypes of homosexuality.

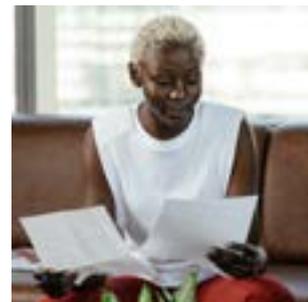


Executive Summary

This research focuses on conversion practices, one of the most pervasive forms of violence and discrimination against LGBTQI+ persons in Nigeria, as part of advocacy to ban such practices. This three-part research gathers the experiences of LGBTQI+ persons who have experienced conversion practices and mental health practitioners and religious approaches to SOGIE change efforts.

We have noted the various methods and practices adopted to alter sexual orientation and gender identity/expression in Nigeria directly from the experiences of a range of survivors – 2,011 responses to the community survey and focus group discussions. The major initiators of conversion practices are parents while religious leaders are the major perpetrators. Various harmful methods – all human rights violations – are adopted in carrying out SOGIE change efforts, all with a lasting negative impact on the lives of survivors.

Findings from the survey of mental health practitioners and students showed that Psychology students in Nigerian tertiary institutions are not systematically taught topics on LGBTQI+ issues, including conversion practices. This accrues to the absence of uniform knowledge noted among the surveyed students. Our findings also suggest that conversion practices are not widely practised among psychiatrists but that the practice does exist among psychiatrists and psychiatric



institutions in Nigeria, perhaps more than expressly admitted. Most licensed psychiatrists also have a good knowledge of conversion practices including an awareness that homosexuality is no longer listed in the DSM as a mental illness and is ethically wrong. However, there are a lot of denials about the extent of the practice amongst themselves and their institutions and there are views that support the perpetration of conversion practices held by these licensed professionals.

Finally, religious leaders are the major perpetrators of conversion practices in various ways. Our direct engagements with select religious leaders of various faiths and denominations show an ingrained belief in the supposed “abnormality” of diverse sexual orientations and gender identities, leading to the efforts to alter these identities for the purpose of “order” and conformity.

We have found that conversion practices are prevalent and go on unabashed in Nigeria. However, these practices amount to human rights violations, notwithstanding the existence of laws that seek to criminalise LGBTQI+ identities and rights. Our advocacy is geared towards the repeal of these laws and a ban of conversion practices in Nigeria. Specific recommendations are made at the end of this document.

Introduction



“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” – Article 1, Universal Declaration of Human Rights.

In Nigeria, freedom, equality and dignity in human rights are subject to a myriad of violations. This is especially true for persons who identify as lesbian, gay, bisexual, transgender, queer and/or intersex (LGBTQI). Various forms of violence are carried out against persons based on their sexual orientation, gender identity/expression and sex characteristics (SOGIESC) by a wide group of persons including family and friends, religious groups, public institutions and the general society. The oppression against LGBTQI persons in Nigeria is continuous and pervasive, fuelled by bad laws and widespread homophobia which have their roots in religious beliefs and social norms. These also form the background for the existence of conversion practices or sexual orientation and gender identity (SOGIE) change efforts.

Organisations and individuals working to promote and protect LGBTQI+ rights in Nigeria, including The Initiative for Equal Rights (TIERs) have documented the various forms of violations against

¹ See the various human rights violations reports published by TIERs here:

LGBTQI+ persons based on actual or perceived SOGIESC. However, there has been no research into the nature and extent of conversion practices in Nigeria, despite many community members experiencing and living with the effects of this harm. This seminal research report is a necessary effort into exposing the ills meted out to Nigerians in a bid to alter their identities. These practices amount to human rights violations, contrary to the constitutionally guaranteed rights of LGBTQI+ persons in the country. Worse still, these practices go on unaddressed as they are clothed in secrecy because of the shame imposed on LGBTQI+ identities and vested with “legitimacy” through widely held religious beliefs and discriminatory social practices. The existence of homophobia and laws such as various same-sexual behaviour and marriage prohibition laws including the Same-Sex Marriage (Prohibition) Act 2015, makes it extremely difficult for victims of SOGIE change efforts (SOCE) to disclose their experiences and find redress.

The Nigerian society has proven itself hostile to LGBTQI+ persons and TIERS has recorded multiple instances of persecutions against sexual and gender minorities by family members, friends, co-workers, church and mosque members, neighbours, the public and state security agencies especially members of the Nigerian Police Force. LGBTQI+ persons in Nigeria are also particularly vulnerable to other forms of harassment including being catfished online and suffering blackmail, extortion and kidnapping, a situation commonly known as “kito”. Many cases of abuse go unreported for fear of the police, which LGBTQI+ themselves persons are major perpetrators of violence against LGBTQI+ persons, and of suffering additional harm.

Carried out between 2019 and 2021, this three-part research aims to document the true state of violations carried out against LGBTQI+ persons in Nigeria, in a bid to change their sexual orientations or gender identities to conform to heteronormativity and the gender binary. The drive towards ending all forms of torture against LGBTQI+ persons, including a ban of conversion practices in Nigeria, must begin with an exposition and accurate documentation of the experiences of victims of conversion practices in the country.

Objectives of the study

The specific objective of this research is to: determine the nature, extent and impacts of conversion practices/sexual orientation and gender identity change efforts on LGBTQI+ persons in Nigeria.

From this objective, we aim to bring to light these forms of violence and provide a background for evidence-based advocacy to ban conversion practices in Nigeria. We expect that the findings from this research will encourage efforts to put an end to all methods of conversion practices.

Scope

This research was carried out in all the geopolitical zones of Nigeria. The community survey involved over 2000 persons across Nigeria. For the research aspect on psychologists and medical practitioners, the study targeted lecturers and students from federal universities located across the six geopolitical zones, as well as practising psychiatrists in these regions. In the same manner, the research involving religious leaders drew participants from these zones.

Each section is a detailed elaboration of the scope of each part of this three-pronged study.

What are conversion practices?

At the beginning of this research, the term we adopted was “conversion therapy”. As we proceeded with the work, we realised that the term “therapy” minimises the extent and scope of actions taken in a bid to convert people’s sexual orientation or gender identity. Also, these efforts to change a person’s true nature are not actual therapy. As Michael J Adey says, “To be clear, conversion therapy is neither. It is not conversion, nor is it therapy. To name it ‘conversion therapy’ is also misleading as therapy, a Greek derivative, connotes ‘healing.’” As will be seen, suggesting the need to change someone’s sexual orientation or gender identity is a violation of human rights and human dignity.

We adopted the term “conversion practices” as a broader and more accurate term, depicting the specific forms of violence against LGBTQI+ persons in a bid to change their sexual orientation or gender identity. In this report, we have also used “sexual orientation and gender identity/expression (SOGIE) change efforts” interchangeably with conversion practices.

² UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity ‘Practices of so-called “conversion therapy”’ <https://undocs.org/A/HRC/44/53>

Conversion practices are any form of intervention, including psychiatric, psychological, medical or religious “treatment” given to individuals to change their sexual orientation from homosexuality or bisexuality to heterosexuality. It may also be used to change a person’s gender identity from intersex or transgender to cisgender. Sometimes this practice is forced on someone. Other times, it may be requested by an individual who hopes to change.

According to the Department of Occupational and Professional Licensing, Utah, it means “any practice or treatment that seeks to change the sexual orientation or gender identity of a patient or client, including mental health therapy that seeks to change, eliminate, or reduce behaviours, expressions, attractions, or feelings related to a patient or client’s sexual orientation or gender identity.” The department clarified that certain practices and forms of therapy which are not targeted towards changing a person’s sexual orientation or gender identity cannot be classified as SOGIE change efforts if they (a) are neutral with respect to sexual orientation and gender identity; (b) assist a person undergoing gender transition; (c) provide acceptance, support and understanding of a patient or client; (d) facilitate a patient’s or client’s ability to cope, provide social support, identity exploration and development; (e) address unlawful, unsafe, premarital or extramarital sexual activities in a manner neutral with respect to sexual orientation; or (f) discuss the patient’s moral or religious beliefs/practices with them. Conversion practices do not include LGBT+ affirming therapy.

Conversion practices are all treatments that aim to change a person’s sexual orientation or gender identity, change their behaviours, gender expressions or eliminate (or reduce) sexual and/or romantic attractions

³ https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/Issues/SexualOrientation/IESOGI/CSOsKZ/The_Trevor_Project_Input_to_the_United_Nations_Regarding_Conversion_Therapy.docx&action=default&DefaultItemOpen=1. Utah passes historic legislation against sexual orientation <https://www.kmclaw.com/publication-Utah-Passes-Antidiscrimination-Law-Sexual-Gender-Identity>

⁴ *The United States Substance Abuse and Mental Health Services Administration (SAMSHA) Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, (2015) <https://store.samhsa.gov/system/files/sma15-4928.pdf>

⁵ UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity ‘Practices of so-called “conversion therapy”’ <https://undocs.org/A/HRC/44/53>

⁶ Pan American Health Organization “Cures” for an illness that does not exist: purported therapies aimed at changing sexual orientation lack medical justification and are ethically unacceptable’ 2012 <https://www.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf>

or feelings towards individuals of the same gender. These practices or interventions are “aimed at a fixed outcome” which is usually heterosexuality or gender conformity. They consist of a wide range of interventions premised on the belief that sexual orientation and gender identity/expression, can and should be changed or suppressed when they do not fall within the “desirable” norm of heterosexuality and cisgender identity.

Why are conversion practices adopted?

It must be stated that there is no valid or legitimate excuse to alter a person’s identity. Studies have pointed out that conversion practices are adopted in line with religious beliefs: to conform to religious standards and receive the benefits of being in line with religious teachings.

However, there are no medical justifications or reasons for the adoption of conversion practices.

A brief history of conversion practices in Nigeria

There is a dearth of literature that specifically investigates and explores the concept and practice of conversion practices in Nigeria. However, certain studies covering other countries have touched on the existence and prevalence of conversion practices in Nigeria.

Efforts to force sexual minorities and gender diverse persons to heterosexuality and cisgender identity can be traced to the religious teachings which promote the idea that homosexuality is innately evil and unnatural, and to laws introduced to criminalise certain sexual acts and same-sex behaviour and marriages. These laws include the Criminal Code which was modelled after the Indian Penal Code and is

⁷ Amie Bishop ‘Harmful treatment: the global reach of so-called conversion therapy’ OutRight Action International https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf and UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity ‘Practices of so-called “conversion therapy”’ <https://undocs.org/A/HRC/44/53>

⁸ Ayo Sogunro et al., ‘Discriminating against persons based on their sexual orientation and gender identity in Nigeria – Bad Laws: A compendium on discriminatory laws’ in *The Initiative for Equal Rights* <https://theinitiativeforequalrights.org/wp-content/uploads/2017/12/Compendium-of-Law-.pdf>

⁹ See the Zamfara State Government Sharia Pena Code Law No 10 of 2000. 11 states in northern Nigeria have also enacted similar penal laws based on the Sharia. See <https://theinitiativeforequalrights.org/wp-content/uploads/2017/12/Compendium-of-Law-.pdf>

¹⁰ CAP A20 of the Laws of the Federation of Nigeria, 2004. The offences in this Act as in section 81 are similar to those criminalized in the Criminal and Penal Codes.

¹¹ This law targets sex workers, transgender persons and cross-dressers.

¹² The Initiative for Equal Rights, ‘Discriminating against persons based on their sexual orientation and gender identity in Nigeria – Bad Laws: A compendium on discriminatory laws’ <https://theinitiativeforequalrights.org/wp-content/uploads/2017/12/Compendium-of-Law-.pdf>

now applicable in southern Nigeria. Many states in southern Nigeria have re-enacted this Act as their Criminal Law. There is also the Penal Code enacted in 1960, obtained from Sudan's Criminal Code and applicable in northern Nigeria. 12 northern states also have Sharia Laws which contain extensive provisions that criminalise homosexuality and lesbianism, punishable by death.

There are also specific laws that discriminate against and violate the rights of LGBT+ persons enacted by various states such as the Same Sex Marriage (Prohibition) Law 2007 of Lagos State, the Armed Forces Act, the Prostitution and Immoral Acts (Prohibition) Law of Kano State 2000; and the Prostitution, Lesbianism, Homosexuality, Operation of Brothels and Other Sexual Immoralities (Prohibition) Law 2000 of Borno State. In addition to these laws, the federal law which brought about further widespread discrimination against LGBTQI+ persons is the Same-Sex Marriage (Prohibition) Act 2014 (SSMPA). The provisions of the SSMPA are draconian and are inconsistent with fundamental rights such as the right to life, right to dignity and privacy, freedom from discrimination, freedom of expression and the press, of association, of thought, conscience and religion guaranteed under the 1999 Nigerian Constitution. The SSMPA, and other repressive laws, contribute to sustaining and promoting conversion practices in Nigeria. They negate international and regional human rights instruments such as the African Charter on Human and Peoples Rights, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). Specifically, they are also contrary to the Yogyakarta Principles which were introduced in 2006 to guide the application of international human rights laws in relation to sexual orientation and gender identity/expression.

Religious beliefs, which will be extensively explored in Part 3 of this report, promote the supposed unnaturalness of homosexuality, that it

¹³ Ohotuowo Ogbeche, Olufunso Alufoge, Omolara Oriye 'Citizen suppression and the clampdown on LGBT+ rights activism in Nigeria' *Spaces for Change* 2021.

¹⁴ *The Initiative for Equal Rights. A 2019 Report on the Human Rights Violations based on Real or Perceived Sexual Orientation and Gender Identity in Nigeria* <https://theinitiativeforequalrights.org/wp-content/uploads/2019/12/2019-Human-Rights-Violations-Reports-Based-on-SOGI.pdf>

¹⁵ See for instance, Kehinde Okanlawon 'Perceptions and attitudes of heterosexual Nigerian University students towards homosexuality and LGB persons' *Journal of LGBT Youth* 2020 17:2, 149-176, DOI: 10.1080/19361653.2019.1620665

is a deviation and is thus susceptible to change. SOGIE change efforts in this regard, therefore, include religious rituals including exorcism, subjecting victims to deliverance sessions comprising various harmful and torturous acts. Similarly, there are widespread beliefs, mostly myths with no scientific explanations or research done by the conveyors of these myths, that homosexuality is a biological disorder, that there is a reason why people are “unnaturally” gay and efforts should be made to “correct” this. As of result of these now entrenched religious, legal and cultural practices, SOGIE change efforts are believed to be lawful, necessary for society and even “helpful” to the concerned individuals.

Thus, the demand for conversion practices in Nigeria is directly linked to societal homophobia and bigotry fuelled by legal, socio-political, religious and cultural institutions. From widespread bigotry obtained from religion and cultural practices, arises family and societal pressure to force homosexual and gender diverse persons to “change” their identities to conform to acceptable standards.

**Nature of
conversion
practices in
Nigeria**

As we have found from this research, there are a variety of practices adopted under SOGIE change efforts in Nigeria. Generally, conversion practices are either aimed directly at changing sexual orientation and gender identity/expression and/or geared towards teaching victims to suppress and not act on their same-sex desires and attractions. The different methods of conversion practices are not usually adopted in isolation. In many cases, perpetrators utilise a combination of coercion from family, friends or other social groups, with the use of other physically and mentally invasive methods from mental health professionals and or religious teachers.

These practices are carried out in different places including religious houses, medical/mental health facilities, within private homes and institutions. We found out that conversion practices may also occur in prisons when persons are arrested because of their actual or perceived

¹⁶ Independent Forensic Expert Group ‘Statement on conversion therapy’ *Journal of Forensic and Legal Medicine* Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366>

¹⁷ Independent Forensic Expert Group ‘Statement on conversion therapy’ *Journal of Forensic and Legal Medicine* Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366>

¹⁸ Underline and emphasis mine. See Human Dignity Trust “Nigeria” <https://www.humandignitytrust.org/country-profile/nigeria/> and Michele Theil ‘Nigerian university graduates arrested for simply being gay in heinous Sharia law police raid’ *Pink News* 7 January 2020 <https://www.pinknews.co.uk/2020/01/07/nigeria-police-sharia-law-gay-homophobia-hisbah-kano-bayero-university-graduates/>

sexual orientation, gender identity and or expression. In Kano, a city in northern Nigeria, the religious police (Hisbah) arrested 15 people at a party in 2020. The Deputy Commander-General Shehu Tasi'u Is'haq said: "We arrested and transferred the errant students to our correctional centre at our headquarters in Sharada. While at our correctional centre, they will be re-oriented and at the close of the day, they will desist from their waywardness and turn a new leaf. Islam is opposed to same-sex partners, which is a taboo. As an institution, our responsibility is to correct youth, who are going astray, reminding them that devout Muslims forbid homosexual acts, which will not be tolerated."

Traditional healers also carry out various rituals, including body incisions, and other religious leaders are known to flog, slap, starve, beat and exorcise LGBTQI+ persons. During these change efforts sessions, perpetrators also often sexually abuse the victims.

It has been exceedingly challenging to report and hold perpetrators of conversion practices accountable in Nigeria due to the support it receives from repressive and homophobic laws at every level in the country, social norms and religious beliefs.

Effect of conversion practices: does the change occur?

SOGIE change efforts are structured for prejudice, discrimination and harm to flourish. What happens with these efforts is that it leads to increased depression, anxiety, guilt and strong feelings of shame. Because these efforts have been proven to be ineffective, many victims experience heightened internalised homophobia and self-hatred and carry out emotional, physical and psychological self-harm. The change does not occur, or rarely ever does occur – as evidence has proved. Conversion practices attempt to pathologise, erase and negate the

¹⁹ *The Guardian* (2020). Gender conversion 'therapy' made me suicidal. I fear for other young Nigerians. Source: <https://www.theguardian.com/global-development/2020/dec/28/gender-conversion-therapy-made-me-suicidal-i-fear-for-other-young-nigerians>; Vincent Desmond. *Vice: The Religious Underbelly to Conversion Therapy In Nigeria*. Source: <https://www.vice.com/en/article/wx8z5m/the-religious-underbelly-to-conversion-therapy-in-nigeria> and Destiny Rogers. *QNews; Nigerian conversion therapy: man flogged until passing out*. Source: <https://qnews.com.au/nigerian-conversion-therapy-man-flogged-until-passing-out/>

²⁰ See 2012 statement by the World Psychiatric Association.

²¹ See, for instance, "Pray Away" on survivors and former leaders of conversion practices and "ex-gay" movements. See also responses from our survey findings in this research report, among other sources.

²² UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity 'Practices of so-called "conversion therapy"' <https://undocs.org/A/HRC/44/53>

²³ Dinesh Bhugra et al., World Psychiatric Association position statement on gender identity and same-sex orientation, attraction, and behaviors. (March 2016). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5032493/>

identity of individuals, leading to extremely harmful effects on their integrity and well-being but no change to these identities.

The World Psychiatric Association stated in 2012: “There is no sound scientific evidence that innate sexual orientation can be changed.” In addition to this, it is unethical to try to “treat” something that is not a disorder. As will be seen from the evidence drawn from all aspects of this research work, conversion practices are extremely ineffective in that their aim is not met.

Despite undergoing varying methods of these practices for years and decades, survivors of conversion practices retain their non-heterosexual sexual orientations and non-conforming gender identities. In a bid to stop the continuation of these practices, victims regularly tell the perpetrators that they are no longer gay or no longer feel those urges, as we will later see.

Offering conversion practices has been declared to be a “deception, false advertising and fraud” by the Independent Forensic Expert Group of the International Rehabilitation Council for Torture Victims as it purports to treat a disease that does not exist and contravenes the “do no harm” principle. The Independent Forensic Expert Group has concluded that: “All practices attempting conversion are inherently humiliating, demeaning and discriminatory. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes. The injury caused by practices of “conversion therapy” begins with the notion that an individual is sick, diseased, and abnormal due to their sexual orientation or gender identity and must therefore be treated. This starts a process of victimization.”

²⁴ Independent Forensic Expert Group ‘Statement on conversion therapy’ *Journal of Forensic and Legal Medicine* Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366>

²⁵ Independent Forensic Expert Group ‘Statement on conversion therapy’ *Journal of Forensic and Legal Medicine* Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366>

²⁶ Amie Bishop ‘Harmful treatment: the global reach of so-called conversion therapy’ *OutRight Action International* https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf international.org/sites/default/files/ConversionFINAL_1.pdf page 14.

Furthermore, the American Psychological Association (APA) Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a study of peer-reviewed literature on conversion practices in 2009. The APA found and stated that scientifically valid research provides evidence to indicate the unlikelihood of sexual orientation change efforts reducing same-sex attractions or increasing other-sex sexual attractions of individuals. The APA went ahead to condemn conversion practices stating that they cause harm including: “depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviours, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.” In 2013, the APA restated that “no credible evidence exists that any mental health intervention can reliably and safely change sexual orientation, nor, from a mental health perspective, does sexual orientation need to be changed.” .

All our findings show that conversion practices do not alter the sexually and gender diverse nature of survivors. Their effects are rather lasting trauma, social isolation, mental health effects, loss of identity and so on. A survivor of conversion practices who works with other survivors states: “I’ve worked with maximum-security prisoners, yet the people who’ve been through ex-gay programmes are some of the

²⁷ Amie Bishop ‘Harmful treatment: the global reach of so-called conversion therapy’ page 14.

²⁸ Amie Bishop ‘Harmful treatment: the global reach of so-called conversion therapy’ page 15.

²⁹ Paul Martin, a psychologist, experienced conversion practices in the 1990s, as cited in M Lallo & J Swan ‘Healing’ the gay worshipper’ *The Sydney Morning Herald* 8 April 2012 <http://www.smh.com.au/national/healing-the-gay-worshipper-20120407-1wicq.html> in Anthony Venn-Brown ‘Sexual orientation change efforts within religious contexts : the battle to heal homosexuals’ *Ambassadors & Bridge Builders International (ABBI) Sydney* 2000.

³⁰ R.L. Spitzer, ‘Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation’, *Arch Sex Behav* 2003 32, 403–417.

³¹ Drescher et al. ‘The growing regulation of conversion therapy’ *Journal of Medical Regulation ER*

³² See statement by Olumide Makanjuola in Wana Udobang ‘The exorcism was over in 15 minutes but nothing changed’ - *LGBT life in Nigeria* 21 February 2017 <https://www.theguardian.com/global-development-professionals-network/2017/feb/21/from-exorcism-to-acceptance-lgbt-life-in-nigeria>

³³ See generally: Teresa O’Flynn ‘Spiritual Cognitive Dissonance in LGBTQQ People’ <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8984&context=dissertations>

most psychologically damaged people I've seen in my life. I have a client who went through 35 years of these programmes.”

Previously, certain studies reported success in sexual orientation change efforts in countries such as the United States of America, Canada and China but flaws have been identified in these studies by multiple researchers who objectively found no significant changes in the sexual orientation of victims of conversion practices. Rather, researchers found evidence of harm survivors' mental and physical states, through these practices. This also occurs when people are forced to perform heterosexuality and cisgender identity. There are lasting, negative effects of these practices on the mental health of LGBTQI+ persons.

People who have experienced conversion practices also suffer from key issues including cognitive dissonance in terms of religious beliefs like going to heaven or hell, and self-acceptance may amount to a rejection of or from family and friends. Victims also experience heightened forms of suicidality and other mental health issues and illnesses including self-destructive behaviours, obsessive behaviours and addictions. Furthermore, survivors experience trauma and grief, internalised homophobia, loss of purpose and self-esteem, and an inability to connect.



Part

1

*Community survey
and focus group
discussions*





Introduction For this aspect of our research, we set out to obtain data on the lived experiences of LGBTQ+ persons in Nigeria on various forms of conversion practices. During this stage of the survey, we were still working with the term “conversion therapy” as used in the questionnaires and during the focus group discussions. The objective of the community survey and focus group discussion is in line with the overall objective: determine the nature, extent and impacts of conversion practices/sexual orientation and gender identity change efforts on LGBTQI+ persons in Nigeria.

Methodology **Quantitative survey**
Survey design and format: The quantitative part of the community research began in January 2020 with a focus on all 36 states and the Federal Capital Territory of Nigeria. Over 12 weeks, we reached 2,011 respondents across the regions.

The quantitative survey questionnaire was designed by a select team of researchers including a clinical psychologist who ensured that questions were framed to minimise the risks of triggering post-traumatic stress from persons who had experienced conversion practices. The questionnaire consisted of predominantly closed single-response and multiple-response questions. However, we included optional free-text fields for respondents who chose to elaborate on their responses.

There were 15 questions in the quantitative research questionnaire. The first five questions were general social questions to determine the respondents' age, sexual orientation, gender identity, place of residence and religion. We programmed Question 6 with a logic circuit such that respondents who had not undergone any form of conversion practices could exit the survey. For those who had survived conversion practices, they were directed to Question 7 which asked if they were able and willing to discuss their experience. This line of questioning was necessary to allow respondents who did not wish to answer questions on their experiences with SOGIE change efforts to exit the survey, but not before affirming that they had indeed experienced these. After answering Question 7, respondents were then asked if they knew anyone who had undergone conversion practices.

Respondents who answered "Yes" to being able to discuss their experience were directed to the next section to provide details of their experience. Questions 10 – 13 sought to find out what form of conversion therapy the respondent experienced, who initiated the therapy, who facilitated the therapy and the frequency of the conversion therapy act/process. Each question was in multiple-choice format with a final option marked "other" which provided an optional free-text box for respondents to provide further details of their experiences if they felt their experience was not captured by the options provided.

The final section of the survey asked the respondents if they would like to participate in a focus group session to share their stories and discuss their experiences. Respondents who answered "Yes" were directed to a final section to record the name of the city/town where they reside, their email address and phone numbers so that they could be contacted afterwards.

Dissemination

We disseminated the questionnaires through an online survey platform. This method was selected as an effective way of reaching as many LGBTQI+ persons in Nigeria as possible despite challenges introduced by the COVID-19 pandemic, as well as to ensure that the participation of respondents remains secure, private and confidential. This means that respondents who were not open about their sexual orientation or gender identity were able to share their experiences and views anonymously and confidentially. In addition, the provision of privacy

and confidentiality sought to make respondents feel comfortable in providing details of sensitive and negative experiences.

We also disseminated the survey by collaborating with partner LGBTQI organisations and we promoted the survey through TIERS' social media platforms (Facebook, Twitter and Instagram), community groups, LGBTQI events and platforms. Noting that many LGBTQIA+ community members have limited or no access to the internet or are not active on social media, we engaged forty-five community organisers to penetrate hard-to-reach areas across the country. These community organisers or grassroots activists spread awareness of the research among their local communities, reached out to sceptical respondents already familiar with them to assure them of their safety and privacy as well as the importance of the research. In cases where possible respondents were not fluent or comfortable with English, the language adopted in the survey, the community organisers also acted as translators to local dialects.

Throughout the entire dissemination and quantitative data collection process, the SurveyMonkey online platform was used exclusively. This helped to mitigate security risks and protect respondents' anonymity.

**Qualitative
community
survey**

The qualitative part of the survey took place through interviews at a series of focus group meetings which were held after the general survey had ended. These interviews which took place with individuals and in groups, with the clinical psychologist in attendance, allowed respondents to tell their conversion therapy stories in greater detail.

**Limitations
to the survey**

The limitations we had in respect of the community research are as follows.

1. ***The COVID-19 pandemic:*** The outbreak of the pandemic hampered the dissemination of the questionnaires. In particular, the regulations on public gatherings, closure of leisure centres and safe centres where LGBTQI+ persons in Nigeria gather, and social distancing measures meant that there were greatly reduced chances of community members meeting safely in places where they would have been made more aware of the research

and promote participation. Similarly, as schools were closed, we could not assess covert LGBTQI student support groups in tertiary institutions which would have been a source of potential respondents. Our findings led us to understand that most of these students were unwilling to participate or even discuss the topic of the survey with their support group members for fear of being “outed” while at home.

2. **Technological limitation:** As the quantitative survey was only digital, this excluded majority of the LGBTQIA+ persons who live in rural areas or are without ready access to electricity and the internet, except those reached by the community organisers. City dwellers without smartphones were probably unable to participate in the survey.
3. **Language limitation:** Some of the responses provided in the free-text options led us to the conclusion that the respondents who provided such answers did not completely understand the question asked or did not understand the options that were provided. Community facilitators who were engaged to canvass and push the survey in their cities, towns and regions, were additionally instructed to assist those who struggled with comprehension, by explaining the contents of the survey to the respondents in the languages they understood better.

Data analysis and survey findings

The dataset obtained from the quantitative survey represents a self-selected, representative sample and is not meant to be utilised as the only existing views and experiences of all LGBTQIA+ persons in Nigeria in relation to conversion practices. In addition, respondents who were willing to self-identify as LGBTQI may be different from or have experiences different to people who do not wish to disclose their LGBTQ status, even in an anonymous survey. As such, the findings reported here apply directly to the respondents of this survey and not the general LGBTQI population. The dataset obtained from the survey represents a self-selected sample and is not representative of all the LGBTQ people in Nigeria.

Due to the lack of data on the LGBTQI population in Nigeria, survey findings could not be representative of all LGBTQI people, nor was

it possible to weigh the data, for example for non-response, as it was not based on a sample. Similarly, confidence intervals and statistical testing were not appropriate because the data was not based on a representative sample.

The results presented in this survey nonetheless constitute the findings on the lived experiences and views of over 2,000 LGBTQI people across the country, making it one of the largest collections of empirical evidence from this group on conversion practices to date.

**Optional
free-text
questions**

It is important to note that the analysis of the free-text question responses is reflective of those who chose to comment and that the views expressed may be different to the views of the rest of the respondents. Text analytics allowed us to identify and group common threads, capture the broad weight of opinion and consider the relative weight of the most common themes. This technique helps us to identify the breadth of opinion, rather than the exact number of people who hold those views. As such, the results are intended to be illustrative rather than statistically reliable.

To help obtain a sense of the relative volume of comments on a particular issue, the overall number of responses to each category is provided. These figures show the total number of respondents who have mentioned that category within their response, not the total number of times the category was mentioned across all respondents. Even if a small number of responses may highlight an important issue, the number of responses does not necessarily reflect the gravitas of the category. Phrases such as “a few” or “some” are used to reflect views that were mentioned infrequently, and “many” or “most” when views were more frequently expressed. Any such proportions used in qualitative reporting should always be considered indicative rather than exact.

As the free-text option was non-specific, allowing for responses within 50 words, the average word count in responses received was 22. Respondents made one or two short, broad points rather than expanding in-depth.

³⁴ Simona Varrella 'Age distribution of population in Nigeria 2021' <https://www.statista.com/statistics/1121317/age-distribution-of-population-in-nigeria-by-gender/>

**Key findings
from the
quantitative
survey**

- **Number of responses:** The survey received a total of two thousand and eleven (2,011) responses. We believe these are enough responses to capture the objectives of this research.
- **Sexual orientation of respondents:** 56% of the respondents identified as Lesbian or Gay (n=1,106), 32.5% identified as Bisexual (n=648), 4% identified as Pansexual (n=86), 9.5% identified as Queer (n=194), 4% identified as Heterosexual (n=92), 2% identified as Asexual (n=37), while another 2% opted to fill in the free-text box (n=39) with description of their sexual orientation. These responses include statements like “into both male and female”, “fluid”, “definitely not straight”.
- **Gender identity and sex characteristics of respondents:** About 44% of respondents were gender non-binary (including genderqueer and gender-fluid persons), 32% were men including 6% transgender men, 20% were women, including 3% trans women. 4% of the respondents were intersex.
- **Age of respondents:** An overwhelming majority of respondents were below 35 years old, at 93%; while 7% were over 35. Statistics show that people aged 60 and older represent a small number of Nigeria’s population with younger people below 19 making up half the nation’s population. For this survey, the method of data collection could have contributed to promoting the survey among younger LGBTQI+ populations, hence the ages of the respondents.
- **Geographical location of respondents:** As stated earlier, the scope of this survey is Nigeria. Thus, we aimed to gather responses only from persons within the country. Respondents from the south-west (Ekiti, Lagos, Ogun, Ondo, Osun and Oyo states) brought in the bulk of the responses at 32%. This was followed by the south-south (Akwa Ibom, Bayelsa, Cross River, Delta, Edo and Rivers States) at 18% of respondents. The north-central (Benue, Kogi, Kwara, Nasarawa, Niger and Plateau States and the Federal Capital Territory, Abuja) made up 17.5% of the responses received. Following this, we had 15% respondents from the south-east (Abia, Anambra, Ebonyi, Enugu and Imo states), 10% from

the north-west (Kaduna, Katsina, Kano, Kebbi, Sokoto, Jigawa and Zamfara states) and 3.5% from the north-east (Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states). All regions saw some representation in the survey. 1,977 respondents answered the question “where do you reside?” which enabled us to gather these responses, while 34 respondents skipped it. Responses also showed that 4.25% of the respondents were Nigerians who live abroad. These responses would have been excluded but in the process of data cleaning, we discovered that these were from Nigerians who grew up in Nigeria and experience SOGIE change efforts before they relocated to other parts of the world. Some others were Nigerians studying abroad and some had just travelled out (perhaps on vacation). In all cases,

- ***Religious affiliations of respondents, if any:*** This was an important aspect of the survey given the impact of religious beliefs and leaders in fostering conversion practices. It was significant to find that most of the respondents are religious, with 72% of the respondents identifying as Christians, 13% Muslims, 4.67% belonging to other religions and 1.66% to traditional religions in Nigeria. 14.42% of the respondents disclosed that they had no religious affiliation.
- ***Findings on experiences with SOGIE change efforts in Nigeria:*** 49% (n=978) of persons surveyed stated that they had undergone one or multiple forms of conversion practices, whereas 51% (n=1033) stated that they had not undergone any form of conversion practices. Of these 1,033 persons who had not been put through SOGIE change efforts, 36% of them (about 372 persons) stated that they knew someone else who had undergone conversion efforts.

These findings, and more, are discussed in detail below.

Table 1 – Location of Respondents

Answer Choices	Responses	Number
North-west Nigeria	9.91%	196
North-east Nigeria	3.54%	70
North-central Nigeria	17.60%	348
South-west Nigeria	31.87%	630
South-east Nigeria	14.92%	295
South-south Nigeria	17.91%	354
Abroad	4.25%	84

Table 2 – Age Group of Respondents

Answer Choices	Responses	Number of Respondents
18-25	51.64%	1022
26-35	41.59%	823
36-49	6.77%	134
50 and above	0.20%	4

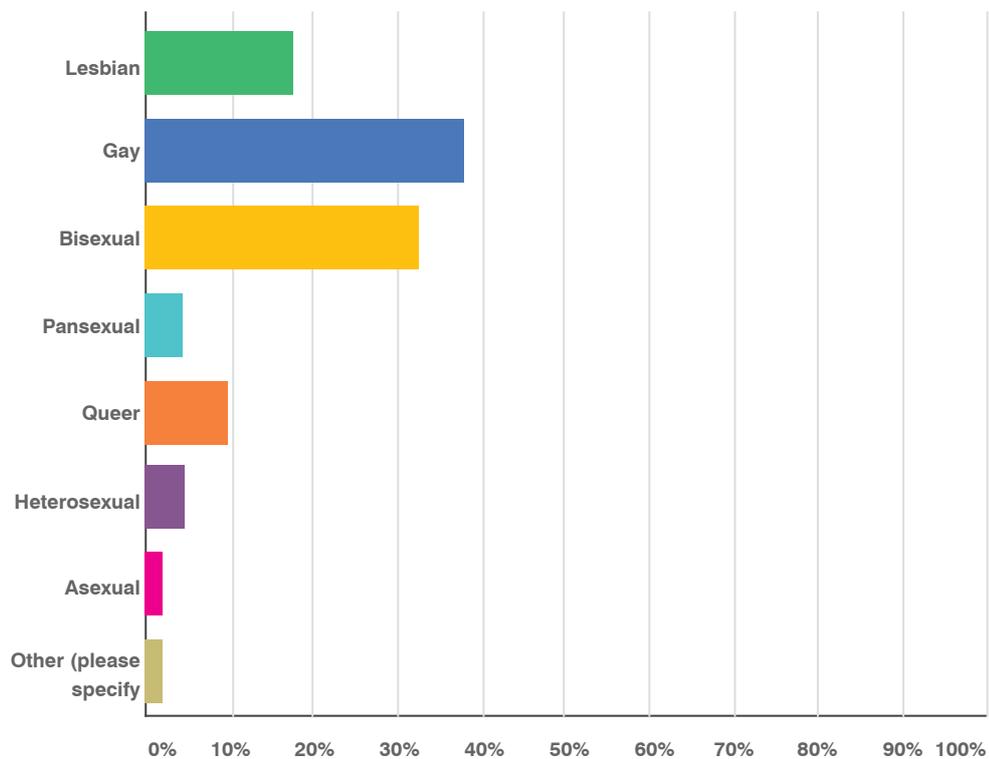
1,979 respondents answered the question on age, while 32 respondents skipped it.

Detailed analysis of findings from the quantitative community survey

Here, we will explore the responses to the questions asked in the questionnaire in detail.

We asked the respondents **“in describing your sexual orientation, how do you identify?”**

Figure 1 – Sexual orientation of respondents

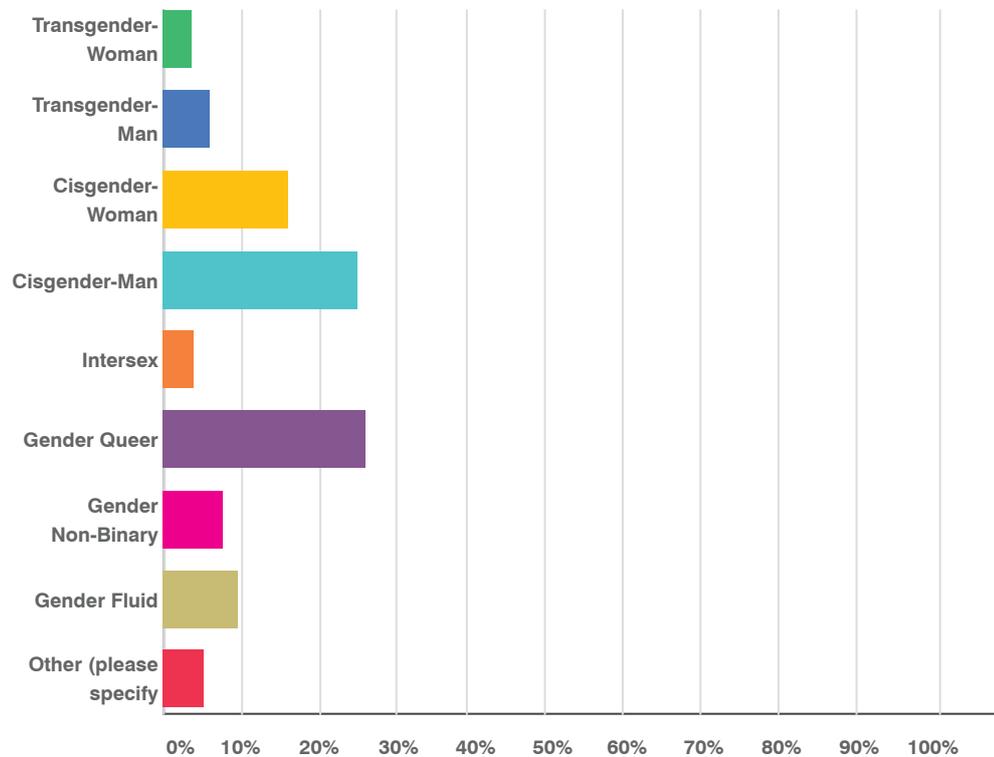


This question was answered by 1,982 of the respondents as shown in Figure 1, while 29 respondents skipped the question. 2% of the respondents opted to fill in the free-text box marked “Other”. We gleaned a lack of understanding of the meaning of sexual orientation by some respondents, as well as a conflation of sexual orientation with gender identity as some respondents listed statements like “transgender”, “romance” and two persons also stated “confused”.

It is important to note these responses as the research focuses on persons who are LGBTQI and not cisgender-heterosexual persons.

We then asked, “**in describing your gender identity and expression, how do you identify? (Tick all that apply).”**

Figure 2 – Gender identity of respondents



1,879 persons responded to this question, while 132 skipped answering. As with the question on sexual orientation, some respondents showed a limited understanding of gender identity and expression. They may have been confused by the terms “cisgender” and “transgender” which were not explained in the questionnaire. A few respondents who opted to use the free-text option stated that they didn’t understand while others filled in options such as “man”, “male”, “woman”, “female”, “she/her” to express their gender identity. Others used terms such as “masculine lesbian”, “gender conforming” and a respondent stated that they were a “Trans/Intersex woman). 78 respondents identified as Intersex, constituting 4% of the survey respondents.

Regarding the *religious affiliations* of respondents in this research, *more respondents were religious than not*. We asked, “*Do you identify with any of the following religions? (Please tick all that apply).*” 21 respondents skipped this question while 1,990 responded. Of those who answered, 93 persons ticked more than one option. Data analysis showed that most of the respondents ticked one of the given

responses and then clicked the free-text box to add comments. Most of the comments added were of Christian denominations which the respondents felt did not fall within the given categories. These include Jehovah’s Witness, Eckankar, ECWA, Baptist, Cherubim and Seraphim Church (popularly known as “white garment” Church), Sabbath, Mormon, Methodist, Latter Day Saints, Celestial Church and Apostolic Church. A few were Muslims, while a further minority were agnostic. There was one mention of Hinduism, which is very rare in Nigeria.

Figure 3 – Religion of respondents

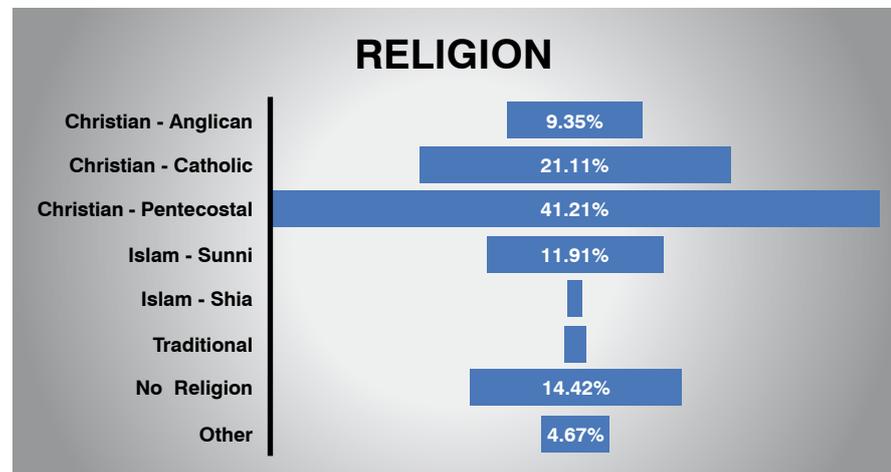


Table 3 – Religion of respondents

RELIGION		
Answer Choices	Responses	Number
Christian - Anglican	9.35%	186
Christian - Catholic	21.11%	420
Christian - Pentecostal	41.21%	820
Islam - Sunni	11.91%	237
Islam - Shia	1.16%	23
Traditional	1.66%	33
No Religion	14.42%	287
Other	4.67%	93

The extent of conversion practices in Nigeria

We asked the 2,011 respondents, with no option to skip, “*Have you ever been part of a conversion therapy exercise?*” This called for a straight “Yes” or “No” response and all the respondents provided an answer.

The data collected showed that almost half of the 2,011 respondents had undergone conversion practices in Nigeria. 978 respondents, representing 49% of the total respondents to the survey, said that they had undergone conversion therapy, while 51% said that they had not undergone conversion therapy. Respondents who answered “Yes” were directed to Question 7, while those that answered No were directed to Question 8.

Not all those who disclosed that they had experienced conversion practices chose to further discuss their experience. We included this right to choose in the questionnaire design to allow persons who did not wish, or were not ready to relive harrowing experiences, to opt out of the survey. This also allowed participants to ready themselves, acting as a sort of trigger warning as they proceeded to other parts of the survey.

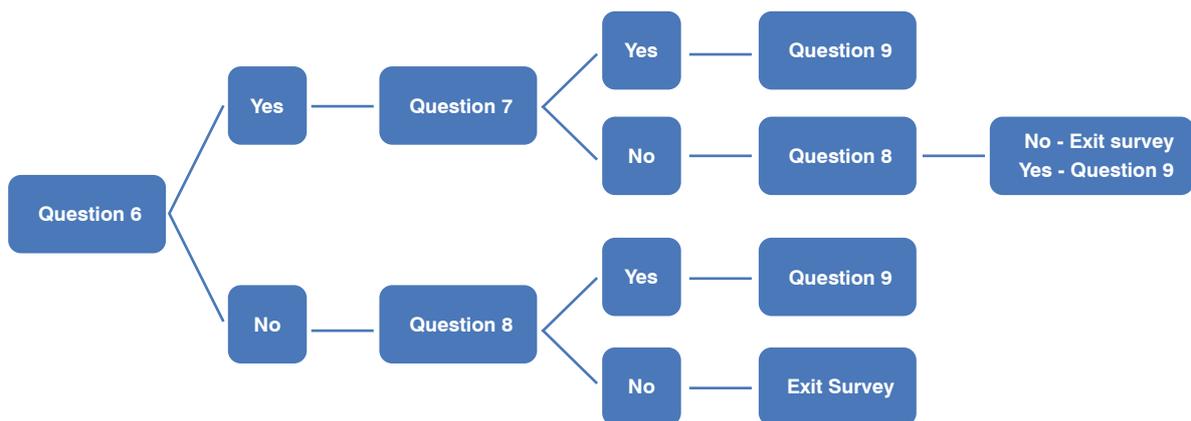
852 respondents, representing 88% of the respondents who had experienced conversion practices chose to continue with the survey and discuss their experience. 14 respondents skipped this question, while 112 respondents representing 11% answered “No” to this question. Those who answered “No” to this question were also directed to Question 8 (asking if they knew others who had experienced SOGIE change efforts), while those who answered “Yes” were moved to Question 9 (outcome of the conversion practices).

Given the possibility that more persons than are being documented are undergoing or have undergone conversion practices in Nigeria, the responses to the questions “*Do you know anyone who has undergone conversion therapy?*” provided more insight. 36% (432) of the respondents who had not experienced any form of conversion efforts said that they knew someone else who had experienced this. 64% said that they didn’t know anyone who had.

It must also be noted that because of the shame society puts on diverse sexual orientation, gender identity/expression and sex characteristics, as well as the deep levels of trauma caused by conversion practices, they are not an easy thing for survivors to disclose, even to friends and close-knit supportive groups. It is therefore possible that LGBTQIA+ persons have friends and community members who have (also) experienced conversion practices and do not know about it.

Respondents who didn't know anyone who had experienced conversion practices and had not experienced it themselves were led to exit the survey.

Figure 4 - Survey question flow



Outcome of SOGIE change efforts

Proponents of SOGIE change efforts believe that they should continue because these efforts “work” by “changing the sexual orientation of the persons involved.” These institutions thrive on “testimonies of change” notwithstanding survivors (including those who were perpetrators as well) disclosures years later that the efforts did not work. In other cases, approaches to conversion practices seek to stop the “act” of engaging in same-sexual or diverse sexual behaviour but are premised on the understanding that the persons involved will still “feel those urges”.

Thus, we thought it important to ask the respondents of our survey what they felt was the outcome of their experiences with SOGIE change

efforts. This is also to act as evidence useful in advocacy against the continued perpetration of violence against LGBT+ persons in Nigeria.

We asked, ***“In your opinion, did the therapy work and did you or the person stop being LGBT+?”*** All the respondents who answered “Yes” to either experiencing conversion practices (Question 6) or knowing someone who had experienced conversion practices (Question 8) were directed to this question. A total of 1,056 respondents answered this question. 946 of the respondents, representing 90%, said that the conversion process did not work. In contrast, 100 (9.5%) stated that the process of change worked.

It was important for us to analyse the free-text responses and compare them with their responses to the “Yes” and “No” options.

Did not work

Those who stated outright that the process did not result in them or the person no longer being lesbian, gay, bisexual, trans or queer also made statements like the following:

“It still continues, and I found out that this is [the] real me, nothing can change, I was born this way.” “It never does. LOL. The most I find is that there are people strong enough to suppress & suffocate themselves in that way & it’s ultimately really sad to know.” “I’m still a lesbian so...” “After many prayers and fasting, I still feel the same way.” “I’m still very queer.” “Lol.” “Lol no.” “She left church and embraced her true nature. She’s happier living her truth.”

Survivor more grounded in nature and identity

Some survivors go through these traumatic violations and resurface ***more assured of their identities*** as seen by these responses: “[I] got to realise that God created us the way we are.” “If anything, it only made me more aware of my sexuality.” “It rather made me more colourful.” “Waste of time. I had to accept who I was.” “I became gayer.” “I didn’t change one bit. It made me even more certain.” There were many other responses similar to this.

Harmful and abusive

We also confirmed respondents’ perspectives on the extremely harmful nature of conversion practices on the physical and mental health of LGBT+ persons, as well as survivors’ social wellbeing: “It never worked, rather it increase[d] the vulnerability and exposure to risky behaviours.” “It was a waste of time and unnecessarily traumatic.” “It’s an absolute

waste of time that only serves to dehumanise LGBT people.” “No. They just shrunk into themselves, cut off all relationships with their queer circle and became listless.” “It did not. It made me question my sanity and everything. I still don’t think I have fully recovered. It messed me up. It messed a lot of women I know too.” “It was like hating oneself. Being disgusted by who you are and trying every means possible not to be it so as to survive and be accepted.” “Left me more confused.” “Just made my guy more miserable.” “It just made me more afraid. Turned me into a worse liar than I already was.” “It was pure pain.” “Well it didn’t help. I’m still here, I’m still gay. Looking back now, I only hurt myself more and more.”

Pretending to change as a survival strategy

Responses also confirmed that many survivors act as if they have changed in order to stop the continuance of the practices: “You just claim it’s worked so they’d leave you alone.” “I don’t think it worked because after she claimed to have been changed and began to dress more femme, she reverted back to her masculine-presenting ways.” “I tried suppressing my feelings for guys for some time, but I couldn’t contain it anymore.” “It didn’t stop them from being LGBT+ but they seemed to have repressed their sexuality to fit into the ‘norm.’” “I didn’t really care but I went through to make mom happy.”

Perpetrator also carrying out same-sexual behaviour

At least one response confirmed findings on some religious leaders who perpetrate conversion practices also engaging in same-sexual behaviour themselves: “It even became worse... and I slept with the priest.”

Other responses from the community survey on the nature, extent and impact of conversion practices in Nigeria are given below. All names are pseudonyms.

Ola: I think it’s a total waste of time... people who go for it end up pretending to give their parents the satisfaction they want, or some people just get really messed up. It actually does more bad than good. More so, religiously it tends to just build a hatred for themselves or the religion, hence the atheist front people put out.

Nina: I have not been subjected to conversion therapy because i have not come out as an LGBTI, my girlfriend is a victim because family suspects she’s in a relationship with a woman. they have taken her to church on several cases and man of God says its spiritual possession and gave her bible verses she should be reading to enable to spirit that has possessed her to disappear. Long story short, this episode is 3 years ago. 14th April

is our 5 years anniversary. No weakness!

Biola: *It's an absolute waste of time. Nobody should invest all that time and knowledge into being ignorant. Conversion therapy does not work. Let people live. Accept them as you've been accepted.*

Sam: *No. It doesn't [work]. But the stigmatisation is there. Whether they like it or not, that's who we are. To me, nothing can change who we are. We are humans like others.*

Tito: *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 any 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.*

Kunle: *It was a terrible experience, I was forced to pray day in day out, but the more I pray the more the gay feeling gets serious, and I was even almost forced to get married to a lady, but I escaped.*

For respondents who answered that the sexual orientation change efforts were successful, we carried out further analysis of their statements in the free-text boxes and interviewed some of them who left their contact details at the end of the survey. These showed that most of them were mistaken. The comments of those who claimed that the process had worked include the following:

- “It worked for some people while it didn't work for others.”
- “It really helps a lot.”
- “Just for a while.”
- “It just helped me to get distracted for a while.”
- “It only worked for a few months but the struggle to keep myself straight was too intense.”
- “For sometimes I felt it did, but on the long run I was back to being myself.”

- “Even though I didn’t stop it but it helped me a lot to repress my desire.”
- “At first it seems to stop, but later I was back to being queer. It’s funny really because I actually thought it had stopped.”
- “It was effective to an extent, and I understand this because Nigeria is not a country that constitutionally accepts some sexual identity. But I stand by my identity regardless.”
- “I tried to hold myself for 2 months, a friend invited me, and I honoured the invitation. At night he got my weak point and I fell for him.”
- “Worked for a while may be due to fear. The relapse was funny though.”
- “I think it worked for her.”
- “For a while I thought it did. But trust me it didn’t.”
- “For sometimes I felt it did, but on the long run I was back to being myself”
- “At the moment, she decides to stop based on what her dad wants.”
- “It had an effect for a short while, probably because of the threats that come from the initiator.”
- “I tried so hard to tell myself it worked. I stopped meeting guys, but the feeling was still deep in me.”
- “Although it was not a palatable adventure, but the result and response was worth it.”
- “You cannot change a person’s sexuality; you can only force them to hide that part from you.”

Conversion practices are so harmful and invasive that victims do anything to make it stop, including acting like they are no longer LGBT+, believing that they have indeed “changed” and/or wishing they are no longer homosexual. One respondent stated: “I wish stopped being LGBT+.” Yet another had this to say: “I tried so hard to tell myself it worked. I stopped meeting guys, but the feeling was still deep in me.”

Methods of conversion practices

Previous findings and engagements with survivors of conversion practices show that there are various methods adopted by perpetrators of conversion efforts in trying to facilitate sexual orientation change. In this research, we asked, “*what form of conversion therapy have you (they) experienced?*” to determine the forms of conversion practices adopted in Nigeria. This question was targeted towards respondents who have either undergone conversion practices themselves or know someone else who has.

1,072 persons answered and of this, 59% stated that they had undergone rituals such as exorcisms (casting out demons), prayer or laying of hands for healing. This finding means that the most prevalent form of conversion practice is through religious practices. These religious rituals are not always physically overtly harmful although they are consistently mentally and emotionally so. Findings show that exorcisms could include physical beatings as well.

In addition, as noted from the free-text responses, the majority of the survivors in this survey experienced “religious counselling” efforts; there were discussions, prayers, series of advice and counselling from preachers. Although most of the religious deliverance sessions and rituals came from Christians, as found with the free-text responses, at least one survivor stated: “I was taken to see a native doctor” confirming that traditional religions are also adopted in seeking SOGIE change in Nigeria.

Other major forms of conversion efforts carried out against LGBT+ persons in this survey are “physical deprivation including fasting (from food), abstinence, etc., use of medications” at 28% and “individual talk therapy with mental health care providers/psychologists/psychiatrists” at 25% of the responses. Mental health care providers also adopt group talk therapy in sexual orientation efforts in Nigeria, as 8.12% of the

survivors of our research experienced this. As always, the goal is to repress or extinguish homosexual urges in the victims.

Following this, 19.4% of respondents disclosed that they had experienced “beatings/torture” which are done with various objects including canes, whips, candle burning/hot candle wax, brooms, fire and irons.

5.78% of respondents were institutionalised at live-in “treatment” facilities and/or locked in a facility, in isolation. These institutionalisation and isolation methods are adopted by religious leaders, mental health practitioners and family members, especially parents.

Ninety-one persons had been forced to marry (someone of the opposite sex) to forcefully “change” their sexual orientation. 57 LGBT+ persons surveyed had been raped by persons seeking to alter their sexual orientation and/or gender identity. Parents, family members and friends believe that making the gay man marry a woman or the lesbian marry a man will inevitably ensure that they are no longer gay or lesbian. Thus, forced marriages or heterosexual relationships are usually adopted when other methods have been tried. Some persons also utilise rape and sexual violence as a tool for such SOGIE change efforts. They force sexual acts between gay men and cisgender women or lesbians and cisgender men under the belief that carrying out these acts will make their sexual orientation change to heterosexuality. As proven over time, all these abusive acts do are to traumatise victims.

We noted that “aversion therapy” is not very common in Nigeria as 2.15% of respondents disclosed that they were put through this. In aversion therapy, health practitioners create extreme discomfort in victims by causing sickness or using electric shocks on victims when they are sexually interested or aroused. They usually urge victims to picture the homosexual act and then use the shocks on them in an effort to associate such urges with pain and discomfort, thereby reducing them. These acts amount to torture.

In many cases, several forms of conversion practices are combined in the efforts 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. Others used the free-text option to describe their experiences including the following.

Tami: *They also did expensive counselling (personal and group) and then tried to stop other teens from being friends. I used to be a part of an interdenominational Christian teens ministry. None of them were even health experts or anything. Then they tried separation by stopping others from being too friendly with you.*

Ikenna: *A friend tried convincing me. [They] talked to me once a week.*

Chikamso: *I came out to a friend. He went berserk with the lecture and forced his sessions on me. I got maltreated and abused by my oldest brother for being gay and he'd say "this is all just so you can man up". Came out to someone way back and he thought it was right to tell the school authorities and I got therapy for that..... All of this is part of conversion therapy. My mother has tried to counsel me. Think of it as self medicating based on symptoms, instead of getting lab tests and/or a diagnosis first...*

Kola: *Twice, my mum took me to church for deliverance. Once, I was attacked, beaten up and tortured by homophobes during a visit to see a Facebook friend.*

Sara: *I decided to break up with my partner at the time and stay away. The main reason for this decision was because I'd been given a position in Church. I thought I couldn't be both. So I chose Church.*

Kanayo: *I was taken for prayers and deliverance with plenty of counselling from my pastor. They were relentless. I was even made to fast just to ensure I was converted.*

Table 4 - Responses on methods of conversion practices carried out in Nigeria

Answer Choices	Responses	Number
Individual talk therapy with mental health care providers/psychologists/psychiatrists	25.00%	268
Group talk therapy with mental health care providers/psychologists/psychiatrists	8.12%	87
Institutionalised (live-in) "treatment" facility/Isolation (getting locked in a facility)	5.78%	62
Religious rituals such as exorcism (casting out demons) Prayer or laying of hands for healing	59.05%	633
"Aversion therapy" – creating extreme discomfort using substances like sickness or electric shock when sexually interested/aroused.	2.15%	23
Physical deprivation -- fasting, abstinence, etc. Use of medications	27.89%	299
Beatings/torture	19.40%	208
Forced marriage	8.49%	91
Corrective rape (raping someone to change their sexuality)	5.32%	57
Don't know	6.25%	67
Other	3.54%	38

Initiators of conversion practices in Nigeria

While conversion practices are reported to be carried out by mostly licensed psychiatrists, psychologists, religious counsellors/teachers globally, parents are found to be the major instigators of these practices. In this research, we asked respondents, “*who initiated the ‘therapy’?*” Our findings show that the majority of conversion practices efforts are initiated by parents, siblings and other family members. Of the 1,062 respondents who answered this question, 45% of the respondents, representing 476 respondents, said that their conversion therapy experience was initiated by their parents.

Parents of LGBTQIA+ persons are reported as the perpetrators of conversion therapy efforts through practices such as: intentionally

³⁵ HRH (2017). “Have you considered your parents’ happiness?” (Conversion Therapy Against LGBT People in China). Source: <https://www.hrw.org/report/2017/11/15/have-you-considered-your-parents-happiness/conversion-therapy-against-lgbt-people>

rejecting and abusing their homosexual children emotionally, intentional expression of hatred, and forcefully caging their homosexual children in a room, all in an attempt to change changing their sexual orientation. Also, parents, perpetuate conversion therapy by taking their children to mental health practitioners or their religious leaders to carry out sexual orientation change efforts on their children.

In this research, 241 persons (22.69% of respondents) *self-initiated* conversion efforts. The significance of this is that heteronormative societal standards pushed through religious and socio-cultural beliefs make a large number of LGBTQIA+ persons feel discomfort, fear or dissatisfaction with their sexually and/or diverse identities, such that they make efforts to help them shed these identities in order to conform to these societal standards. It must again be noted that despite seeking these efforts themselves, a change in orientation or identity did not occur. This point must be stated as proponents of conversion therapy (may) sometimes blame victims of conversion practices for not “wanting to change” enough, hence the failure of the SOGIE change efforts. As earlier stated, the only outcomes of conversion practices are trauma and violence, which the victims relive or bear scars of throughout their lives.

124 persons (11.68% respondents) also confirmed that their conversion practices experiences were initiated by friends and acquaintances. Friends whom LGBTQIA+ persons come out to, or who discover their non-conforming relationships, can and do forcefully out them to their parents or other family members, can report victims to school, religious or other authority, or themselves carry out “advice” and “counselling” efforts to facilitate change of their friends’ sexual orientation and/or gender identity.

Our findings also show that religious institutions in Nigeria regularly initiate conversion practices, with 119 responses (11.21% of respondents). Further analysis showed that religious leaders and institutions cut across all groups of these facilitators as parents, family members, friends and acquaintances regularly involved or yielded to religious preachers in SOGIE change efforts.

Preliminary findings showed that in schools, especially boarding secondary schools and tertiary institutions funded and run by religious (Christian) institutions, LGBTQIA+ persons are subjected to untold harassment and violations by school authorities and students. LGBTQIA+ community members have disclosed being sought out by school authorities, publicly shamed and sanctioned, as we will also see from the discussions held in our focus group sessions. It is, therefore, unsurprising that 30 persons (2.82% of responses) confirmed that their experience with conversion practices was initiated by an educational institution in Nigeria.

“Other” such initiators are a combination of these mentioned persons and groups, health institutions, as well as social groups to which the survivors belong(ed).

Figure 4 - Responses on initiators of conversion practices in Nigeria

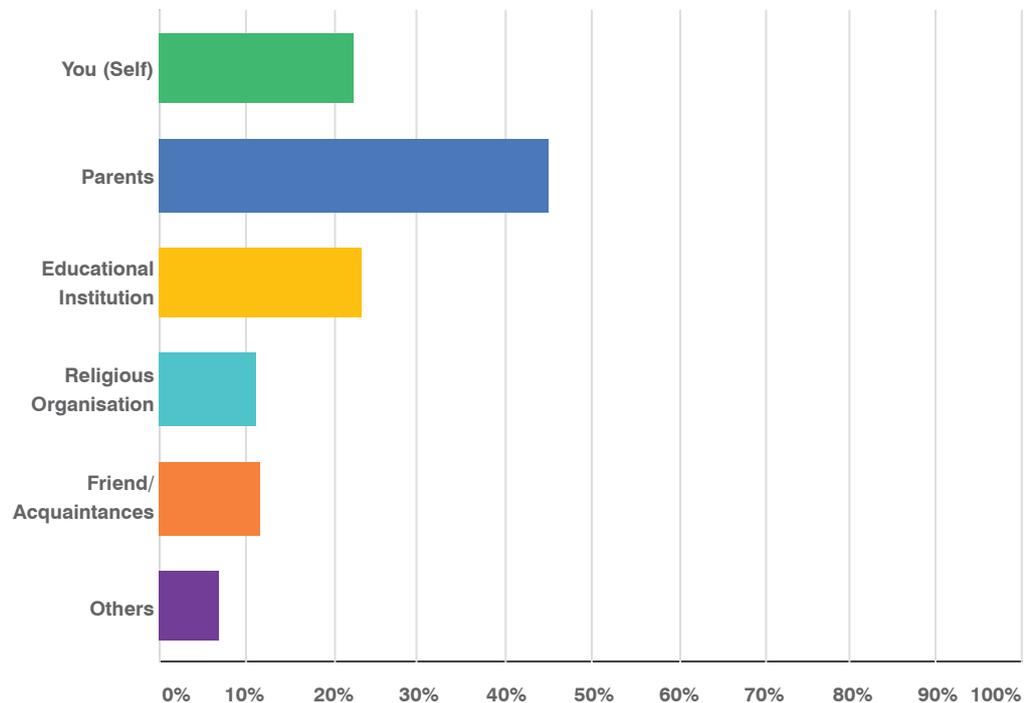


Table 5 - Responses on initiators of conversion practices in Nigeria

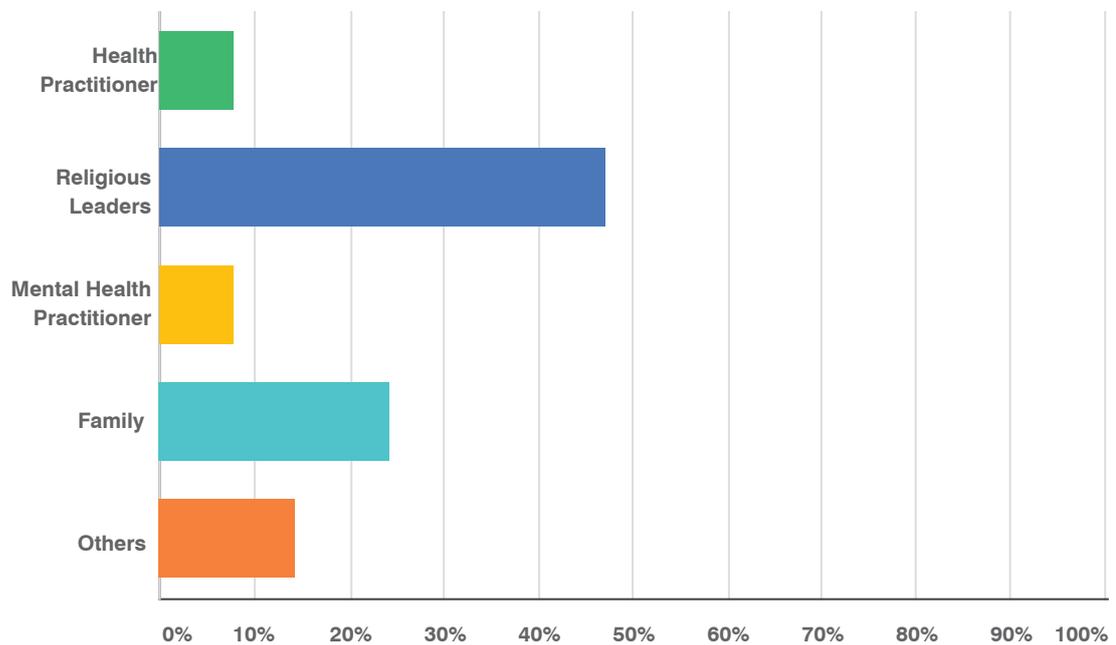
Answer Choices	Responses	Number
You (self)	22.69%	241
Parents	44.82%	476
Educational Institution	2.82%	30
Religious Organisation	11.21%	119
Friends/Acquaintances	11.68%	124
Others	6.78%	72
Total	100.00%	
Forced marriage	8.49%	91
Corrective rape (raping someone to change their sexuality)	5.32%	57
Don't know	6.25%	67
Other	3.54%	38

Perpetrators of conversion practices in Nigeria

Religious leaders and institutions have been earlier found to be the leading perpetrators of conversion practices in Africa. Our current findings confirm that in Nigeria, religious leaders and preachers are indeed the primary facilitators of various forms of conversion practices. In this survey, we asked, “*who facilitated the therapy?*” 1,052 respondents answered this question and 43% (476 persons) reported that religious leaders facilitated their conversion practices experience. This follows the fact that the demonisation of diverse sexual orientation is primarily emphasised through religious teachings across beliefs and denominations. This will be further elaborated on in the third part of this report.

³⁶ Amie Bishop 'Harmful treatment: the global reach of so-called conversion therapy' OutRight Action International https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf

Figure 5 - Perpetrators of SOGIE change efforts in Nigeria



After religious leaders, *family members* were the most common group of persons reported to facilitate conversion practices. This is unsurprising as family members, including parents, are physically closer to LGBTQIA+ persons, and are always eager to “protect the family name” and can easily take their family members to religious and/or mental health institutions, and sometimes adopt the methods of praying, enforcing physical deprivation and medication, isolating, beating and torturing, as well as facilitating sexual violence and forced marriages against LGBTQIA+ relatives.

Mental health practitioners (including psychologists and social workers) and *health care providers* (including doctors) also form a major group of facilitators of conversion practices. As noted earlier, they adopt individual and group talk therapy, medication, isolation of victims and even aversion therapy as part of SOGIE change efforts in Nigeria. Their methods and beliefs are discussed in detail in the second part of this report.

³⁶ Amie Bishop 'Harmful treatment: the global reach of so-called conversion therapy' OutRight Action International https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf

Other facilitators of conversion practices in Nigeria as noted from responses include *friends and acquaintances*.

**Duration of
SOGIE change
efforts**

Many times, conversion practices are perpetuated over a long period of time to ensure that the change occurs and they usually do not end until the victims affirm that they have been changed and are now heterosexual. In this research, we sought to examine the duration of the efforts carried out against respondents by asking, “how many times was it carried out?”

Table 6 provides a breakdown of the responses.

Table 6 - Duration of SOGIE change efforts

Answer Choices	Percentage	Number
Once	23.11%	245
More than once over a period of 6 months	32.92%	349
More than once between 6 months and a year	17.92%	190
A year and above	11.32%	120
I don't know	14.72%	156

We note the difficulty in putting a number to certain forms of conversion practices and as a result, this finding is intended to be indicative and not a definitive finding on all methods of conversion practices adopted in Nigeria. To illustrate, with forced marriages the event technically happens once but the victim experiences the torture during the entire duration of the marriage, however long it may be. In contrast, it is easier to put a number to deliverance sessions. Hence, it is entirely understandable that 156 respondents could not tell how long they experienced or are experiencing conversion efforts.

Subsequent questions sought to identify respondents who wished to be part of the focus group or individual in-depth interviews to further discuss their experiences with conversion practices in Nigeria.

**Findings from
focus group and
individual
discussions**

An in-person focus group discussion was held with 19 persons in attendance in March 2020. Despite the large number, the guided discussions were productive and effective. Subsequently, we had online interview sessions with select respondents. Participants of the focus group and individual sessions were those who indicated their willingness to discuss further and were available during the period.

The findings provide even more detail on the nature, extent and impact of conversion practices in Nigeria.

Names used are pseudonyms unless asterisked.

Emmanuel*

Emmanuel describes the process of him seeking guidance from a pastor and his experience with deliverance sessions in a Pentecostal church in Nigeria.

In my church, there was a period when they asked members to reach out to a pastor with any questions one may have. So, I sent a mail to the main pastor, with my identity hidden. I explained what I had been experiencing with my sexual orientation – being gay – since I was a young person and that I couldn't help it. I asked him, "Do you have any guidance?"

He convinced me to reveal myself and come meet him in church. When I got there, he didn't attend to me himself, but handed me over to a junior pastor who put me in a group with other people for deliverance. After the main deliverance, the pastors called me aside and asked me to take off my clothes. I was standing with just my boxers. And at that time, other pastors and leaders would come to ask, "Why is this person in special deliverance" And they'd explain that "Oh, he is gay." And everybody would have their own input or piece of advice. Somebody would suggest, "Use anointing oil here, rub it in his ears." Or "rub it in his [privates]..." One woman offered to rub my privates but somebody else did it. I was rubbed thoroughly, all over my body. I did eventually get completely naked even though someone tried to shield my body.

It was a very weird and uncomfortable situation, and I knew that wasn't what I had come to church for. I wanted to talk to somebody. I thought I was going there to talk to somebody. The deliverance part came as a surprise.

This process made me feel very lonely and isolated. I thought I was the only person going through such a situation. I also got very anxious about going to church because I didn't know what the pastor would do next. They had this thing where the pastor called people out or name-dropped people mid-service. I was constantly worried that it would be me some day but he didn't.

The main pastor also didn't speak to me after the deliverance session which made me think that I might not even have been speaking with him directly in the email. The situation made me feel stupid and I felt very alone. It made me feel weird about my body. I felt... violated. The experience was very traumatising mentally. I keep remembering the way people just randomly walked up and had access to my story, had access to whatever was going on.

Tubosun

Here, Tubosun tells us their experience receiving beatings from their parents as well as their experience with a pastor.

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 counselled 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.

Saliu

Saliu speaks about personal and deliberate efforts to facilitate change of their sexual orientation to no avail.

I always saw myself as different which led me not to be confident in myself. I kept to myself a lot. And I tried to change. I talked to some people about my urges. I followed a religious group trying to abstain. I prayed and I fasted. I forced myself to associate with the opposite sex through friendships.

I have tried to pray my feelings away several times. I wouldn't want to say nothing has changed because you may be making progress and you may not know. By this I mean that I am now more aware of my environment and I'm careful with how I carry myself. Basically, I've learnt to adapt to my environment but for the way I feel in terms of my sexual orientation, nothing has changed.

Salome

Salome came out to their mom and was outed by the pastor before the entire church.

My mom took me to church for deliverance when she found out about my sexual orientation. I was angry at something, and I just told her, "Oh, I'm gay anyways!" That was her first time learning of it. By Sunday, the Pastor made a spectacle of me in church. He stopped the service and said he'd decided that the entire church and service was going to be dedicated towards praying against [my] homosexuality.

I stood there, frozen, for 2 hours, watching people roll on the floor and scream as they prayed. That was 5 years ago and the last time I set my feet in a church. The Christian faith pushes people away from religion. They tell us God hates us because of who we are. Presently, I have found myself on a spiritual path, not a religious one, a spiritual path that opened my eyes to understanding who I am as a person, and to understanding my sexual orientation. I'm no longer afraid to be who I am.

Theo

Theo's family took them to a church for deliverance.

My family always suspected me, pointing accusing fingers at my behaviour and my friends. I never said anything to them, but I became worried. I took myself to the church and the pastor prayed for me.

My sister was very suspicious of me being gay. She outrightly asked me if I were gay because of my appearance. I told her that only God can say so because I too didn't know who I really was. She took me for prayers and deliverance. At this point, I was convinced that what I felt was in my nature. The pastor gave me anointing oil to put in my water whenever I have my bath, that this would make the evil spirit run away. It was even during this period that I met people like me, people who have the feelings that I have. People in my community will laugh at people who dress up and behave like a lady and do things that women do, like cook. But I am okay. My mom believes everything will be okay because she has taken me to church.

Tito

Tito self-initiated the SOGIE change effort due to a societal rejection of their identity.

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 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 socialising 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.

Tayo

Tayo describes being physically abused by their father.

I grew up effeminate. And this was a huge issue because of the comments people made. The first time I was beaten for my identity, I had tried on my sister's cloths, and we were having this fashion parade when my dad caught me. He beat me very badly saying things like "I will not allow you to disgrace me. I will not allow you to soil my name." He reported to my mom when she got back, and she also beat me. I have had to watch how I talk and walk, go to the gym to grow muscles, and with all my prayers and religious beliefs, I still feel the way I feel. I just wish I didn't have to constantly hear all the preaching from church and my pastor that condemns who I am.

Usi

Usi experienced conversion practices in three different churches.

My mom caught me having sex with a boy. She and my dad took me to three different churches to pray and cast out the demons of queerness from my life. We went from a white garment church to MFM and then to my mom's church, Deeper Life. The toughest part for me was the white garment church. I was forced to do dry fasting for a week and every night they would flog me with a broom as they 'prayed'. After giving me prayer points to repeat, the prophet and prophetess would hold hands, with me in the middle, they would pray and then flog me with a broom. They tied me down with chains, like a mad person. I will never forget that. I was 17. They would make me kneel and then surround me with 24 candles, saying it signifies the 24 elders. I kept wondering, do these people understand what they're doing to me? They also took me to the water, a river at the back of the church. The prophet and prophetess in charge of the prayer went into the river with me, turned me over and dipped me in the river, holding my legs. They kept me in the water for a few minutes. Then they brought me out and washed my head with a sponge and all sorts of soap. After that, they continued with the beating.

I remember the session we had at MFM [Mountain of Fire and Miracles Ministry]. The dry fast was hell. I couldn't eat anything and I had to go to the church every morning, afternoon and evening from home, back-to-back for deliverance. They would tell me that I must pray and they

must see me sweat from my head to my toe to know I am really praying, so the demon can be cast out. With the Deeper Life one, the pastor just held hands with me and prayed. Then he gave me some Bible passages to read and fast.

It took me about 3 years to get back on my feet.

Richard

Richard's siblings used religious efforts, informal talk therapy and other methods to alter his sexual orientation.

I'm someone that is effeminate, in other words, I'm a guy that just has this girlish behaviour. I walk like a girl, the first instance you see me, you'd just agree that this guy is queer. My parents don't know about my sexuality, they know that someone can be effeminate. But my elder brother once caught me on a gay website. I left my phone on the bed to use the restroom and when I came out, my brother was standing there with my phone. He said, "so this is what you've been doing all this while?" I didn't know what to do. I can vividly recall the epistles I got that night; it was very very traumatising. My elder brother then told my elder sister about it and my elder sister took it upon herself to see how she can convince me from this life (that's how she put it). She said that it's not natural, she took me to church, I was prayed for. At the end of the day, my fast lasted for 7 days without food, without water. All this was done without the consent of my parents since they were mostly not in town. I believed that after the whole fasting thing, I would be much better.

My elder brother registered me in a gym to build my physique to look like a man, walk like a man and all those things. I felt traumatised honestly, because I couldn't just look at them in their eyes to say anything. I couldn't make requests, you know, as the last child. I wasn't given that preferential treatment anymore except when my parents were around. Along the line, after I got into university, I have tried to accept who I am, but it is difficult trying to confront the societal norms that reject you.

Conclusion In the first part of our research, we noted the various methods and practices adopted to alter sexual orientation and gender identity/ expression in Nigeria, directly from the experiences of a range of survivors. From the 2,011 responses in the community survey to the focus group discussions, the themes are the same. The major initiators of conversion practices are parents while religious leaders are the major perpetrators. Various harmful methods are adopted in carrying out SOGIE change efforts, all with lasting negative impacts on the lives of survivors. Importantly, all of these amount to human rights violations.



Part

2

*Psychological and
psychiatric approaches
to conversion practices
in Nigeria*





Introduction In this section of our research work, we noted responses from the community survey and focus group discussions which show that LGBTQI+ persons in Nigeria experience conversion practices from religious institutions as well as psychological/psychiatric or mental health professionals.

Objectives of the study The objectives for this section of the study are directly linked with our overarching aim of discovering and exposing the nature, extent and impacts of all forms of conversion practices in Nigeria. In view of this, we sought to examine the position of Nigerian psychologists and psychiatrists (medical practitioners) on the pathologisation of homosexuality and the “treatment” of LGBTQI+ persons in Nigeria. We also sought to examine the background to these beliefs adopted in their practice which may be gleaned from the teachings they obtain on LGBTQI+ identities and issues in Nigerian tertiary institutions.

As a result, the specific objectives of this section of this study are to:

1. Determine the position of Nigerian psychiatrists and medical practitioners on whether LGBTQI persons are pathologised and warrant treatment.

2. Explore the teachings on sexual orientation and gender identity/ expression-related topics to Psychiatry and Psychology students in tertiary institutions in Nigeria.

Research methodology In carrying out the research on the approach of psychological and psychiatric health professionals in Nigeria to conversion practices, we adopted a cross-sectional mixed-method approach combining quantitative and qualitative surveys.

Sample research population, size and technique: The selected populations for this study were in two categories. The first sample group was psychiatrists and psychologists across health institutions in Nigeria, to obtain responses to determine their position on conversion practices and the pathologisation of homosexuality and diverse sexual orientations and gender identities. For this qualitative aspect, we adopted a purposive sampling technique. A total of six psychiatrists and one psychologist were interviewed in this study, each representing different health institutions, well spread out around the geopolitical zones in Nigeria.

The research also sampled students and lecturers in Nigeria's federal universities across the six geopolitical zones. The universities selected were those with at least 10 years of continuous accreditation by the National Universities Commission (NUC) of their Psychology department. There were no predetermined criteria for selecting the 203 students who participated in the study. Students' participation was made voluntary and open to all Psychology students in the selected federal universities. To ensure that there is a correlation between the universities of the students who participated in this study and the lecturers who were to be selected in the study, three lecturers each from all the universities represented by the students were selected. The universities represented are Obafemi Awolowo University, Ile-Ife, University of Uyo, University of Jos, University of Nigeria, Nsukka, University of Ibadan, University of Lagos, Federal University Oye-Ekiti and the University of Ilorin. In total, 24 lecturers voluntarily participated in this study.



Data collection For the qualitative survey, we collected data from the psychiatrists and psychologists through in-depth interviews. These semi-structured conversations were recorded with their consent, transcribed and then analysed.

With respect to the quantitative survey among the tertiary institutions, we designed a questionnaire scripted in an online MCAPI software (TypeForm) for data collection. The link to the form was disseminated among the students and the lecturers. The process was aided by the fact that at the time of data collection, COVID-19 guidelines for these institutions prescribed digital learning. The data collection process lasted for six weeks.

Limitations of this study For this section of our research, there are salient limitations that affected our approach to obtaining relevant data.

1. The COVID-19 pandemic: The impact of COVID-19 and the measures to curb it meant that most federal universities were shut down physically during the data collection period. Thus, we could not reach out to as many students as we planned to and depended heavily on online data collection across the universities.
2. Widespread homophobia: Prevalent homophobic beliefs spread through the cultural practices and religious teachings in Nigeria formed a major limitation to this research. This fact is a significant finding and can point to the prevalence of conversion practices. We observed a high level of intolerance to discussing topics surrounding LGBTQI+ issues, which may have led to some respondents providing false answers and embracing a culture of denial. Additionally, this contributed considerably to the low participation of licensed psychologists, psychiatrists and students. Many refused to participate due to the subject of the study. Attempts were made to get official statements on conversion practices from professional bodies like the Nigerian Psychologists Association and Counselling Association of Nigeria but they

³⁷ Jack Drescher, Alan Schwartz, Flávio Casoy, Christopher A. McIntosh, Brian Hurley, Kenneth Ashley, Mary Barber, David Goldenberg, Sarah E. Herbert, Lorraine E. Lothwell, Marlin R. Mattson, Scot G. McAfee, Jack Pula, Vernon Rosario, D. Andrew Tompkins; *The Growing Regulation of Conversion Therapy*. *Journal of Medical Regulation* 1 June 2016; 102 (2): 7–12. DOI: <https://doi.org/10.30770/2572-1852-102.2.7>

referenced the Same-Sex Marriage (Prohibition) Act and stated that any such discussions on the subject are illegal.

Research findings

This section of the research on Nigerian psychiatrists and medical practitioners' attitudes to conversion practices presents our findings in terms of the desk research and the survey findings.

Mental health practitioners and conversion practices in Nigeria.

The adoption of conversion practices in Nigeria is deeply influenced by the belief that homosexuality is a deviance from the “normal” form of sexual orientation, as these “reparative therapies” involve treatments given to persons in an attempt to change their sexual orientation, mostly from homosexuality to heterosexuality. Many studies on conversion practices posit that the decision to engage in sexual orientation change efforts is usually an imposition from other persons, mostly family members and close relations, who view homosexuals as “abnormal” or “deviants”. In certain cases, as also confirmed by this present study, some homosexual, bisexual/pansexual and queer persons decide to undergo conversion practices based on the influences of religiosity, stigmatisation and discrimination associated with their identity by other members of the society.

SOGIE change efforts are usually carried out by licensed psychiatrists, psychologists, social workers and counsellors through various means like behavioural and chemical therapy. In behavioural therapy, patients are subjected to conditions that are believed to be able to “heal” their “disease” while in chemical therapy, these licensed professionals give patients therapeutical drugs to “alter” their sexual orientation to fit into heterosexuality. These therapies have been found to be ineffective and harmful, in the periods before and after homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorder (DSM) at the American Psychiatric Association (APA) conference in 1973. Proponents of conversion practices have found various ways to cite the

³⁸ Tozer EE, Hayes JA. *Why Do Individuals Seek Conversion Therapy?: The Role of Religiosity, Internalized Homonegativity, and Identity Development. The Counseling Psychologist. 2004;32(5):716-740. doi:10.1177/0011000004267563*

³⁹ Ariel Shildo and Michael Schroeder; *Changing Sexual Orientation: A Consumer's Report. Professional Psychology: Research and Practice 2002; Vol. 33, No. 3, 249-259. DOI: 10.1037//0735-7028.33.3.249*

⁴⁰ Nicolosi J, Byrd AD, Potts RW. *Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients. Psychological Reports. 2000;86(3_suppl):1071-1088. doi:10.2466/pr0.2000.86.3c.1071*

⁴¹ Ariel Shildo and Michael Schroeder; *Changing Sexual Orientation: A Consumer's Report. Professional Psychology: Research and Practice 2002; Vol. 33, No. 3, 249-259. DOI: 10.1037//0735-7028.33.3.249*

effectiveness of conversion practices. A 2000 study reported that while certain homosexuals who went through conversion practices did not report an exclusive change to their sexual orientation, the “therapy” efforts with a psychiatrist or religious counsellor were “helpful” because the results indicated a significant reduction in their thoughts and feelings of homosexuality. Other studies have been put up to restate the ineffectiveness of conversion practices. In a 2002 study of 200 persons who had gone through conversion practices, it was found to be ineffective, as the majority of the participants in the study experienced no significant changes in their homosexual sexual orientation.

Another proponent of conversion practices, Spitzer, claimed that his study of 143 gay men and 57 lesbians showed a predominant change in the participants, from their homosexual orientation to heterosexuality as a result of the change “therapy” they participated in. Criticisms of this study doubted the credibility of the findings, as the conceptualisation of the research was based on pathologising homosexuality contrary to health standards at the time. Critics also believed that the findings used a biased sample and miscued methodological approach, as well as being void of science and influenced by religion and culture. In 2012, Spitzer renounced his claim on the efficacy of sexual orientation change effort and acknowledged that all papers published to criticise the postulations in his 2003 study were largely correct.

In this research, we reviewed the theoretical underpinnings of homosexuality and conversion practices, including the classifications, methods, effects of conversion practices and its extent in Nigeria, as well as the knowledge gaps, especially in Nigerian tertiary institutions.

⁴² Spitzer, R.L. *Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation.* *Arch Sex Behav* 32, 403–417 (2003). <https://doi.org/10.1023/A:1025647527010>

⁴³ Saltzman, J. (2008). *Ex-Gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture.* *Journal of LGBT Issues in Counseling*, 2(2), 170–172. doi:10.1080/15538600802125670

⁴⁴ Spitzer, R.L. *Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality.* *Arch Sex Behav* 41, 757 (2012). <https://doi.org/10.1007/s10508-012-9966-y>

⁴⁵ Thereson Kalson (2016). *Tales of Testosterone (A Historical Study of the Science of the Male Hormone in Male Menopause and Homosexuality.* Master’s thesis in History of Science and Ideas. UMEA Universitet : ‘that homosexuality results from excessive opposite-sex hormone in a person, i.e., a homosexual man suffers from excessive oestrogen hormone and a homosexual woman suffers from excessive testosterone hormone.’

⁴⁶ Bergler, E. (1956). *Homosexuality: disease or way of life?* Hill & Wang.

**Theoretical
underpinnings
to the
categorisation
of homosexuality**

There are various theories that have been canvassed to “explain” homosexuality, which can be said to form the background for the practice of sexual orientation and gender identity change efforts.

The *theory of pathology* categorised homosexuality as an illness needing medical attention with a major focus on mental treatment. Pathology theories maintain that homosexuality is caused by prenatal or postnatal pathogens, including over- or under-secretion of specific sex hormones (internal) or bad parenting, sexual abuse, peer influence (external). On this basis lies the belief that homosexuals can be “cured” of this illness or pathological state, thus the introduction of conversion practices which are carried to the detriment of the health and mental wellbeing of LGBTQ+ persons. The idea that homosexuality is a degenerative disorder that should be pathologised along with non-procreative sexual acts is the root of medical conversion practices and the inclusion of homosexuality in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychology Association (APA) in 1952.

Based on the theory, it was believed that homosexuality can be “cured” by the transplantation of male and female sex hormones. Today, sexual orientation and gender identity change efforts encompass the use of forced injection of hormones on LGBTQI+ persons to urge conformance to heteronormativity.

Another postulation, the *theory of immaturity*, holds that homosexuality is a “stage of development” into adult heterosexuality. For adults who are homosexuals, the proponents of this theory view them as atypical or with stunted growth; persons who have somehow failed to sustain the typical developmental phase into adult heterosexuality and termed as “arrested psychosexual development.” Psychoanalysts who hold these theories do not, however, see homosexuality as psychopathological and the theorists also fail to accommodate suggestions that varying sexual orientation is inherent. Efforts are however made to promote

⁴⁷ ‘It’s just a phase.’

⁴⁸ Freud, S. *The Psychogenesis of a Case of Homosexuality in a Woman*; Standard Edition Volume 18; Hogarth Press: London, UK, 1955 [1920]; pp. 145–172.

⁴⁹ Duberman, M. *Stonewall*; Plume: New York, NY, USA, 1994.

the supposed development of homosexual persons into maturity – heterosexuality – through conversion practices.

These two theories viewed homosexuality as something which could be altered. Following the inclusion of homosexuality in the DSM by the American Psychiatric Association, which meant a confirmation that homosexuality was indeed an illness, some LGBT+ persons agreed to subject themselves to psychoanalytic treatments from these professionals and escape societal stigmatisation. However, actions from gay and lesbian activists, which cumulated in the Stonewall riots of 1969, showed that this inclusion and nationwide “recognition” of homosexuality as an illness, formed a major cause of the societal stigmatisation and discrimination meted against LGBT persons, much like the effect of laws that criminalise same-sex behaviours and marriages in Nigeria today. Activists and researchers engaged the APA in a series of deliberations, panel discussions and conferences, highlighting research findings that opposed the theories which led to the APA’s inclusion of homosexuality as a mental disorder. The APA itself went on an internal deliberative process, comparing homosexuality with mental disorders listed in the DSM. They concluded that homosexuality does not impair intelligence, bodily or social functions, as mental illnesses do. Registered psychiatrists in America voted in support of this decision to de-pathologise homosexuality.

However, there was still a recognition that an individual can be diagnosed to be psychiatrically ill if they consider their attention to same-sex as abnormal and want to change, effectively legalising conversion practices. Opponent psychiatrists continue to argue that these new terms – sexual orientation disorder and egodystonic homosexuality – do not fall within the definition of a disorder, explaining that if one’s disturbance with one sexual orientation should be considered a psychiatric disorder, then every disturbance or dislike one has to one’s body features or characteristics should be diagnosed as a psychiatric illness and then should be included in the DSM. In 1987, there was

⁵⁰ Stoller, R.J.; Marmor, J.; Bieber, I.; Gold, R.; Socarides, C.W.; Green, R.; Spitzer, R.L. *A symposium: Should homosexuality be in the APA nomenclature?* *Am. J. Psychiatry.* 1973, 130, 1207–1216.

⁵¹ Lev, A.I. *Gender dysphoria: Two steps forward, one step back.* *Clin. Soc. Work J.* 2013

⁵² Hooker, E.A. *The adjustment of the male overt homosexual.* *J. Proj. Tech.* 1957, 21, 18–31. See Katz, J. *The Invention of Heterosexuality;* Dutton: New York, NY, USA, 1995.

a complete removal and de-pathologisation of homosexuality as well as the de-legalisation of sexual orientation conversion practices in the USA. However, the effects of this pathologisation exist today, all over the world where the DSM was adopted and used by psychiatrists and psychologists.

A third theory is the *theory of normal variation* where homosexuality is viewed as a naturally occurring state, occurring slightly rarer than heterosexuality, “just as some people are born with rarer characteristics like left-handedness.” This theory does not regard homosexual persons as deviants, nor does it pathologise homosexuality. Thus, there is no reason to seek to “cure” something that naturally occurs.

**Psychiatrists and
psychologists in
Nigeria and
conversion
practices.**

Historically, psychiatrists’ and psychologists’ involvement in SOGIE change efforts have ranged from biological treatments, behavioural and cognitive therapy, and psychodynamic approaches. Biological treatments involve subjecting victims to surgical operations (such as the cauterisation of the spinal cord, castration or removal of the clitoris and lobotomy), and hormonal treatment (such as the inoculation of a homosexual man with heterosexual man’s testosterone and the inoculation of a heterosexual woman with a heterosexual woman’s oestrogen hormone). Behavioural treatments include aversion therapy and covert sensitisation. Aversion therapy is done by subjecting patients to electric shock while viewing the pictures of undressed men and women, the electric shock only stops when a picture of a naked opposite sex person is on the view. Covert sensitisation involves sensitising the patients on the “evil” of homosexuality and desensitising them on thoughts or fear they have for heterosexuality. Cognitive therapy is done by changing an LGBT+ person’s sexual thoughts, desires, arousal, behaviour and orientation through the approaches of reframing desires, reframing thoughts and hypnosis.

⁵³ Susan et al (2004). *Conversion Therapies for Same-Sex Attracted Clients in Religious Conflict Context, Predisposing Factors, Experiences, and Implications for Therapy*. *The Counseling Psychologist* · August 2004. DOI: 10.1177/0011000004268877

⁵⁴ Thereson Kalson (2016). *Tales of Testosterone (A Historical Study of the Science of the Male Hormone in Male Menopause and Homosexuality)*. Master’s thesis in History of Science and Ideas. UMEA Universitet.

⁵⁵ Smith, G., Bartlett, A., & King, M. (2004). *Treatments of homosexuality in Britain since the 1950s--an oral history: the experience of patients*. *BMJ (Clinical research ed.)*, 328(7437), 427. <https://doi.org/10.1136/bmj.37984.442419.EE>

⁵⁶ American Psychological Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from <http://www.apa.org/pi/lgbcp/publications/therapeutic-resp.html>

Homosexuals who underwent sexual change efforts such as aversion therapy and other behavioural therapies are reported to suffer a state of emotional imbalance and crises. Victims of conversion therapy experience low self-esteem and increased suicide attempts. Aside from the negative implication on the mental health of the victims of conversion therapy, there are also reports of victims experiencing adverse health effects like physical trauma and chronic stress, stomach ulcer, skin diseases, migraines, sexual and eating disorders, vomiting and insomnia.

Glenn et al in their attempt to investigate the aftermath of a reparative therapy session on 29 persons, concluded from their findings that none of their respondents indicated a direct benefit of the therapy on their sexual orientation but it rather reinforced emotional isolation and trauma that they experienced growing up . Also, to further understand the perspective of the practitioners on the aftermath of sessions they have conducted in the past, Glenn et al, conducted a study amongst 30 health professionals who have practised conversion therapy. He mentioned that majority of practitioners indicated that they were not emotionally satisfied with their involvement in a conversion therapy session and the session portended emotional distress to patients.

Conversion Practices and Nigerian Universities' Curricula

In Nigeria, these attitudes to conversion practices persist among licensed mental health professionals and students. In a study exploring the perceptions and attitudes of Nigerian university students towards homosexuals, it was noted that there exists a common belief among Nigerian students that homosexuality is a result of a biological disorder and that conversion practices should be considered for homosexual persons.

Scholarly papers that specifically investigated what is taught about conversion practices to students in universities are very scarce and the efforts to get journal articles on this subject matter did not yield

⁵⁷ Smith, G. (2004). *Treatments of homosexuality in Britain since the 1950s--an oral history: the experience of patients*. *BMJ*, 328(7437), 427-0. <https://doi.org/10.1136/bmj.37984.442419.ee>

⁵⁸ Kehinde Okanlawon (2020) *Perceptions and attitudes of heterosexual Nigerian University students towards homosexuality and LGB persons*, *Journal of LGBT Youth*, 17:2, 149-176, DOI: 10.1080/19361653.2019.1620665

⁵⁹ At this time, we still adopted the term "conversion therapy" in our research.

⁶⁰ Kehinde Okanlawon (2020) *Perceptions and attitudes of heterosexual Nigerian University students towards homosexuality and LGB persons*, *Journal of LGBT Youth*, 17:2, 149-176, DOI: 10.1080/19361653.2019.1620665

much fruit. For instance, the following titles/keywords were searched on Google Scholar: “Academic curriculum on conversion therapy in Universities” “What is taught on conversion therapy in universities” and “The relationship between university curriculum and student’s perception of conversion therapy and homosexuality.” A total of 95, 800 paper results were generated but only two journal articles fit the aim of the study

However, from the relevant papers found, it was observed that there is a significant link between the academic exposure of students and their perception of conversion therapy, as expressed by Kehinde Okanlawon (2020) . In his study which targeted the perception of students on homosexuality and conversion therapy, he found that negative perception of students towards homosexuality and their acceptance of conversion therapy is due to the lack of sexual diversity curriculum in Nigeria’s tertiary institutions. He explained that the addition of a sexual diversity course/programme to the academic curriculum in Nigerian institutions will contribute to eradicating discrimination against LGBT+ students and reducing acceptance for conversion practices in Nigeria tertiary institutions.

Christi et al in their study opined that the inclusion of LGBT affirmative courses into the academic curriculum will help improve the competence of mental health therapists. This study explicitly found that a significant tie exists between how a therapist responds to homosexual clients and the number of LGBT affirmative courses they were taught while they were students.

Gap in knowledge

During our research, we found that there have been scholarly efforts to understand the changing dynamics in the categorisation of homosexuality, the perceptions and attitudes of Nigerians towards homosexuality in Nigeria and the legislations which criminalise homosexuality in Nigeria. However, we could not find studies investigating conversion practices by health practitioners and the perception of Nigerian institution students on LGBT+ issues and conversion practices.

This study, therefore, aims to fill this knowledge gap by investigating the perception, attitude and practice of Psychology and Psychiatry

students, alongside the practising psychologists and psychiatrists in Nigeria on conversion practices. In addition, this study aims to investigate the existing curriculum on conversion practices, sexual orientation and gender identity in Nigerian institutions.

Survey findings

Students and tertiary institutions surveyed in this research

Socio-demographic distribution of participating students

As seen in Table 1, a substantial number of the respondents (23%) are students of the Obafemi Awolowo University. This is followed by the students of the University of Uyo and University of Jos who are at 18% and 18% respectively. The students of the University of Lagos, University of Ibadan, University of Nigeria, Federal University of Oye-Ekiti and the University of Ilorin are distributed at 13%, 12%, 10%, 3% and 3% respectively. The differences in this distribution are assumed to be due to the technique adopted for selecting students for this study. The data for this study was collected through online and electronic sharing of the questionnaire and participation for respondents was made voluntary. Hence, the survey might have gone more viral among the students of the Obafemi Awolowo University than the students at the other universities. However, we believe this to be a fair representation of the schools surveyed and that responses obtained remain an accurate representation of each of the schools.



⁶¹ Christi R. McGeorge, Katelyn O. Coburn & Ashley A. Walsdorf (2018) Factors Predicting the Inclusion of Lesbian, Gay, and Bisexual Affirmative Content Taught in Couple and Family Therapy Courses, *The American Journal of Family Therapy*, 46:3, 306-317, DOI: 10.1080/01926187.2018.1526656

Table 1 shows the socio-demographic distribution of the students who participated in this study.

		Frequency	Percentage
Name of institution	Obafemi Awolowo University	46	23%
	University of Uyo	36	18%
	University of Jos	37	18%
	University of Nigeria, Nsukka	20	10%
	University of Ibadan	24	12%
	University of Lagos	27	13%
	Federal University Oye-Ekiti	7	3%
	University of Ilorin	6	3%
Age category	<18	9	4%
	18-25 years	158	78%
	26-35	35	17%
	36-45	1	1%
Department	Psychology	193	95%
	Psychiatry	10	5%
Faculty	Faculty of Social Sciences	193	95%
	College of Medicine	10	5%
Academic status	Undergraduate	183	90%
	Graduate	20	10%

Students' ages

The age-group distribution of the students who participated in this study includes; 4% for students less than 18, 78% for students who are within the age group of 18 to 25, 17% for students who are within the age group of 26 to 35 and 1% for those who fall within the age category of 36 to 45. Further efforts to understand this distribution show that those who are <18 years old are the students in their first year of study in their respective institutions. This concurs with the minimum age criteria for admission to a federal university in Nigeria, which is 16 years. Additionally, the majority of the students in this study are between 18 and 25 years old, this finding agrees with the general assertion that the population in a university are mostly young adults.

Respondents' departments and faculties

Purposively, students of the Psychology and Psychiatry departments were selected for this study. However, more students from the Psychology department participated in the study at 95%, while the remaining 5% represents the Psychiatry department. The rationale for these variances is the number of federal universities in Nigeria offering these courses; there is a greater number of universities offering Psychology than those offering Psychiatry. Similarly, this justification also applies to the finding of the study that shows that the majority (95%) of the participants specified the faculty of social sciences as their faculty while the remaining 5% indicated the college of medicine as their course faculty. The faculty of social sciences is reportedly for the Psychology department while the college of medicine is the faculty for the Psychiatry department.

Academic level of students

Nigerian federal universities usually consist of both undergraduate and graduate programmes, the reason the academic status of the participants was required. However, this study shows the undergraduate students to be the majority (90%) and the graduate students as the minority participants. As earlier mentioned, the reason for this is due to the fact there was no intention at the onset of this study to purposively balance the number of graduate and undergraduate students. Participation in this study was open to all levels of students and made voluntary.

Findings on students’ levels of information on sexual orientation, gender identity and expression and sex characteristics.

Table 2

		Frequency	Percentage
Have any topics covering LGBTQI+ issues i.e., issues of sexual orientation and gender identity/expression been taught in your department?	Yes	120	59%
	No	83	41%
There is a standard curriculum on LGBTQI+ topics in my department.	True	111	55%
	False	92	45%
Topic(s) covering sexual orientation and gender identity were covered in more than one lecture.	True	124	61%
	False	79	39%
We were encouraged to do further reading and research on topics covering sexual orientation and gender identity on our own	True	120	59%
	False	83	41%
The school library has academic and non-academic resources on LGBTQI+ issues (e.g., books, media, newspapers, works of fiction and non-fiction, etc.)	True	128	63%
	False	75	37%

Students who indicated that topics covering LGBTQI+ issues, sexual orientation and gender identity have been taught in their department are about 59% of the students who participated in this study, compared to the 41% who said they have not been taught. These findings were somewhat surprising as previous knowledge showed that issues of sexual orientation and gender identity/expression are not addressed in Nigerian schools and tertiary institutions. Further disaggregation of the data obtained shows that there are discrepancies in the number of positive and negative responses received from students in individual universities, across this group of questions. More students from Obafemi Awolowo University, University of Nigeria Nsukka,

⁶² Kehinde Okanlawon (2020) *Perceptions and attitudes of heterosexual Nigerian University students towards homosexuality and LGB persons*, *Journal of LGBT Youth*, 17:2, 149-176, DOI: 10.1080/19361653.2019.1620665

University of Lagos and Federal University Oye-Ekiti indicated that they had been taught LGBTQI+ related topics in their departments. On the other hand, more students from the University of Uyo, University of Jos, University of Ibadan and the University of Ilorin expressed that no such topics had been taught in their departments.

Although the findings of this study are not consistent with the findings of the previous study on LGBTQI+ issues in Nigeria, the students might generally have indicated that they had been taught LGBTQI+ related topics because of the recent trends and increased visibility of certain LGBTQI+ issues in both the local and global societies. Also, there might have likely been passive teaching or discussion of these topics in the classrooms; the lecturers might have mentioned or talked about this topic while giving their lectures. Furthermore, the discrepancies in the views expressed by students of some institutions compared to the others might be due to the location of the schools. The University of Lagos is located in the part of the country where there is more exposure to liberal cultures compared to the University of Ilorin where a high level of conservative religious beliefs exists.

Table 3

Have topics covering LGBTQI+ issues i.e., issues on sexual orientation, gender identity and expression and sex characteristics been taught in your department?				
Name of institution		Yes	No	Total
		Obafemi Awolowo University, Ile	29	17
	University of Uyo	14	22	36
	University of Jos	17	20	37
	University of Nigeria, Nsukka	16	4	20
	University of Ibadan	11	13	24
	University of Lagos	25	2	27
	Federal University Oye-Ekiti	6	1	7
	University of Ilorin	2	4	6
Total		120	83	203

When the participants were asked if there is a standard curriculum on LGBTQI+ topics in their department, about 55% of the students indicated that there is a standard curriculum while the remaining 45% indicated an opposing view. Surprisingly, it was the view of the minority that corroborated the findings in previous studies. The majority who said there is a standard curriculum had probably assumed that for the topics to be mentioned and taught in previous classes, there should be a standard curriculum on it in their institution. However, the present reality, also corroborated with the findings from lecturers, is that there is presently no standard academic curriculum on LGBTQI+ issues in Nigeria due to the high level of intolerance and widespread homophobia.

From the table above, the majority (61%) of the students signified that the topics covering LGBTQI+, sexual orientation and gender identity have been covered in more than one lecture in their institution. There might have likely been discussions around the topics by lecturers during one or more of the past lectures given the increased visibility around LGBT+ issues in media. Thus, the majority's view of this question might have been as a result of them misconstruing a diversion by a lecturer to the topics as them being specifically covered as a course module.

From Table 3 also, about 59% of the participants of this study expressed that they had been encouraged to do further reading and research on topics relating to sexual orientation, compared to just 41% who said they had not been encouraged. Likewise, a significant number of the students (63%) reported that there were both academic and non-academic resources on LGBTQI+ in their schools. This is possible since academic and non-academic resources are not limited to hard copy books and students are usually exposed to electronic materials in the libraries of many tertiary institutions in Nigeria and encouraged to carry out independent research on many aspects of their studies.

Findings on students’ knowledge of conversion practices against LGBTQI+ persons in Nigeria

Table 4

		Frequency	Percentage
Conversion practices are the efforts or attempts to change a person’s sexual orientation or gender identity using psychological, physical or spiritual interventions.	True	184	91%
	False	19	9%
During the course of our studies, we were taught that you can correct sexual orientation and gender identity using therapy and other interventions.	True	130	64%
	False	73	36%
During the course of our studies, we were taught that being LGBTQI+ is a disease that can be cured.	True	97	48%
	False	106	52%
During the course of our studies, we were taught that there are legal frameworks in Nigeria that support conversion therapy/practices for LGBTQI+ persons.	True	107	53%
	False	96	47%
During the course of our studies, we were taught homosexuality has been removed from the international classification of mental illnesses/diseases	True	135	67%
	False	68	33%

Table 4 above shows the knowledge level of the students who participated in this study on conversion practices. The majority (91%) of the students maintained that they know what “conversion therapy” means (the question itself defined the practice), while only 9% showed that they do not know the meaning of “conversion therapy”. When the participants were asked if they were taught that sexual orientation and gender identity can be “corrected” using therapy and other interventions; about 64% indicated “Yes” while just 36% indicated “No”. The discrepancy in the numbers of those who express that they know what conversion practices are against those who know that

these practices are used to alter (or attempt to alter) a person's sexual orientation and or gender identity may be significant in that these were never taught in class or that they didn't believe that such practices could alter sexual orientation or gender identity. In a previous study by Oginni et al, many Nigerian students believed that homosexuality should not be accepted.

Likewise, it was not surprising to find that 52% of the respondents said that they were taught that being LGBTQI+ is a disease that can be cured, given the prevalence of these homophobic/queerphobic beliefs across Nigeria. In the same vein, 53% of the students reported that they were taught that there is a legal framework supporting conversion practices in Nigeria, although the remaining 47% opined a negative view. This points to the fact that the repressive laws criminalising diverse sexual orientation and gender identity/expression, and certain sexual behaviours, are seen as sanctioning all forms of violence, oppression and discrimination against LGBTQI+ persons.

Lastly, when the students were asked if they were taught that homosexuality has been removed from the international classification of mental illnesses; about 67% of them maintained that statement is true, while only 33% stated that the statement is false. This points to the fact that even when persons are aware that homosexuality is not recognised as an illness, they may still be aligned towards conversion practices to force conformity of LGBTQ persons to socio-cultural and religious standards.

Further analysis through cross-tabulation reveals that there is a relationship between the students' department and their knowledge of conversion practices. Students in the departments of Psychiatry are observed to have a better knowledge of conversion and its practices than the Psychology students. However, these study's findings are limited because only small number of Psychiatry students participated.

The findings from this study show that the students do possess some knowledge of (the existence of) conversion practices. However, there

⁶³ Oginni et al (2016). *Homophobia and perceptions about homosexuality among students of a tertiary institution in Nigeria. Gender and Behavior. Vol.14, No. 3.*

are discrepancies noted in the views of these students, as very little difference exists between the percentage of those who perceive the above statements to be true and those who perceive them to be false. This implies that the students in this study have probably shared their opinion based on personal knowledge not based on what they were taught. If the students were taught from a uniform curriculum, it would have reflected more in their knowledge, that is, there would have been a paradigm of uniformity in the views expressed by the students. Thus, these findings are not directly relative to the general academic knowledge of the students but are rationalised to be influenced by the students' perspectives on LGBTQI+ issues and conversion practices. Thus, the findings of this study suggest that the participating students do not have substantial knowledge of conversion practices, issues of sexual orientation and gender identity/expression. This is assumed to be based on the present level of homosexuality intolerance in Nigerian societies. These findings point again to the need to develop a standard, inclusive and objective curriculum covering topics relating to sexual orientation, gender identity/expression and sex characteristics, and on the effects of conversion practices for Nigerian Medical and Psychology students.

Findings on the lecturers' knowledge and practice of conversion practices in Nigerian universities

In this section, we discuss the results of the survey of lecturers of Psychology and Psychiatry in the selected Nigerian universities.

Table 5 - Socio-demography of respondents

		Frequency	Percentage
Name of institution	Obafemi Awolowo University	3	13%
	University of Ibadan	3	13%
	University of Uyo	3	13%
	University of Jos	3	13%
	University of Nigeria, Nsukka	3	13%
	University of Lagos	3	13%
	Federal University Oye-Ekiti	3	13%
	University of Ilorin	3	13%
Department	Psychology	24	100%
Highest Academic Qualification	Ph.D.	17	71%
	M.Sc.	7	29%
How long have you been a lecturer?	1-10years	18	75%
	11-20years	4	17%
	21+	2	8%

Table 5 illustrates the demographic distribution and institutions of the lecturers who participated in this study. A total of 24 lecturers voluntarily participated in this study – three each from the institutions whose students participated in the student category of this study. All the lecturers teach in the Department of Psychology in their respective universities. We were unable to get a lecturer of Psychiatry to participate in this study. But we carried out in-depth qualitative interviews with practising psychiatrists of institutions in Nigeria which findings are reported after this section. 17 out of the lecturers in this study are PhD holders while seven of them hold M.Sc. degrees. The lecturers have varying years of experience teaching in Nigeria. 18 lecturers have between one to 10 years of work experience, while about four have 11 to 20 years of work experience, and two have had above 35 years of work experience.

Table 6 – A standard curriculum containing teachings on sexual orientation, gender identity/ expression or LGBTQI+ issues

		Frequency	Percentage
It is important to expose students to courses on LGBTQI+ issues.	True	11	46%
	False	13	54%
My institution prevents us from covering topics on sexual orientation and gender identity/expression.	True	3	13%
	False	21	88%
Nigerian cultures influence what is taught about sexual orientation and gender identity in my institution.	True	24	100%
	False	0	0%
My institution teaches students that homosexuality is no longer identified as a mental disorder in the Diagnostic Statistical Manual.	True	6	25%
	False	18	75%
There is an existing teaching curriculum on issues of diverse sexual orientation and gender identity (LGBTQ+ issues) in my institution.	True	6	25%
	False	18	75%
We teach students that sexual orientation and gender identity can be corrected using therapy or other interventions.	True	3	12.5%
	False	21	87.5%
I am comfortable discussing LGBTQI+ issues in the classroom.	True	3	12.5%
	False	21	87.5%
I have previously carried out research, supervised or written a paper on sexual orientation and/or gender identity.	True	3	12.5%
	False	21	87.5%
There are resources in the school's library, media, etc., relating to sexual orientation and gender identity.	True	6	25%
	False	18	75%

This section of the survey aims to understand the content of the academic curricula used to teach students of Psychology, especially as our preliminary findings and the results of the findings from students point to the need to have a standard and inclusive curriculum

on SOGIE issues in Nigerian universities. The continued teaching and discussion of SOGIE issues through such a curriculum will aid in promoting much-needed knowledge, fostering acceptance and eliminating discrimination and violence against LGBTQ+ persons including conversion practices.

The findings show that more lecturers (13 out of 24, or 54%) do not think it important to educate students on LGBTQI+ issues. This would mean a representation of their own biases against diverse sexual orientations and gender identity/expression. Some of these biases may be linked with institutional and societal pushbacks, as almost all the lecturers stated that their institution prevents them from teaching topics on sexual orientation and gender identity. This restriction does not have to be a formal institutional or even express restriction but may be based on norms, as all the lecturers surveyed stated that Nigerian culture influences what they teach on LGBTQI+ and gender identity in their institutions.

75% of the lecturers in this study confirmed that their institutions do not teach students that homosexuality is no longer classified as a mental disorder in the international DSM. This means a confirmation that there is no accurate and comprehensive education on sexual orientation and gender identity/expression, as well as the ills of conversion practices for students of Psychology in Nigerian universities. It was interesting to note that although 18 out of the 24 lecturers surveyed stated that their universities had no curriculum which included topics on LGBTQI+ issues, the six who said the opposite were also from the same schools as the 18. Perhaps the lecturers wanted to appear correct or they regard informal discussions as part of their curriculum.

The overall responses from the respondents reflect that there is no standard curriculum in the universities which these lecturers represent. These findings confirm the existing assumption that Nigerian tertiary universities lack a standard curriculum on LGBTQI+ topics. However, these responses are from lecturers of Psychology alone and we do not have a full determination of what is taught to Psychiatry students from the lecturers' perspectives.

Lecturers’ knowledge of conversion practices

Table 7

		Frequency	Percentage
I am aware that homosexuality is no longer listed in the Diagnostic Statistical Manual.	True	24	100.0%
	False	0	0.0%
‘Conversion therapy’ has medically been proven to be effective.	True	3	13%
	False	21	88%
‘Conversion therapy’ can lead to psychological trauma for the victims.	True	21	88%
	False	3	13%
There are legal frameworks in Nigeria that support ‘conversion therapy.’	True	0	0.0%
	False	24	100.0%
Conversion therapy is a violation of the human rights of LGBTQI+ persons.	True	18	75%
	False	6	25%

The knowledge of the lecturers on conversion practices appears to be generally positive but a dangerous minority must not be left unattended. All the lecturers surveyed indicated their awareness of the fact that homosexuality has been removed from the DSM and nearly all (21 out of 24) agreed that conversion practices have been proven to be ineffective. However, some still believe that conversion practices are not a violation of human rights, even as they agree there are no laws in Nigeria that directly support conversion practices. As we earlier discussed, the repressive laws that exist in Nigeria such as the Same-Sex Marriage (Prohibition) Act do not expressly mention or support conversion practices, but their mere existence is culturally viewed as a legal sanction on the discrimination of and violence meted against LGBTQI+ persons in the country. This is a significant indication of the likelihood that these licensed and practising psychologists will carry out these practices themselves, support colleagues who do this or refer patients to other perpetrators of the harmful acts.

Findings from Licensed and Practicing Psychiatrists in Nigeria

The qualitative results of this study are based on the interviews of six practising psychiatrists representing different health facilities in Nigeria. These institutions are spread across the north-central, south-west and north-west regions. They are Synapse Psychological Services, Abuja; Tranquil and Quest, Lagos; Federal Psychiatric Hospital, Calabar’ Federal Neuro Psychiatric Hospital, Yaba; Neuro-psychiatric Hospital,

Kaduna; Aro Neuropsychiatric Hospital, Abeokuta. We aimed to speak with more psychiatrists but encountered several challenges, including the fact that one of the high-ranking officials at a certain institution declined to speak with our researchers on the ground that it was an “illegal” subject.

Table 8 – Socio-demographical distribution of respondents

		Frequency	Percentage
Gender	Male	4	57%
	Female	3	43%
Years in Service	1-10years	4	57%
	11-20years	1	14%
	21-35years	2	29%

Findings on conversion practices among select psychiatric institutions in Nigeria

Table 9

		Frequency	Percentage
Does your institution offer therapy as a means of ‘correcting’ sexual orientation and gender identity?	Yes	3	43%
	No	4	57%

As seen from Table 9, three out of the seven psychiatrists surveyed disclosed that their institution offers “conversion therapy” to “correct” diverse sexual orientation and gender identity. These institutions that are said to offer such practices are Synapse Psychological Services, Abuja; University Teaching Hospital, Jos; and the popular Federal Neuro Psychiatric Hospital, Yaba.

Apart from this fundamental finding, not much difference can be gleaned in the beliefs of the psychiatrists representing the different institutions. When asked directly, if the individual participants, and not their institutions, carry out any form of “conversion therapy”, six out of seven of them declined.

		Frequency	Percentage
Have you in the course of your practice treated people in an attempt to correct their sexual orientation and gender identity?	Yes	1	14%
	No	6	86%
During the course of your practice, have you treated individuals younger than 18 who were seeking to correct their sexual orientation or gender identity?	Yes	1	14%
	No	6	86%

The one psychiatrist who admitted to personally carrying out conversion practice also admitted to “treating” minors with diverse sexual orientation/gender identity. This speaks to the fact also that minors are perhaps more vulnerable to conversion practices as parents, family members, religious leaders and other such groups use this period to try to control young persons and alter their identities. From our community survey and focus group discussions with survivors of conversion practices, we saw that many victims were forced to undergo one form of conversion practice or the other from the time they were minors. In this medical practitioners’ survey, even a licensed mental health practitioner who stated that they had not carried out conversion practices disclosed that the one case they saw was from a parent wanting to “prevent” his son from being gay. According to the participant:

“Interestingly the only case I have seen close to that was an 11-year-old client who the father called on his behalf (the case has not been brought in, just a phone conversation had) to say he has been caught in the toilet in a school with another male child playing with their genitals. And another day he had been found with a pen inserted into his anus by him. The father said in a distressed tone, “I don’t want my son to be gay” and so if I bring him is there’s anything you can do. This was the first time someone spoke to me with that kind of concern.”

- Participant 2, Tranquil and Quest, Lagos.

It is also important to point out that there are chances that psychiatrists and psychologists, including those interviewed, might have just been denying the extent of their involvement in conversion practices, to save face and protect themselves and their practice.

**Findings on the
instigators of
conversion
practices**

Many of the mental health professionals interviewed for this study revealed that, while they have not personally carried out therapy sessions for the purpose of “changing” the sexual orientation of any patient, the cases they have known about in their professional practice were instigated by parents. One participant stated that a father was distressed at the thought of his son possibly being gay and wanted to prevent this. Another stated: *“I’ve not come across people who were seeking but I’ve seen people whose family members wanted them to change their sexual orientation because they were not comfortable with what it is. But I have not been involved in doing that.”*

- Participant 5, Neuro-psychiatric Hospital, Kaduna.

The participants postulated that the majority of the patients who seek conversion practices are instigated, coerced or forced by their relatives, particularly parents. They also stated that patients sometimes request therapy in an attempt to change their identities, so they can be aligned with parental, familial, societal and other expectations.

“Majority [of the cases are] by family. About 10% seek us out. Sometimes friends help arrange it. To them is taboo and cannot be mentioned in their family. One of them was a medical doctor who was gay and said he was abused in secondary school and later embraced the sexual orientation. He had a friend who was a support system to him and when he realised he was not attracted to her came to terms with his sexual identity. He was encouraged to seek help with the support of this said friend. He was comfortable in his sexuality until he went to church and the pastor preached against homosexuality and it caused a conflict in him. That when he decided to seek treatment.”

- Participant 6, University Teaching Hospital, Jos.

Another participant in this study stated:

“I have so far had two requests. I have turned down both requests. In one case it was a general practitioner who wanted therapy to change her sexual orientation because of religious reasons, I had to educate her on the dangers of that and why mental health institutions aren’t allowed to do it. The second person was brought by the family to the hospital because of other mental health issues they were facing.”

- Participant 7, Aro Neuropsychiatric Hospital, Abeokuta

It is interesting to note that many of these mental health professionals in Nigeria have a good knowledge of the effects of conversion practices and, according to some of them, have tried to dissuade patients from seeking therapy to attempt to alter their identities or refused to carry out these practices themselves.

Findings on psychological approaches to conversion practices

The participants to this research admitted to having theoretical, if not practical or first-hand knowledge of the psychological approaches to conversion practices. Some of the methods adopted by mental health professionals to attempt to alter the sexual orientation and gender identity of patients include Cognitive Behavioural Therapy Assessment, Electroconvulsive Therapy (ECT), Aversion Therapy and Psychotherapy Tests.

“My knowledge of it is theoretical. Theoretically, people have used different surgical techniques. The common treatment option used to be and has been used in some instances is Electroconvulsive therapy (ECT) and psychotherapy sessions have been used to.”

- Participant 7, Aro Neuropsychiatric Hospital, Abeokuta.

“Theoretically, Cognitive Behavioural Therapy Assessment determines the therapy to be done, but we do not have a protocol for that.”

- Participant 5, Neuro-psychiatric Hospital, Kaduna.

One interviewee also mentioned religious approaches to conversion practices.

“I’m aware conversion therapy utilises physical, psychological, and behavioural modifications. [These modifications include methods] like aversion therapies, castration, spiritual support group therapies but then again it is from theory and not my practice.”

- Participant 2, Tranquil and Quest, Lagos.

Findings on the success or otherwise of sexual orientation change efforts by mental health practitioners

While many of the participants stated that they are not aware of anyone who has successfully changed their sexual orientation from homosexuality to heterosexuality, two of them stated otherwise. According to these two, they have seen patients successfully “change” their sexual orientation, but they emphasised the change in their perception of the homosexual person rather than a complete change in the person. According to them, those who changed are those “initiated”

to homosexuality by relatives or friends who were they “helped to successfully change” their sexual orientation.

As one participant put it: *“The answer is Yes. I have clients who have. The change required them to change their particular perception of things. People have desires that others frown on is because they give in to those desires. That’s the case of people I’ve seen that have taken up parts of societies to make up who they are and eventually evaluated their lives and perception of things.”*

- Participant 5, Neuro-psychiatric hospital, Kaduna.

Essentially, this licensed mental health practitioner is speaking in support of the alteration or suppression of individual and harmless identities, to please the wider society.

“In my experience, at least two people have. One was a minor that was sexually assaulted by his uncle and thought that it was the right thing until the father discovered it. The father regarded it as taboo and the patient eventually started taking drugs. After coming to us, he eventually got out of it (homosexuality).”

- Participant 6, University Teaching Hospital, Jos.

These are tacit admissions of carrying out conversion practices despite expressly denying so when asked directly. It also speaks to the fact that perpetrators and instigators of conversion practices think their efforts work because the victims have to act like they are no longer homosexual to put an end to the continuation of these efforts against them. This is a survival instinct, as seen from our direct engagement with survivors reported in Part 1 of this report.

Findings on the impacts of conversion practices from the perspective of mental health professionals

The psychiatrists interviewed for this study had a variety of responses on their perception of the effects of conversion practices. Some believe that there are both benefits and negative impacts of conversion practices, some believe that it is wholly beneficial to carry out conversion practices, while others believe that there are absolutely no benefits to conversion practices as such efforts have only negative effects on patients. It is both interesting and terrifying to note these facts, as real lives as impacted by these beliefs.

Those who believe that conversion practices benefit patients do so because, to their mind, it sometimes leads to a change in their sexual orientation and “provides them solace with their psychiatrist”. However, they noted that it also causes serious health problems such as depression and low self-esteem/image in victims. *“Benefits or advantages include change of mind from homosexuality to heterosexuality. I believe there are negative effects like lowered self-esteem and stigma.”*

- Participant 3, Federal Psychiatric Hospital, Calabar.

Again, the perceived changes in sexual orientation from conversion practices has been consistently disproved by the survivors who went through various forms of these practices and are still homosexual. There is also a centring of the mental health professional in this perspective and it is significant to note that practitioners are willing to go ahead to put LGBT+ persons through these experiences while being fully aware of the extent of the negative impacts.

The psychiatrist who expressed themselves to be entirely receptive to conversion practices stated: *“The benefit is that you have someone who can empathise with you without judging you and will listen to you. If they are into drug use, depressed, or have other problems, a doctor can help them decide if their sexual orientation is of free will or because of these things. Another benefit is the validation of feelings by psychiatrists. Helps remove stigma, shame and brings about acceptance by the society that didn't accept them when they were homosexuals. Improves relationship with the family. And if they don't change their sexual orientation, at least they know they are ok with their sexual orientation and it's not an influence of a psychological issue. I don't believe there's any negative effect.”*

- Participant 6, University Teaching Hospital, Jos.

There are several things to unpack in this perspective. chief among them is the belief that homosexuality may be “caused” by certain factors. This approach disguises itself as LGBT+ affirming therapy because of the way it is packaged. The approach also does not recognise that such conversion practices are in themselves a judgment of the sexual

orientation of the individual, and it prioritises social conformity and external validation more than self-image and healing from the ills of a heteronormative society.

Those who believe that there are no benefits to conversion practices explained that homosexuality is a naturally occurring sexual orientation and that sexual orientation change efforts on homosexual persons will lead to mental health problems and may also increase drug and substance abuse.

“I don’t think there are any benefits. I think that sexual orientation is a spectrum. Yes, a great majority of us are heterosexual but there are other non-binary orientations that are part of nature. And we can’t consider them an accident. I think that what tends to happen is that people are stigmatised, and they develop mental health problems, anxiety, depressions, insecurity, social phobias. It can be traumatic, and people go into substance use and exhibit escapist behaviours especially in a religious society. Conversion therapy is more likely to have a deleterious effect on the individual. Individuals benefit more from a society of understanding and tolerance.”

- Participant 7, Aro Neuropsychiatric hospital, Abeokuta.

Approaches towards conversion practices most likely stem from beliefs in the unnaturalness of homosexuality and that heterosexuality is the standard. This explains why persons who have an understanding that sexual orientation and gender identity are diverse, and that heteronormativity is not the standard, recognise the wrongness of conversion practices. As we will see in the following section of the report on religious approaches to sexual orientation and conversion practices, the beliefs in the “origins” of homosexuality form the core of discrimination, exclusion and conversion practices.

Conclusion The outcome of our research leads to the following conclusions:

1. Psychology students in Nigerian tertiary institutions are not systematically taught topics on LGBTQI+ issues, including conversion practices. This accrues to the absence of uniform knowledge noted among the surveyed students.
2. There is a good knowledge of conversion practices by lecturers of Psychology in Nigerian universities. There is also a recognition of the absence of curricula that include sexual orientation, gender identity/expression for teaching students of Psychology in Nigerian tertiary institutions.
3. Our findings suggest that conversion practices are not widely practised among psychiatrists but that the practice does exist among psychiatrists and psychiatric institutions in Nigeria, perhaps more than expressly admitted. Most licensed psychiatrists also have a good knowledge of conversion practices including an awareness that homosexuality is no longer listed in the DSM as a mental illness and is ethically wrong. However, there are a lot of denials about the extent of the practice amongst themselves and their institutions, and there are views that support to the perpetration of conversion practices held by these licensed professionals.

Part

3

***Religious approaches to
conversion practices in
Nigeria***





Religious approaches to conversion practices in Nigeria

Based on our preliminary and current findings, conversion practices through religious rituals, texts, leaders and institutions are the most common, most pervasive and most invasive forms of SOGIE change efforts in Nigeria. In fact, these form the background for the belief in the need to force “change” of non-conforming sexual orientation and gender identity/expression.

For instance, nearly all churches in Nigeria agree that homosexuality is a deviation that should be changed. In 2015, the (then) Catholic Archbishop of Abuja Diocese, John Cardinal Onaiyekan, reportedly stated that “even if people don’t like us for it, our church has always said homosexuality is unnatural and marriage is between a man and a woman... There is no question of the Catholic Church changing its positions on this matter.”

The fact that these acts amount to human rights violations is recognised by many of these perpetrators of SOGIE change efforts, but remains of no consequence to them. In 2014, Pastor Ayo Oritsejafor, the President of the Christian Association of Nigeria (CAN) which is about the highest Christian body in the country stated that there should be a limit to these rights, else there would be a “destruction”

⁶⁴ See Human Dignity Trust “Nigeria” <https://www.humandignitytrust.org/country-profile/nigeria/>

of the society. According to Oritsejafor, “[w]e call on all those talking about human rights and international conventions to remember that there is always a limit to certain rights *and that those who go out of their ways to overstep the limits now know the consequences of their actions...* Human rights without limit are recipes for the destruction of any society. The culture and morality of a people must be taken into cognisance because it is important to remember that culture and morality are intricately linked with each other. By the beliefs of most Nigerians, same sex marriage is offensive to us as a people.” Not only does the belief that homosexuality is learned behaviour continue, but religious leaders such as Oritsejafor promote the idea that there must be “consequences” for diverse sexual orientations. Also, this shows that the “offensiveness” of same-sexuality adopted and spread by religious leaders may not necessarily have roots in religious beliefs, but from learned cultural beliefs about morality.

Conversion practices in religious institutions are not limited to Christianity and Islam in Nigeria. For instance, it was reported in 2015 that the Okpala the spiritual leader of Agbor-Alidinma, Delta State, received a report that two men in the state “committed” same-sex acts, having been arrested by a vigilante group. The chief priest performed a “series of spiritual cleansing rituals” on the men, who were fined and asked to return in a month with items such as a cow, native chalk, yam tubers, red cloths and kolanut for “final cleansing rites”.

Religious approaches to conversion practices involve prayers, intercessions, fasting, exorcism (hinged on the belief that homosexuals/bisexuals are possessed by demons), faith-based counselling sessions pointing to the unnaturalness of homosexuality and attendant spiritual damnation for homosexuals.

**Objectives, scope
and approach**

Having analysed the perspectives of persons who have undergone various SOGIE change efforts and those of mental health practitioners, we sought to speak with the major perpetrators of conversion practices in Nigeria: religious leaders. TIERS had a fact-finding meeting with diverse religious leaders of different beliefs and denominations, from all regions of the country.

We contacted over 60 religious leaders of various denominations and faith to: “discuss the position of Christianity, Islam and other religions practised in Nigeria on different sexual orientations and gender identities.” Our invite stated that the consultation meeting would “focus on how our religions teach and approach persons who do not conform to heterosexuality or the male and female genders.” We also stated that the consultation is aimed at learning religious leaders’ perspectives and to “affirm the stance of religion on sexual and gender minorities in Nigeria.” Importantly, we stated that we would be “formulating strategies to promote peace and equality in Nigeria.”

We intended to make clear the purpose of the meeting as much as possible, without being deceptive (such as to increase risks against our researchers) and to also be as welcoming as to encourage a free retelling of participants’ perspectives and approaches to conversion practices.

Nonetheless, only 16 leaders agreed to participate in this discussion. Some who seemed receptive at first asked to be given some more time to decide, only to change their minds. One particular leader of the Grail Movement, Nigeria told us that they had consulted with members of their movement and the consensus was that they wanted nothing to do with such topics.

Of the 16, 14 were present (13, physically and one participant via Zoom) at the focus group discussion while the two others were interviewed separately (online and physically). Given the presence of religious leaders who were more comfortable speaking Hausa, we engaged the services of an interpreter to translate discussions from Hausa to English and vice versa. We also engaged a stenographer for accurate notetaking during the day-long session.

The focus group discussion was a fact-finding meeting in Lagos Nigeria with religious leader. The participants were leaders and adherents of various religions practised across the regions of Nigeria. These religions and denominations are as follows: Christianity – Catholic

⁶⁵ Immigration and Refugee Board of Canada, Research Institute ‘The situation of sexual and gender minorities in Nigeria (2014-2018)’ February 2019 <https://irb.gc.ca/en/country-information/research/Pages/situation-gender-minorities-nigeria.aspx>

⁶⁶ John P.D. (2015). *Sexual Orientation Change Efforts, Identity Conflict, and Psychosocial Health Amongst Same-Sex Attracted Mormons*. All Graduate Theses and Dissertations. 4251. <https://digitalcommons.usu.edu/etd/4251>

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'; Igbo traditional religion – Ọdịnani, Ifá religion; and Eckankar.

The specific objectives of this survey were to:

- a. determine the position of religions and religious leaders on diverse sexual orientations: homosexuality, lesbianism, bisexuality, pansexuality and diverse gender identities/expressions
- b. determine the ways religious leaders and institutions in Nigeria handle issues involving persons of diverse, non-conforming sexual orientations and gender identities/expressions.
- c. determine whether specific religious institutions and leaders have administered/been recipients of conversion practices, and where so, how this was carried out.
- d. determine religious leaders' positions on conversion practices.

Findings on religious approaches to sexual orientation gender identity/expression, sex characteristics and conversion practices in Nigeria

To achieve these objectives, we asked the questions answered and analysed below.

Findings on religious beliefs on non-conforming sexual orientations

As a background to finding out perspectives and approaches to conversion practices, our first question during the focus group meeting focused on beliefs about diverse sexual orientations and gender identities. We asked: ***What does your religion say about sexual orientations; are all created by God?***

All the leaders present during the focus group discussion agreed to the contrary. The Catholic perspective, as shared by its representatives, is that the Bible clearly states that God created two complementary human persons of two genders who are heterosexual by their sexual roles. According to this perspective, “when there’s something else

outside of these two it is some disorder in nature, in creation.” This perspective was mirrored by other Christian leaders.

One representative from the Apostolic Church added that “Christians also detest changing of nature, changing of gender.” The pastor from the Celestial Church of Christ pointed out that while no religion does not have gays and lesbians, “our own religion does not advocate anything that has to do with gays and lesbians.” But, according to him, there is no compulsion in religion. He added, “We have gays in my church and they’re going against what this church stands for” and that “I’ve learnt how to accept people and live with them in peace without necessarily having problems. We are all created by God and that’s why we have to live in peace.”

The Methodist Reverend reiterated that a gay or lesbian man is created by God, but their practice is not instituted by God: “We strongly believe as a church that sexuality, our sex is an act that is open to only two persons, male and female to express their act in order to meet with the standard of faith.” This participant also added that it is impossible for homosexual acts to be fruitful. “God says that sexuality is only made between a man and a woman” and anything contrary to this seems to be a fight against God.

The representative of Ifá revealed that adherents believe in the existence of three genders – female, male and neutral – but with a focus on the male and female: “You can’t just wake up one day and decide you want to be someone else, that you want to be identified as what you are not.” The Ọḍinani (also known as Ọḍinàlà) practitioner) added that the two genders are easily identifiable from physical appearance and there is “no place for other sexualities” as “we will see you as someone who has deviated from the natural course of their gender and identity.” He reiterated that Igbo spirituality “only recognises a male and a female and their natural sexual behaviours.”

The Islamic leaders added that while two genders exist, there have also existed, from time immemorial, biological situations where they cannot identify a child to be male or female, or the child bears both male and female organs. However, they identify the child by the dominant organs and more maturing traits. A representative added

that “Islam does not welcome transgenders that change the nature of how Allah has created you.” Doing that is cursed and blasphemy. One Islamic leader stated expressly that there are five genders recognised in the Sharia: “male (pure male), female (pure female), male with female organs, female with male organs, intersex” due to some things that may occur at birth, but that persons who have both organs must be identified by one (the dominant or preferred one) and cannot decide to be neutral or intersex.

They also emphasised that there is nowhere in the Quran where Allah states that men can have sex with men or women with women. According to them, it is expressly forbidden with attendant punishment. They described this punishment as pushing the person from the tallest building or mountain, or destroying an old building with the person inside, so they die. Christians also cited Mosaic law which references stoning when people do detestable things. One Christian pastor however stated that punishment is for God. Another participant opined that homosexuality arises from orientation through abuse or other forms of nurture and that “the church has an open-mindedness, some kind of mercy and reaches in mercy to get them to come back and if possible, bring them back to the right track.” There were several references to the Bible and Quran.

All religious leaders present agreed that everything not heterosexual or genders not male and female are inventions of the fall of humankind and the rule of Satan.

A contrary view was presented by the representative from Eckankar, whose interview was held separately. She expressed the belief that true recognition of your identity and orientation is viewed as a point where the individual is closest to their spirituality and God, and that the faith accepts the diversity of sexual orientation and gender identity.

It was important for us to determine these perspectives as this form the reason why religious leaders force conformity by any means necessary, subjecting LGBT+ persons to violations and discrimination.

Findings on religious beliefs in changing sexual orientation and gender identity



We asked: *Can you correct this disorder or change someone's deviation/ orientation to the right order? If so, how can the change be carried out?*

Responses to this include the following.

“Change is constant, and it depends on the person's disposition. Making the person understand he is disordered, and it is imperative to correct is a good starting point. They come across religiosity, socio-cultural environment, interpretations, and applications, etc that affect their worldview. Change is very possible after all, there are those who have become heterosexual and got married. They should not be considered lost causes.” – **Catholic Priest**

“Love is the primary way of achieving a change, also tolerance and accommodation.” – **Preacher from Celestial Church of Christ.**

“If we want to change people who have diverse religious beliefs from ours, first of all, you have to exhibit love. You're dropping that your religion that says, ‘if somebody is gay, stone him to death...’ Then for you to be able to change them, you have to accept them and let them know that ‘oh, what you're doing is not wrong to me as a person’ but let them understand my Bible.” – **Reverend from the Apostolic Church.**



“Those people can actually change. There are people who have different purposes of homosexuality – rituals, school, poverty. All of these ones can be changed. 90% of people were taught homosexuality and only 10% grow up with it. For those who learned as a result of poverty, how to address it is to provide what to do for them or if you ask them, sit with them they'll tell you they don't even want it. They're doing it for the purpose of money, maybe they're poor and they decide to do it to get money.”
– **An Islamic leader.**

“I was made to understand that anything that goes outside the order of nature was considered a taboo. Such things are said to be influenced by the evil spirit – Ekwensu in Igbo. One that will try to alter the course of nature... If you were in the time of my fathers, someone born with both genitals of male and female will be an abomination and the place of the child will be the evil forest, when there was an evil forest... Science and technology have made us understand that it is actually

possible for someone to bear a semblance of male and female in the genitals. So, having accepted that this is a reality, the only change we can offer is now in the medical field. If there is any medical practice that can correct the disorder, let them in the medical field handle it. If it is a matter of choice that someone was born and grows up to be male or female decides on his or her own that he is no longer inclined to go the way of a man, he is more inclined to go the way of a female, we traditionalists see it as an influence of the bad spirit and in such case, the only solution is that we have to undergo a deliverance. There is a way we offer prayers, both to the bad spirit and good spirit so that the bad spirit will vacate the body that it possesses. In general terms, those of the Christian denomination will say deliverance. We also know something about deliverance. We offer prayers to the bad spirit to leave the body of the person that it inhabits.

“So, if this choice is not influenced by the spirit, the bad spirit, but is a matter of human rights which is on the global discourse now that you can do whatever you want to do and express yourself the way you want to express yourself and nobody should question you, then I can tell you that that person has no place in our practice. Take, for instance, if you’re coming to pray to your fathers, because we pray to our father, and you have not even accepted yourself, which face do you use to ask for favours? How do you ask the creator of the universe to help you when you have failed to recognise that naturally you are meant to be this? You cannot approach the almighty God when you have rejected who you are... but I can tell you that nobody that practices and upholds African traditional religion can ever indulge in things that are against the order of nature.” –

Ọdịnani practitioner.

“Yes, we can change this disorder. It wasn’t so from the beginning, these people recreated themselves. Change should not be through violence or through force, you can only succeed in killing the person’s spirit and that has no benefit, change should benefit the person. Every religious person is a change agent, and the point of Christianity is to evangelise and change people. You also have to understand world view of those you want to change – brothers, sisters, gays, lesbians among others... In deliverances half of youths are pastors’ children, there were members’ children. I have come across many of them and incidentally most people were lured





unknowingly and in churches and mosques, this has to be communicated. We have to rise up now, so we know change is possible and I do believe change is possible.” – Pastor of the Apostolic Church.

“There is no doubt in it or wickedness in it. There is guidance for those who can reflect, those who have wisdom and those who believe in the unseen... It can be a natural disorder or orientational disorder. Islam... considers the orientational disorder deviant behaviour. If it emanates from the child e.g., boy exhibiting characteristics of a girl, the guardian must checkmate. It is what Islam teaches. If it as an adult exhibiting the behaviours, differentiate between the attraction and the act then educate the person against it. It is criminalised. I do not see the worst crime of humanity in this. A man marrying a man and a woman marrying a woman means humanity will cease to exist in a few years. Now tell me, is this not institutionalised genocide of humanity? Islam is not a complacent religion. Islam is given to you the way it is and there is nothing like ‘I think’ ... A society without judgment is doomed to collapse.”

– Islamic Leader 2.



“We are change agents to bring people to Christ, to lead people to the kingdom.” – Pastor from the Apostolic Church, Nigeria.

“We know that God can use us to change these people so, we have to be oriented by God himself so that we’ll know how to go about it. Let us not go into it with our own human understanding, wisdom and knowledge otherwise we will miss it... No sin goes unpunished. Every sin must be punished but that does not mean God condemns the sinner. But he said this one is my own no matter what you do, at the right time he will come and do it his own way. So, it is not for us. I’m still standing on the ground that judgment is of God. Whatever we do – if the Christians then had gathered and killed Paul, what God used Paul to do later with Christians would have been wasted and we would have been the judge by trying to fight for him. God knows it all. What we should do is commit our way to him and he will guide us on how to go about it.”

– Reverend from Omega Fire Ministries.



“Are we ready to change people’s sexuality without judging them? Without forcing our own religion on them? This is what people do most of the time. Not everything is about spirituality. Just because a person is

gay doesn't mean it's a spiritual attack. Then about deliverance – being gay or lesbian is not spiritual. We have to use our psychology to change these people. Some people are lured into it by money... my five-year-old child can become a lesbian. My five-year-old boy can become gay through social influence or whatever. They watch films, they watch TV every day. They try to practice what they're watching on TV. We as religious leaders just have to put our religion at one side if truly, we want these people to change without judging them. If we don't judge, if these people believe so much in us and once they come out to us we should not judge them. We don't have to blame ourselves or them for becoming what they choose to become. It's not their fault, it's where they find themselves. Then we as individuals have to help them. Once we put our religion, judgment and all that aside it will be so easy for us to change these people. Then the next thing is, are these people ready to change? You can't force people to change. If they are not ready to change, you can't change them. Then forget about deliverance and all that – sexuality is not something spiritual, it's just psychology.” – **Ifá worshipper.**



“There are people who Allah created like that. They are in humans and in animals, but some are also taught. There are three categories – those who were made like that (they cannot change), those that learned from school/peers, and those taught through other socialisations, e.g., other people taught them due to staying around them too much. All can change except the ones Allah made like that because it is in their nature. Punishment is not a way to tackle the behaviour. There should be counselling- how did you learn? did they teach you? Was it hunger? If they confirm and understand what led to it, they will know how to procure medicine to cure it because it is a virus... The punishment prescribed by Islamic law is the worst punishment to deter people from doing it, most Sharia states do not actually do it. But crime is still crime under Allah and homosexuality is no exception to this.” – **Islamic Leader 3.**



“God's mercy is immeasurable. When we as humans pass judgment or condemn, we must do within the confines we can manage. When you condemn an action, you cause a grievous damage on the subject who you're correcting. At the end of the day, that process will not bring the person back to religion out of free will. There should be free will in religion,

⁶⁷ We adopted the term “conversion therapy” in this consultation due to the nature of the participants, as our researchers sought to use the terms there were most comfortable with.

not compulsion. For us, we don't outrightly condemn you and ostracise you, we simply try to show you God's mercy. In your deviations, we try to show you the mercy of God. It is for you to respond to God's mercy and find repentance in the message that is being given." **Catholic Priest 1.**



"If you want to stop the child, draw them closer to you. You can even go to the lengths of discussing how Sodom and Gomorrah were destroyed and for an adult draw close by inviting him for ceremonies like weddings but still follow the person gradually." **Islamic Leader 4.**

"It is part of our belief that there are people who experience same-sex attractions or inclinations as something they did not choose on their own. Many people speak on that attraction sometimes as an unwanted burden and feel dysphoric about it. Some look for therapeutic intervention... For instance, some who have homosexual tendencies have employed the counsel of people who are professionals or experts in the field of Psychology or Medicine and they find that therapeutic intervention helpful. Some others don't find it helpful so, the church recommends that if you find a therapeutic intervention helpful then you can go for it. But it stresses the fact that it has to be from somebody who is competent in that area and who also understands what the teaching of the church is with regard to such issues. Further recommendation is that such persons should also seek the help of spiritual directors or confessors who can help them on the path of conversion in their spiritual journey. So, there is the medical and psychological aspect of therapeutic intervention and there's also the spiritual aspect of it that often go together... The church says that this inclination is disordered, but it doesn't mean that the person who has the inclination is totally disordered as a human person because we are not just the sum of our sexuality." **Catholic Priest 2.**



At this point, we observed that most of the participants were preaching tolerance and accommodation, contrary to our preliminary observations and findings from the community survey and focus group discussions with persons who had undergone SOGIE change efforts in Nigeria. Therefore, we asked where the violent responses by members of the society against LGBT+ persons arise. There was obvious hesitation from the participants to fully discuss their participation in some of these practices.

For the Christian leader who was interviewed separately, he stated that his understanding of the Gospel is that God did not need our changing to accept us. According to him, “if there is anything in us that should change, we should choose the power of the gospel to do it and not necessarily insist on people changing. Because the gospel speaks of change as something that is completely engineered by the power of God... your being saved is not a function of heterosexuality... so I am not supposed to be probing ‘so how have you changed’, because a lot of the conversion therapy that people have been practising for thirty years all seem to fall apart... the concept of conversion therapy seems to have run its course, and it didn’t deliver much of its promise to change, and in what I know if you have a child who is battling, struggling with or has embraced a life as something they want to live in, I think you should learn over time to see them as humans and not their sexuality. If that will help, see them first as who they are; image of God, loved by God and humans in every way. And if they say this is who they genuinely are, I have no intention of changing them.”

Findings on religious leaders’ awareness of “change” through conversion practices

We asked the religious leaders, *“do you know anyone whose sexual orientation has been changed via prayers, advice, counselling, or what is called conversion therapy?”*

Five out of the 14 religious leaders present at the focus group meeting stated that they did not know anyone who had been so changed. The Eckankar believer who was interviewed for this research expressed that their religion did not believe in changing persons with non-conforming sexual orientations and gender identities. However, the rest of the participants stated that they did know people whose sexual orientation had changed through these practices.

The religious leader interviewed separately stated that “[some] people have genuinely said they have changed, and [other] people have said ‘I am not seeing any changes.’ I do not think that they should be caught up on that, whether or not, you are no less human, you are no less loved... If he is changing them, if he is not changing them that’s not my job. My job as a pastor is to love the congregation and lead them to their identity as people who are sons of God, loved by God, accepted by him and your sexual struggles does not invalidate your sonship and it doesn’t undermine your salvation, it doesn’t dilute it, it doesn’t make

it inferior.” Although this Christian preacher expressed a vastly more tolerant and accepting stance than the others, he did inadvertently admit that “we sin differently” and that what makes people react are cultural standards, not religious permissions.

For this religious leader, we asked specific questions on how he would approach a situation where the parents of a 16-year-old ask for him to help the child change his gay sexual orientation. According to him, “I think it is more about the state of the child than about the worry of the parent. Is the child doing this because he genuinely feels that this is what he is gay or pressured to? ...I tell some parents that you have to extend some grace to your child. Don’t view it through the lens of [shame and disgrace]. I think it’s an opportunity to sit down and try to understand the child. First, realise that your child is different and that difference does not make them wrong. That they are queer does not make them wrong.” We probed further, using different scenarios, and he expressed belief in conversion practices in this manner: “If an adult wants to change, the gospel truth is to nurture the desire to change. While I keep giving them hope with their desire to change, I would also ensure to tell them that should they never change, they should not stop believing that God loves them. I will always plant that reality there for them. Nothing is beyond God, I believe God completely, I believe that God can change people who genuinely want to change, I just don’t think that those who don’t change should be rejected.” He however denied being directly involved in the process of converting (or seeking to convert) someone.

Perpetration of conversion practices by religious leaders

We had provided a good background to an easy flow of answers through our previous questions, the fact the religious leaders found similar views present and our non-participatory approach in the discussion. We only asked questions and engaged to get more responses, not expressing any views or seeking to convince anyone. At this point, we asked the question: *For those who changed, were you the one who administered the conversion therapy, or have you administered conversion therapy before?*

Four of the leaders present admitted that they directly administered efforts to alter a person's sexual orientation either as part of a group or individually.

We followed with: *Was there a permanent change?*

Of these four, they stated that some stay changed, some go back. One leader was emphatic to share that, "I have one who is a living testimony, he is now telling others of the dangers."

**Findings on methods
in SOGIE change
efforts by religious
leaders**

A relevant and following question was: *For those who have administered conversion therapy, what methods were used?* Immediately we asked about the methods adopted in their SOGIE change efforts, the pastor from the Apostolic Church stated that "extreme measures are punitive and wrong." In a way, this set the tone for many of the responses we subsequently received and so we had to rely on non-verbal cues in addition to the express responses given.

One Christian religious leader (from Omega Fire Ministries) stated that she was able to help a lesbian change through having conversations with her, helping her find a place to stay, paying for the accommodation and helping her start a trade. Eventually, the woman "volunteered" to attend her church and was moved by the preaching.

An Islamic leader explained that after one of his preaching sessions during Ramadan, a boy came up to meet him that he is gay and does not know how to stop. He explained that he shared a book chapter on homosexuality sins with him, counselled the boy and trained the boy on Islamic studies. He also helped him by connecting him with a scholarship so he would not have to deal with his men friends who gave him money. He stated that the boy is now a married man with a child.

The Pastor from the Apostolic Church stated: "I was invited to the church to give a talk and after the talk, two guys walked into my room. I was surprised when they told me their problem is that they were gay and due to what I said, they came to make a confession." He added that his investigation during counselling showed that they had

become homosexuals due to peer pressure. “I counselled them and by their consent, handed them over to their leader for follow up. This was nine years ago, and I discovered that one yielded and the other went back to the system. The yielded one even got married and left homosexuality behind.” He also described a second case in his church involving “a youth leader who was into that act and he happened also to be one of my spiritual sons. So, that was the one I handled. They were ready to send them away and I said, “No, don’t do that. There’s a way out.” I monitored the guy myself and he has left completely. He’s also about to get married. So, those were the two I did. These were by communication and counselling. The other guy who was my son – it wasn’t a punishment, but I took him through a lot of reading. I introduced him to a lot of reading to move ahead.” After further probing, he admitted, “For the other two guys, there was a deliverance session the night after my talk. After I finished with them, another minister came to do deliverance and I made sure that he was part of that deliverance. For the other guy, the deliverance was personal, we did fasting and prayer together.”

A third Christian leader, from the Methodist Church, said, “There is someone who was caught in church sleeping with another man. We accommodated, tolerated, showed him love and promised him nobody would hear what happened. Those who initiated him into it paid him. We wanted to keep him and get results, so we added to what they were giving to him. We engaged him because he was computer literate. Now when I saw that there was room for change, we brought him closer to us. He had a special hatred for women, they were taught that the only way to enjoy sex is with men – no orientation on HIV. But today he is a changed man.”

A fourth Christian leader from the Celestial Church of Christ (who had earlier stated that he was not involved in conversion practices) had this to say: “... such people are somehow easy to change because when you’re talking about a particular context, you must have guidance on the type of things that bring them in. I discovered that ministries have been able to change those sexual orientations by trying to understand what they want to eat or drink. Those who are well to do even if you give 100 million, it won’t mean anything to them because you know overseas especially in developed countries, you’re not supposed to be

rich to be comfortable. Driving a car, living in a house, 24/7 electricity – basic and essential needs don't make you rich but it's just the basic and essential things that can be accessible to you. So, in that context you have to understand that if you are able to change someone in that level, it means there has to be a supernatural element. More of God's time. You know, it's right for such persons to change – they have to because of calamity and then they'll eventually come to you, and you let them understand the solution is God if only you can do without. So, circumstances beyond their control could force make them succumb.”

Ọdīnanị practitioner: “...when we see a deviation from the natural order of things, we do not turn the child away. There's always room for that person to leave and do what he wants, leaving him to his God and to his chi. So, the conclusion I want to draw from this is that even though we encourage you to be a person exempt from what is conventional, if you decide to go a separate way, we leave you to your God. The 'punishment' here will be to see if the person can change. I hardly hear of any punishments in Igboland where they say, 'kill this person.' The worst punishment then was the evil forest but now, there's no evil forest. They can tell you to leave your father's homeland and go somewhere else that was the greatest punishment. What you suffer is now with you and your God.”

Despite specific questions on other forms of conversion practices, the participants did not admit to having carried them out.

Conclusions

This aspect of our anti-conversion practices research was necessary to expose the beliefs, methods and approaches of the major perpetrators of conversion practices in Nigeria – religious leaders and institutions. We have found a shared belief that homosexuality and diverse sexual orientations and gender identities are “disorders and deviation from nature and the order of God/gods.” These lead to the infliction of several practices on LGBTQI+ individuals, including minors, to achieve conformity. We have found these methods by religious leaders/institutions to include prayers, fasting, counselling/talk therapy, exorcism and deliverance, detention and isolation, beatings, among

⁶⁸ See statement by Olumide Makanjuola in Wana Udobang 'The exorcism was over in 15 minutes but nothing changed' - LGBT life in Nigeria' 21 February 2017 <https://www.theguardian.com/global-development-professionals-network/2017/feb/21/from-exorcism-to-acceptance-lgbt-life-in-nigeria>

others. While not all of these are physically abusive, they all have lasting and invasive impacts on the victims. For instance, exorcism has been described as “reducing people”, making them feel incomplete and powerless. Similarly, the promoted idea that homosexuality and diverse gender identities are “disorders” alone go a long way in impacting the self-image and health of LGBTQI+ persons.

As a result, this evidence-based advocacy is geared towards the outright and complete ban of all forms of conversion practices in Nigeria as they amount to gross human rights violations.

Conversion practices as a gross human rights violation

SOGIE change efforts are physically, mentally, emotionally and spiritually invasive. They are a violation of constitutionally guaranteed rights. Importantly, the freedom of religion does not include the freedom to harm others, nor does the right to choose extend to validly consenting to torturous acts. These rights are also protected by various international and regional human rights instruments including the African Charter on Human and Peoples’ Rights.

Many studies, and as seen in this research, maintain that victims of conversion practices are forced to engage in traumatising activities such as beatings, rape, verbal abuse or humiliation, food deprivation, denial of free movement, amongst others. The methods adopted in SOGIE change efforts are invasive, brutal and long-lasting. The Office of the United Nations High Commissioner for Human Rights has also recognised that medical procedures can form part of conversion practices when they are forced or involuntary, and they amount to a breach of human rights prohibitions on torture and ill-treatment.

Given the findings from our research, we recommend a ban of all forms of conversion practices, as well as a repeal of all laws that seek to criminalise LGBTQI+ identities/rights and repress LGBTQI+ lives.

⁶⁹ IRCT (2020). *It’s Torture Not Therapy (A global overview of conversion therapy: practices, perpetrators, and the role of states)*. Source: https://irct.org/uploads/media/IRCT_research_on_conversion_therapy.pdf

⁷⁰ United Nations Human Rights Council, *Discrimination and Violence against Individuals Based on Their Sexual Orientation and Gender identity: A Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/29/23* (2015)

**The Way Forward:
Conclusions and
Recommendations**

We recognise that there are certain challenges facing the eradication of conversion practices in Nigeria. Global trends for proponents and perpetrators of conversion practices show that they are adopting human rights terminologies in support of human rights violations, insisting on the right to choose to under these harmful SOGIE change efforts.

To curb and eliminate these practices in Nigeria, we recommend the following approaches for societal and legal reform.

- **Societal acceptance, affirmation and inclusion of LGBTQI+ persons:** This acceptance will extend to religious institutions and families.
- **Enforcement of the state’s obligation to protect children and all persons from violence, torture, inhuman and degrading treatment:** Conversion practices are carried out against minors, contrary to their human rights and best interests. In respect of the Child Rights Act, “the Committee on the Rights of the Child has clarified that the right of the child to identity, which includes sexual orientation and gender identity, must be respected and taken into consideration when assessing the child’s best interests.” This includes a consideration of the child’s safety and right to protection against all forms of physical or mental violence, injury or abuse. The state, therefore, has an obligation from international, regional and national laws including the Nigerian Constitution, to protect its citizens from torture, cruel, inhuman and degrading treatment under which conversion practices fall. As a result, it is an urgent responsibility of the state to formulate and implement measures to ensure this protection is guaranteed to all citizens, specifically LGBTQI+ persons in Nigeria.

Steps to fulfil this obligation include the following.

⁷¹ Amie Bishop ‘Harmful treatment: the global reach of so-called conversion therapy’

⁷² Independent Forensic Expert Group ‘Statement on conversion therapy’ *Journal of Forensic and Legal Medicine* Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366> 17.

Law reform

Primarily, repressive laws as the Same-Sex Marriage (Prohibition) Act 2015 must be repealed. The existence of these laws creates an ecosystem where it is too easy for discrimination and human rights violations against LGBTQ persons to thrive. The relevant national and state legislative bodies should equally formulate laws against discrimination based on sexual orientation, gender identity/expression and sex characteristics.

Express ban on conversion practices in Nigeria

A comprehensive ban of all forms of conversion practices by all persons in the country, against individuals of all ages. Conversion practices must be treated with the same severity as other acts of torture and cruel, inhuman or degrading treatment and punishment. Because that is what they connote. An example of this sort of effort can be obtained from Canada, where the city of Edmonton has enacted a Bylaw that prohibits “any business from offering or providing counselling or behaviour modification techniques, the administration or prescription of medication, or any other purported treatment, service or tactic used for the objective of changing a person’s sexual orientation, gender identity, gender expression or gender preference, or eliminating or reducing sexual attraction or sexual behaviour between persons of the same sex.” This is most effective to ensure that no institution or individual, including faith-based organisations, is allowed to carry out harmful acts against LGBTQI+ persons in Nigeria. A comprehensive ban of conversion practices will also extend to the prohibition of advertisements of any form of these efforts in all and any institutions including religious, educational, health, commercial, private and public settings. Certain religious bodies are known to make public statements on SOGIE change efforts, including broadcasting deliverance and exorcism sessions where these harmful practices are taking place on television and social media.

Specific protections for vulnerable populations

In addition to this, there can be specific protections introduced for particularly vulnerable groups, especially children/minors. Research has shown that most LGBTQ persons in Nigeria first experience forms of conversion practices as minors. This prohibition will ensure that

⁷³ *Prohibited Businesses Bylaw (2019), Schedule A - Prohibited Businesses in Independent Forensic Expert Group 'Statement on conversion therapy' Journal of Forensic and Legal Medicine Vol. 72, May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S1752928X20300366> 18.*

⁷⁴ *Emmanuel TV, for instance. The church's YouTube channel was taken down after advocacy efforts from Open Democracy for these acts.*

children are protected from lifelong trauma and mental and physical illnesses, and can grow fully into their identities. Protection of minors should extend to protection against abusive parents, guardians and family members; protection within religious, health, educational institutions and other public and private settings.

Specific restrictions for professionals against carrying out SOGIE change efforts

Specific bans for groups of professionals who are known to carry out conversion practices and the imposition of sanctions from their associations and supervisory bodies, including mental health and medical professionals, will also go a long way in holding perpetrators of conversion practices accountable for the human rights violations they carry out against Nigerians. These prohibitions will disallow professionals from offering conversion practices, performing these acts or even referring clients/persons to other persons or institutions to undergo any form of conversion practices, as obtainable in places like Malta and Madrid. The bans should also extend to prohibiting perpetrators from using public funds and facilities for conversions practices. These professionals include the Nigerian Medical Association and the Nigerian Psychological Association.

Policy efforts to eliminate conversion practices in Nigeria

In implementing measures to eradicate these harmful and discriminatory practices in Nigeria, policy efforts can be highly significant to facilitate change and acceptance. Persons arrested and charged for allegedly exhibiting same-sexual behaviour should be released and all charges against them dismissed. In addition, policies should introduce an effective state-managed reporting and complaints system, in collaboration with LGTBQ+ organisations in Nigeria. There should be enforcement agencies, such as the National Human Rights Commission and the state police, to ensure that human rights violations against LGBTQI+ persons do not continue. Other policy efforts include legal support along with reparation and rehabilitation for victims of conversion practices in Nigeria.

Efforts to drive societal change

Nationwide comprehensive education, information campaigns and awareness-raising efforts on diverse sexual orientations, gender identities and expressions and sex characteristics, as well as the impacts of conversion practices i.e., how they amount to human rights violations, are ineffective and cause extensive damage to victims. Awareness efforts should be targeted towards families, the media,

human rights organisations, educational institutions and leaders, religious organisations, the media and other groups.

Implementing sanctions against offenders

Sanctions should be established for violation of the human right against torture, specific to conversion practices with an effective system for investigating these acts, prosecuting, and implementing these sanctions against offenders.

Improving curricula of educational institutions in Nigeria

Other recommendations are for the addition of a present-time and globally acceptable academic curriculum on sexual orientation and LGBTQI+ issues into the academic curriculum in Nigerian universities.



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This research report was written by **Ohotuowo Ogbeche**.



THE INITIATIVE FOR
EQUAL RIGHTS

info@theinitiativeforequalrights.org
www.theinitiativeforequalrights.org