OPINION

From Harm to Health Equity: Advancing Policy Action Against Conversion Therapy in India

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ABSTRACT

Background: Conversion therapy is a pseudoscientific and unethical practice aimed at altering an individual's sexual orientation or gender identity. Despite the National Medical Commission's (NMC) 2021 ban on medical professionals performing it, the practice persists in India through religious leaders, unlicensed practitioners and family members, continuing to inflict significant psychological and physical harm. **Aims & Objectives**: This article examines the public health consequences of conversion therapy in India, evaluates its divergence from global health standards and the United Nations Sustainable Development Goals (SDGs) and proposes a holistic national response to safeguard LGBTQIA+ rights and wellbeing. **Methodology:** We conducted a narrative review of peer-reviewed literature, legal documents, policy papers and guidelines from WHO, UN agencies and the Government of India. The review focused on ethical, health and human rights perspectives alongside existing policy gaps. **Results**: Conversion therapy perpetuates stigma, worsens mental health outcomes and undermines India's commitments to SDG 3 (health), SDG 5 (gender equality) and SDG 10 (reduced inequalities). Current regulatory efforts remain fragmented, excludes religious leaders, unlicensed practitioners and family-led coercion. **Conclusion**: A comprehensive national policy is urgently needed. Strengthening legal protections, inclusive education and public health interventions is essential to dismantle conversion therapy and protect LGBTQIA+ individuals in India.

KEYWORDS

Sexual and Gender Minorities; Health Policy; Health Equity; Mental Health; Human Rights

INTRODUCTION

Conversion therapy refers to any therapeutic approach, model, or belief system that assumes one sexual orientation or gender identity is inherently preferable and seeks to alter or suppress an individual's identity. (1) Globally discredited and classified as pseudoscience, it remains a major human rights and public health concern.

In India, survivors' accounts illustrate its devastating impact. Rahul (name changed), a young man, endured psychological abuse, invasive rituals, and hypnosis by his own family in an attempt to "cure" his sexual orientation,

leaving deep emotional scars. (2) In August 2021, the National Medical Commission (NMC) banned conversion therapy as professional misconduct after the landmark Sushma v. State of Tamil Nadu judgment, where Justice Anand Venkatesh not only mandated queer-affirmative counselling but also sought it himself to confront personal biases. (3) However, the ban applies only to medical practitioners under the NMC, leaving religious leaders, unlicensed practitioners, and families outside its scope. The absence of a statutory definition further allows licensed practitioners to disguise harmful practices as "counselling" or "support," with disciplinary actions remaining opaque and rare.

Aims & Objectives

1. To examine the public health consequences of conversion therapy in India
2. To evaluate its divergence from global health standards and the United Nations Sustainable Development Goals (SDGs)
3. To propose a holistic national response to safeguard LGBTQIA+ rights and wellbeing

Legal and Policy Gaps in India

Loopholes such as this allow unlicensed practitioners to continue these harmful practices, while also allowing licensed practitioners as well to escape unpunished. For example, Priyadarshini (name changed), who had undergone such therapy by a psychiatrist, attempted to file a lawsuit but was unable to proceed due to the hospital's strong legal defence, which protected the psychiatrist from accountability. (4)

This is why India urgently needs comprehensive legislation that clearly defines conversion therapy in all its manifestations including those disguised as recognised medical, psychological, or cultural practices—and establishes explicit protocols for prevention, redressal and accountability. Without precise definitions and legal clarity, enforcement will remain weak and perpetrators will continue to exploit systemic loopholes.

From a public health standpoint, these gaps leave a large swath of LGBTQIA+ individuals vulnerable to harm and abuse, undermining national efforts to promote inclusive mental health care. We therefore examine the shortcomings of India's current framework and propose evidence-based public health and policy solutions.

LGBTQIA+ Individuals and the Perils of Conversion Therapy

Conversion therapy inflicts severe psychological, physical, and social harm on LGBTQIA+ individuals. Survivors report experiences ranging from psychological manipulation to horrific practices such as electroconvulsive therapy (ECT), corrective rape and forced hormone therapy. (5) These practices aim to erase individuals' identities, causing lasting trauma.

Conversion practices consist of three main types of interventions:

Psychotherapeutic interventions like behavioural therapy and aversion practices (e.g., electro-shocks, nausea-inducing drugs), grounded in the belief that LGBTQIA+ identities are psychological disorders resulting from trauma.

Medical interventions involving pharmaceutical treatments (e.g., hormones or steroids) and past practices like lobotomy, based on the idea that LGBTQIA+ identities are biological illnesses or disorders.

Electro-shocks, lobotomy, and castration also reflect these harmful beliefs targeting LGBTQIA+ individuals.

Religious or spiritual interventions, often involving guidance from spiritual leaders and extreme practices like exorcism, based on the belief that LGBTQIA+ identities are sins to be punished or prayed away (and often supported by the family members). (5)

For instance, a trans woman subjected to ECT in India suffered severe nerve damage, tremors, and memory loss. Another survivor faced physical violence from family members, including being beaten and hung from a ceiling fan. These harrowing accounts from the snapshot document of Conversion Therapies in India by the Asia Pacific Transgender Network (APTN) 2021 reveals many harrowing stories and highlights the pervasive nature of

conversion therapy and the devastating toll it takes on survivors' mental and physical health. (6) Scientific consensus underscores that LGBTQIA+ identities are natural variations in human diversity. (7) Conversion therapy, rooted in prejudice and pseudoscience, causes anxiety, depression, PTSD and other mental health conditions along with physical manifestations such as hypertension, diabetes and musculoskeletal disorders, further isolating individuals from their families and society. (6)

These outcomes represent a critical burden on public mental health infrastructure.

In public health terms, conversion therapy exacerbates health disparities and violates the principles of equitable, inclusive, and trauma-informed care. The UN SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) are particularly relevant here, as conversion therapy perpetuates structural discrimination and prevents LGBTQIA+ individuals from accessing supportive healthcare environments.

Global Responses and Lessons for India

Countries worldwide have implemented various measures to combat conversion therapy. Nations like Canada, Germany, France, and Malta have criminalized all forms of conversion therapy, targeting both licensed professionals and unlicensed practitioners. These laws impose fines and prison sentences, sending a strong message against such harmful practices. (8)

For instance, Germany's law bans conversion therapy for minors and punishes advertising such services, (9) while France explicitly prohibits all forms, including familial violence disguised as conversion therapy. (10) These comprehensive approaches provide valuable models for India, where unlicensed practitioners and familial abuse remain significant challenges.

India's NMC directive is an important but incomplete step. It excludes AYUSH practitioners, spiritual leaders and family-led coercion—a major vector for conversion practices in India. The Sushma case and the NALSA v. Union of India judgment affirm the rights and dignity of LGBTQIA+ individuals, but without enforcement mechanisms or explicit criminalization, conversion therapy persists in informal and familial settings. the ban does not address non-medical practitioners, such as spiritual healers, religious leaders, and unlicensed therapists, who often operate beyond regulatory oversight as well Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) practitioners who do not come under the purview of the NMC. (3)

Policy Gaps and the Need for Reform

According to a survey that looked at the population of queer individuals worldwide as well in India, it was found that, approximately 490,000 people identify as transgender (backed by India's 2011 Census data which covered transgender population for the first time), and a significant portion of the population falls under diverse sexual orientations—17% identify as homosexual, 9% as bisexual, 1% as pansexual, and 2% as asexual or other. (11) However, LGBTQIA+ activists argue that these numbers are likely much higher, given the tendency for underreporting due to societal pressures and discrimination. Despite this large and vibrant community, the continuation of conversion therapy practices in India remains a stark violation of human rights, particularly in light of weak enforcement of legal protections.

While the NALSA v. Union of India judgment was a landmark for recognizing the rights of transgender and non-binary individuals affirming their dignity, and stating that no one should be compelled to undergo medical procedures for gender recognition, the Transgender Persons (Protection of Rights) Act, 2019, (12) offers minimal penalties for violence against transgender individuals. In contrast, the Arunkumar & Sushma (13) case further advanced recognition of marriage equality among transgenders, emphasizing constitutional rights against discrimination and advocating for social equity and welfare. However, India does not yet have specific laws directly protecting minors from conversion therapy carried out by their own families. Even the POCSO (Protection of Children from Sexual Offences Act, 2012) Act, though vital for

protecting children from sexual offences, fails to address conversion therapy due to its narrowly framed focus and should be expanded to recognise such practices as a form of child abuse.

This stark ongoing contrast between legal progress and the ongoing challenges faced by the LGBTQIA+ community highlights the need for more robust enforcement and public awareness to protect individuals from forced medical procedures, familial abuse, and societal exclusion. The roots of conversion therapy are steeped in misogyny, homophobia, and a colonial legacy that once sought to impose rigid heteronormative and binary gender norms. Despite this, India's rich history of LGBTQIA+ identities, reflected in ancient texts, mythology, and art, offers hope that reclaiming this cultural heritage can help challenge the prejudices that perpetuate these harmful practices. (14) To truly fight against conversion therapy, India must embrace both historical and contemporary efforts for inclusivity, grounded in education, public awareness campaigns, and advocacy for queer and trans rights.

The lack of a comprehensive definition and criminalization of conversion therapy allows perpetrators to exploit loopholes. Familial violence, often embedded in cultural practices, remains a significant challenge to enforcement.

Conclusion

This review highlights that despite the National Medical Commission's 2021 directive banning conversion therapy among medical professionals, the practice persists in India through religious leaders, unlicensed practitioners, and family coercion. Recent studies over the last decade (6,7,8) confirm that such practices inflict long-term psychological harm, increase risks of depression and suicidality and undermine inclusive health systems. The relevance of this study lies in adding a public health perspective to ongoing legal and rights-based debates, situating conversion therapy as not only a human rights violation but also a systemic barrier to equitable health care in India. It contributes to current knowledge by highlighting regulatory loopholes that allow harmful practices to continue beyond the scope of the NMC directive and by drawing lessons from international models of comprehensive bans.

Limitations of this review include reliance on secondary literature, legal documents, and survivor accounts rather than primary data collection, which restricts the generalisability of findings. Additionally, underreporting due to stigma and fear of reprisal means that the actual prevalence and impact of conversion therapy are likely much higher. Despite these limitations, the review emphasises the urgent need for comprehensive, survivor-centred, and multisectoral interventions to eliminate conversion therapy in India.

Recommendation

To address these urgent gaps, we recommend:

Comprehensive Legal Ban: Enact national legislation criminalizing all forms of conversion therapy, regardless of the practitioner's professional status. This law must include a clear, operational definition of conversion therapy that encompasses religious, spiritual, cultural, and familial practices. Drawing from international models such as those implemented in Germany and France, the legislation should incorporate penalties, victim protection measures, and grievance redressal mechanisms, while respecting the autonomy of LGBTQIA+ individuals.

Public Awareness Campaigns: Launch coordinated national awareness campaigns to debunk myths about LGBTQIA+ identities and expose the harms of conversion therapy. These should be integrated into existing public health initiatives such as the National Mental Health Programme (NMHP), National AIDS Control Programme (NACP), and the Rashtriya Kishor Swasthya Karyakram (RKSK), which already engage with adolescents and marginalized

communities. Evidence-based messaging can be disseminated via mass media, digital platforms, school curricula and community health workers to maximize reach.

Cultural Sensitization and Capacity Building: Incorporate LGBTQIA+ affirmative training into the curriculum of medical colleges, nursing schools, teacher training institutes and law enforcement academies such as the Bureau of Police Research and Development (BPR&D). These modules should also be embedded in District Mental Health Programmes (DMHPs) and training programs for Accredited Social Health Activists (ASHAs), ANMs and counsellors within school and adolescent health programs. This will foster sensitivity and ethical conduct among frontline service providers.

Support for Survivors: Establish survivor-centric support systems through public-private partnerships involving government agencies, mental health NGOs (e.g., The Humsafar Trust, Mariwala Health Initiative) and community-based organizations. These can deliver trauma-informed care, peer support groups, legal aid, and safe spaces for recovery. Government funding should be allocated through schemes like the National Health Mission or Nirbhaya Fund, while NGOs can support with outreach, counselling and cultural competence.

Monitoring and Accountability Mechanisms: Create independent monitoring bodies under the oversight of the National Human Rights Commission (NHRC), in collaboration with the Ministry of Health and Family Welfare (MoHFW) and the National Commission for Protection of Child Rights (NCPCR). These bodies should operate at both central and state levels, with defined protocols for investigating complaints, enforcing penalties, and publishing periodic data reports. Helplines, mobile apps and community reporting systems can support anonymous disclosures and survivor safety.

Integration into SDGs and Health Policy: Align anti-conversion therapy policy with India's commitments under SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities) and SDG 16 (Peace, Justice and Strong Institutions). India should strengthen collaborations with international agencies such as WHO, UNDP, UNFPA and UNAIDS, using their technical guidance and funding platforms to build inclusive, non-discriminatory health systems. Joint efforts could include UN-supported policy benchmarking, research studies, and regional knowledge-sharing through platforms like the Asia-Pacific Transgender Network (APTN).

Data and Surveillance Systems: Establish a centralized, anonymized national database under the National Health Authority (NHA) to record conversion therapy incidents reported through hospitals, clinics, schools and helplines. This data should inform policy refinements, identify hotspots, and track intervention outcomes. Integration with major institute's Health Management Information System (HMIS) and cooperation from State Health Departments will ensure localized insights and targeted responses.

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REFERENCES

1. Trispiotis I, Purshouse C. 'Conversion therapy' as degrading treatment. Oxford J Leg Stud. 2021 Aug 1;42(1):104-32.
2. Minj N. The horrors of queer conversion therapy in India (Internet). Scroll.in; 2022 Sep 5 (cited 09/12/24). Available from: https://scroll.in/article/1032115/the-horrors-of-queer-conversion-therapy-in-india
3. The Hindu. NMC declares conversion therapy to be professional misconduct (Internet). 2022 Sep 2 (cited 09/12/24). Available from: https://www.thehindu.com/news/national/nmc-declares-conversion-therapy-to-be-professional-misconduct/article65842557.ece
4. Shaji S, Isaac A. 'Conversion therapy' still continues in India, despite a ban (Internet). The News Minute. 2023 (cited 03/12/24). Available from: https://www.thenewsminute.com/news/conversion-therapy-still-continues-india-despite-ban-180485
5. Belavusau U. Conversion practices on LGBT+ people (Internet). European Parliament; 2023 Jul 14 (cited 09/12/24). Available from: https://op.europa.eu/en/publication-detail/-/publication/3466fa1d-22e2-11ee-91ac-01aa75ed71a1
6. Asia Pacific Transgender Network. Conversion therapy practices against transgender persons in India, Indonesia, Malaysia, and Sri Lanka: a snapshot (Internet). Bangkok: Asia Pacific Transgender Network; 2021 (cited 09/12/24). Available from: https://asiapacifictransgendernetwork.org/resources/conversion-therapy-snapshot-2021.pdf
7. Moleiro C, Pinto N. Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems. Front Psychol. 2015 Oct 1;6:1511.
8. Gerbut V, Karabin T, Lazur Y, Mendzhul M, Vashkovich V. Conversion therapy bans in national legislations around the globe. Georgian Med News. 2020 Nov;308:192-8.
9. Queer.de. Bundesgerichtshof verbietet „Konversionstherapien" für Erwachsene (Internet). Queer.de. 2022 Apr 27 (cited 10/12/24). Available from: https://www.queer.de/detail.php?article_id=35127
10. BBC News. France bans conversion therapy for LGBTQ people (Internet). BBC News. 2022 Jan 25 (cited 10/12/24). Available from: https://www.bbc.com/news/world-europe-60145970
11. Ipsos. LGBT pride 2021 global survey report (Internet). 2021 (cited 09/12/24). Available from: https://www.ipsos.com/sites/default/files/ct/news/documents/2021-06/LGBT%20Pride%202021%20Global%20Survey%20Report_0.pdf
12. Poddar A. The Conversion Therapy (Prohibition) Bill, 2022 (Internet). Lok Sabha Bill No. 47 of 2022. New Delhi: Lok Sabha; 2022 (cited 09/12/24). Available from: https://translaw.clpr.org.in/wp-content/uploads/2022/05/Conversion-therapy-bill-Aparupa-Poddar.pdf
13. India Code. The Transgender Persons (Protection of Rights) Act, 2019 (Internet). New Delhi: Government of India; 2019 (cited 09/12/24). Available from: https://www.indiacode.nic.in/bitstream/123456789/13091/1/a2019-40.pdf
14. Vanita R, Kidwai S. Same-sex love in India: readings from literature and history. New Delhi: Macmillan India; 2001.

