

Between "cures" and "therapies":

efforts to "correct" sexual orientation and gender identity of LGBTI+ people in Brazil

NOTE

This is an approximate translation of the original publication. Below, is the information about the original publication, which is available [here](#), in Portuguese, or [here](#), in Spanish.

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How to reference this report: FRÓES, Anelise; BULGARELLI, Lucas; FONTGALAND, Arthur. **Between 'cures' and 'therapies': efforts to 'correct' sexual orientation and gender identity of LGBTI+ people in Brazil**. São Paulo. All Out e Instituto Matizes. 2022.

ISBN nº 978-65-00-47381-0

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Foreword

All Out is an international organization which advocates for the rights of LGBTI+ people. Acting in this cause inevitably means facing hard and long battles. One of the most frequent, in almost all parts of the world, is still against efforts to "correct" the sexual orientation, identity and/or gender expression of those who are LGBTI+ – also known as *ECOSIEG*, "conversion therapies" and "gay cures".

A surprising aspect of exploring this topic internationally – which was, in fact, part of the motivation for producing this study – is to realize that, with some frequency, Brazil has been cited as one of the pioneer countries in prohibiting this type of practice – a prohibition which is yet to become a reality.

The reality, as this report aims to demonstrate, is that we are far from being able to protect every Brazilian LGBTI+ person – especially the young – from this type of violence, which continues to occur in an insidious and frequent way here in Brazil.

We hope that the information brought about by this research contributes to the fight of Brazilian LGBTI+ activists – and also other parts of the world – with clues on how to organize to continue defending the freedom that every person should have, to be who they are. On our side, we will keep on fighting, here in Brazil and around the world. Will you join us?

Ana Andrade

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Introduction

In clinics, camps, civil society organizations, churches or even at home, **LGBTI+ people, especially the young, have been encouraged, convinced or forced to "give up" their sexual orientation and gender identity.** Popularly known as "conversion therapies" or "gay cures", this phenomenon currently describes a broader set of efforts aimed at convincing LGBTI+ people that they are inferior and, for this reason, should be "cured" or "corrected". On the pretext of helping LGBTI+ people "become" cisgender or heterosexual, these efforts have been used to instill fear and self-hatred¹ through violent means such as psychological manipulation and torture.

Although it is more common to identify them as "therapies" and "cures", the survey **"Between 'cures' and 'therapies': efforts to 'correct' sexual orientation and gender identity of LGBTI+ people in Brazil"**, carried out by All Out and Instituto Matizes, shows that efforts to "correct"² sexuality and gender identity are composed of diverse tactics, responsible for inducing LGBTI+ people to these practices. During the investigation, **at least 26 efforts to "correct" the sexualities and gender identities of LGBTI+ people have been identified in the country.**

For this reason, the expressions "cure" and "therapy" appear between quotation marks as a way to not only emphasize the multiplicity of existing efforts beyond what is identified as "cure" and "therapy", but also to point out limits to the use of expressions of which the meaning has been disputed to justify the perpetuation of violence that causes prolonged trauma experienced by survivors.

What we refer to in this report as attempts, tactics, strategies, practices and efforts to "change" sexual orientation or gender identity (which is, in Latin American documents and literature³ on the subject, usually called ECOSIEG or ECOSIG - *Esfuerzos para Corregir la Orientación Sexual y la Identidad de Género*) points to a problem which is not solely located in churches or therapy sessions, but in wider contexts, that vary and may combine different actions and attempts in the same lived experience.

¹ UNITED NATIONS HUMAN RIGHTS COUNCIL. Practices of the so-called "conversion therapies". Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity 2020. Access in: 12.06.2022.

² The use of the expression "correction" appears in quotes throughout the report to emphasize that the term is used based on the meanings pointed out by the people interviewed in relation to the practices analyzed. Since the research questions the premise that it would be possible to "correct" the sexuality and gender identity of LGBTI+ people, we understand that the use of the word in quotes reinforces the critical character that we maintain in relation to the effects generated by the mobilization of these and other words, such as "cure" and "conversion".

³ The naming is inspired by the guidelines of the American Psychological Association (2009), appears in official communications of international bodies, such as those of the United Nations Office on Drugs and Crime (2019), and in documents prepared by governmental bodies of Spanish-speaking Latin American countries such as Mexico and Colombia, for example.

The challenge in carrying out an investigation of this dimension, the results of which are presented in this report, is composed of many layers, which involve professionals from different areas, people who have undergone "conversion"/"reversal"/"cure" processes, their families and backgrounds. But above all, these layers are intersected by contexts in which different forms of belief and faith are instrumentalized in favor of maintaining existing social norms.

It was possible to apprehend, during the development of the research, not only the scope of these practices in LGBTI+ experiences, but also the dimension of their negative effects on these people.

When presenting the research results, we sought to cover the data already described and analyzed in the existing literature (reports, diagnoses, academic articles), the contextualization of the theme in Brazil, the methodological steps for carrying out interviews and collecting complementary data, and also, to present analytical suggestions and directions to counter the advancement of oppressive practices on LGBTI+ people.

This report is a synthesis of the research carried out, and derivations, both from it and from the research itself, are encouraged in order to expand its reach and multiply the voices present here, their experiences, yearnings and personal and professional elaborations.

The current context of "conversion therapies" in Brazil

One of the most complete documents recently produced on the so-called "conversion therapies" in Brazil is the book "Attempts at the Annihilation of LGBTI+ Subjectivities"⁴ (Federal Council of Psychology, 2019), produced by the FCP Human Rights Commission, which brings together 32 interviews conducted with people from all five regions of Brazil.

Through these interviews, it is possible to glimpse the multiple processes of violence LGBTI+ people go through, the attempts at "cure" and "reversion" made by psychology professionals, and also the interactions they have with the contexts of religion, family, profession, and education that affect them, and prevent them from healthily and fully expressing who they are, their desires, their subjective elaborations.

⁴ FEDERAL COUNCIL OF PSYCHOLOGY. [Attempts at the Annihilation of LGBTI+ Subjectivities](#). Brasília: Federal Council of Psychology, 2019.

For at least ten years, however, research⁵ in areas such as Law, Psychology, Anthropology and Religious Studies has been investigating the field in depth, which is permeated by disputes around professional practice, freedom of belief, legal norms, existing rules, regulations in the field of mental health, and religious ethics.

We understand that it is not the objective nor the role of any research to impose moral judgment on subjective aspects of subjects or organizations, especially when it comes to religious institutions and practices, but one cannot do without, when carrying out a survey such as the one presented here, pointing out critical issues, violations, impacts, effects and existing escalations.

Also, we emphasize that it is not possible to determine a temporal "beginning" for the practices contemplated in the multiple forms of "conversion therapies" in Brazil, despite the intensification of the theme since 2016 being almost palpable, with aggravation after 2018, although there are emblematic cases even before that, such as that of Rozângela Justino⁶, whose complaint to the Regional Council of Psychology of Rio de Janeiro was registered in 2007.

However, studies in the field of religions, and disputes in the field of psychology itself, with regard to themes related to sexuality and homosexuality, have been mapped in Brazil since the 1970s. The very elaboration of Resolution 001/99 by the FCP responds to complaints related to psychologists offering a "cure" for homosexuality.

With that in mind, we may admit the existence of these efforts through decades, with changes in their tactics and strategies over time, varying regionally in some points, but keeping the grounds from which they act untouched: heterosexuality (compulsory and normative) must be sought at any cost; there is only one god, and he has determined that

⁵ We highlight the thesis by Alexandre Oviedo Gonçalves (PPGCS/Unicamp, 2020) "Religion, Politics and Sexual Rights: controversies around the "Gay 'Cure'"; the thesis by Alessandro Teixeira Rezende (PPGPS/UFPB, 2021) "Beliefs about the cure for homosexuality: an explanation based on sociocultural variables"; the article by Marcos Roberto Garcia (UFSCAR) and Amana Rocha Matos (UFRJ), "Conversion Therapies": History of the (De)Pathologization of Homosexualities and Contemporary Legal Conflicts" (2019); Cris Serra's book "We came to commune: LGBT catholic groups and their strategies for staying in the Church" (Ed. Metanoia, 2018); and the book by Regina Facchini and Isadora Lins França (org.), "Rights in Dispute - LGBTI+, power and difference in Contemporary Brazil" (2020).

⁶ Rozângela Alves Justino is a psychologist from Rio de Janeiro, who also presented herself as a Religious Missionary, and whose work was based mainly on offering "homosexuality reversal", or simply "gay cure". In 2007, she was denounced by a civil society organization advocating for LGBTI+ rights. After that, in the same year, the Regional Council of Psychology she belonged to decided to publicly sanction the professional. Rozângela filed judicial appeals deemed unfounded, and the punishment was sustained. Despite this, she continued acting as a psychologist and maintaining her clinical practices as well as publicizing them. In 2009, Rozângela's defenders filed an appeal with the common justice system. Before the appeal had been judged, the ABGLT – Brazilian Association of Gays, Lesbians, Bisexuals, Transvestites and Transsexuals sent a petition to the Federal Council of Psychology, gathering 133 organizations claiming the maintenance of the professional sanction. Rozângela Justino was one of the first voices in Brazil to publicly refer to the alleged attempt by "pro-homosexuality" groups to implement a "gay dictatorship". Although contrary to what the World Health Organization says and the Brazilian FCP itself determines, the idea gained supporters from many religious, political and social perspectives. Twelve years after the start of the legal dispute over the process claiming her disempowerment, Rozângela Justino had her professional registration definitively revoked by the Federal Council, in 2021.

"sinners will go to hell"; and, finally, the affirmation that it is possible to "reverse" or "cure" what they believe to be "homosexual tendencies". It is worth mentioning that the standardization sought is based on the heterosexual x homosexual binary, and, as far as we could go with this research, the possibility of a transsexual existence is not even considered, causing efforts to be directed only to "avoid" the homosexual deviation of subjects.

In order to circumscribe a period of time for the data with which we work with, we here present a brief overview of the existing regulations in the field of mental health, based on Resolution 001/99 of the Federal Council of Psychology⁷. We also highlight how the reactions to it (including in the legal field) became more forceful after 2009, in the wake of complaints against psychologists who claimed to be able to "cure" LGBTI+ people and the expansion of neo-Pentecostal evangelical religious denominations⁸ in the second half of the 2000s. We also depart from interviews carried out during two months, between April and June 2022, focusing on different social actors whose life trajectories have been impacted by "conversion" attempts.

Among "conversion therapies", persuasions and exorcisms – many faces for the same violations

Although the research has worked with generic keywords such as "cures" or "conversion therapies", it should be noted that there is no consensus on the subject and the same practices may be understood in different ways, even among subjects who have gone through them. Among the people heard in the interviews, some brought up the notion of "therapy" as something belonging to the field of mental health, represented by psychologists, psychiatrists, and psychoanalysts, as well as by the self-appointed "Christian psychologists" or "Christian psychoanalysts". In this field, practices ranged from "explanations for their homosexuality" – that would include sexual abuse during one's childhood, bad relationships with fathers and/or mothers (or absence of one of the two/both), external influences from friends and colleagues –, to medicalization with antidepressants, antipsychotics and male hormones for boys identified by parents and relatives as "effeminate" in childhood.

On the other hand, those who experienced "conversion" or "cure" practices in the religious

⁷ Resolution 01/99 of the CFP establishes that "homosexuality" is not a disease, disorder or perversion" (introductory text), and, therefore, "psychologists will not collaborate with events and services that propose treatment and cure for homosexuality". (Article 3, sole paragraph).

⁸ Neo-Pentecostalism is an analytical category constructed to sociologically frame a "new wave" that emerged from the North American evangelical movement in the second half of the 20th century, later reaching expression in other countries, including Brazil. Its central characteristics are the "theology of prosperity", in which God reserves some achievements for Christian people, such as financial success and health; the belief in the "spiritual war" waged against the devil and his earthly manifestations; and intense articulation with party politics and the media. More information can be found, for example, in Ricardo Mariano's research (2001, 2010).

field, explained the experience using the the same keywords used by the people attempting to "cure" them (pastors, priests, "church brothers", spiritual counselors, Sunday school teachers, children and youth camp coordinators). The contexts in which these practices were carried out were identified by the people interviewed as "exorcism sessions", "prayer circles for liberation", "expulsion of the enemy", "hands on the head to remove the pomba gira⁹ from one's body", "fasting to master the wrong tendencies".

It is also important to highlight that, halfway between the two most extreme examples cited, there are other tactics referenced by the research interlocutors. Of those, we highlight counseling in informal family contexts, intervention by uncles to "help" parents to deal with the child, convincing conversations about being possible to stop being LGBTI+ raised by other young people in religious groups, guidance in school environments about what would be the "right" and appropriate behavior, as well as sermons, religious lectures and family speeches in gathering contexts, which were not always directed to the person in question, but used generalizations about "deviation", "sin", "aberrations", "what is in the Bible", "what would or would not please God", the "curses" that would fall on the "impure".

These other ways of approaching the issue of dissident sexualities¹⁰ are important because they have proven to be formative of people's understanding of themselves, in general even before being exposed to direct practices of "conversion". In other words, **the "acceptance" of undergoing treatments, attempts at "conversion"/"reversion", exorcisms, physical punishment, was often the result of a socialization permeated, since childhood, by the notion that there would be a "right" way and a "wrong" way of being in the world emotionally and sexually.**

The research points out that, for most of the survivors¹¹, perceiving themselves as "a mistake" was a process that began in childhood, when family members or members of the church attended by the family assigned them labels such as the child with "different mannerins", a boy who "moved his wrists in a limp way", a girl "who looked like a boy".

It is interesting to notice that in this family and community practice of "diagnosing" different

⁹ Translation note: Pomba gira is an entity present in Afro-Brazilian religions, particularly Umbanda. These religions are a target of extreme racism and intolerance in the country.

¹⁰ Although trans people and *travestis* are also the target of "conversion" attempts, being mobilized in discourses and spaces for the sake of cure "testimonies", we here trigger dissident sexualities by the binary logic mentioned above.

¹¹ By survivors, here, we mean all people who have undergone any effort to correct their sexual orientation and gender identity, whether in the area of health/mental health, or in the area of religious tactics of any denomination. We follow what has been internationally agreed upon for studies and research on "conversion"/"reversion"/healing therapies, which adopt the category "survivor" for LGBTI+ people subjected to any practice aimed at framing them within social perspectives of "normality" with regard to sexuality and gender identity.

sexualities from the norm, the path followed is that of surveillance of gestures and forms of expression, identifying variations in gender expression (in the sense of alerting to what would be a "girly" or "boyish" behavior) of children. The present notion, therefore, is that there could be an essence or "tendency" to be corrected in the educational process, as early as possible.

What we call here strategies of persuasion, therefore, are not necessarily direct practices in search of "conversion", but discourses and actions attributed to subjects since the age of four or five, in order to identify if there was something "abnormal" in them, and what they themselves, in collaboration with their families, support networks and faith groups, should do to "fix" the problem.

"That Pray Away thing is no worse than what I've been through": defining methodology

The research that gave rise to this report had, in addition to a structured theoretical mapping, a set of interlocutors outlined from the beginning, which included different actors capable of representing the main groups involved in "conversion therapies" in Brazil today. Thus, the objective was to interview psychologists, religious, researchers, legal practitioners and survivors, in depth. Among the social actors that made up the field imagined for this research, the only ones not reached were the people involved in the legal sphere and formal representatives of social movements for LGBTI+ rights, due to the temporal limitations to conduct the research and the challenge of making schedules compatible.

A total of 15 people were interviewed, three of them in a phase we call "methodological test" or "research pilot", and the other twelve during the field phase itself. The group of interviewees was selected in order to guarantee regional, professional, sexual orientation, gender and also religious diversity.

In the preliminary interviews, the three interlocutors were asked to suggest and indicate people who should be heard, seeking to diversify their voices and experiences. All the nominees were invited to participate in the research, and we have received responses from most of them.

Divided into two groups, specialists and survivors, the participants were recruited in different ways (nomination of specialists, sharing in networks for survivors). Among the interviewees, there is a Catholic psychologist researcher, a theologian religiously ordained in a Protestant church, gay, lesbian, bisexual, and transgender people, a psychologist who works in a Regional Council and a psychologist who works academically, also as the advisor of a

graduate student who survived "conversion" attempts.

A semi-structured script was prepared for the interviews, aiming to cover as many expressions as possible among the efforts to correct sexuality and gender identity, with specific adaptations focused on interlocutors of each area, and questions directed only to survivors, regardless of whether their experiences happened in the field of health/mental health or religious (or both).

At first, observing the risks of any generalization, we tend to focus our attention on the phenomenon of persuasion strategies, understanding it as a set of reasonably standardized linear practices,

performed directly and, almost always, against the will of the subjects. This hypothesis was refuted early on in the search for survivors.

All Out, in the first phase of field research, carried out a call on its networks in a restricted way (without going through social media, for example), looking for people who had undergone sexual and gender "conversion" attempts. In the first 24 hours after the call was launched, more than 200 people responded, filling out a form where they had to indicate whether they wanted to participate in the research, the age they were when they underwent any "conversion" attempt, where the action was performed (context, location), if they had been taken against their will or sought voluntarily, and, finally, they should give a brief account of their experience.

Altogether, 365 responses were received, and the second stage included a thorough reading of the reports, so that it was possible to filter an initial sample capable of being comprehensive and illustrative of the multiplicity of existing practices. Thirty reports were preliminarily selected, and from these, approximately twenty people were directly invited to interview. In total, eight survivors were interviewed, in sessions lasting a minimum of 50 minutes and a maximum of two and a half hours.

In one of these interviews, the interlocutor declared, right at the beginning of the conversation, that the processes he experienced were more than similar to those presented in the documentary *Pray Away*¹², at times worse.

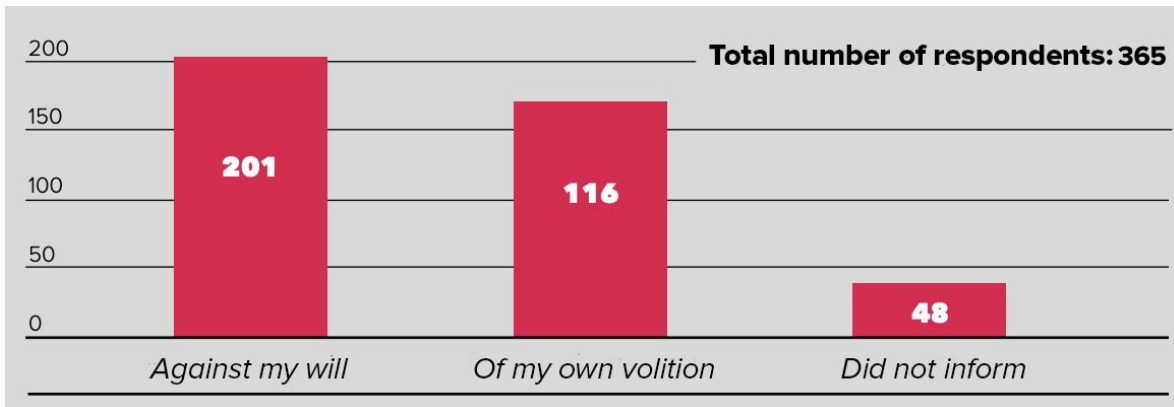
¹² Documentary produced by NETFLIX (2021), in collaboration with BlumHouse Productions, and technical direction by filmmaker Ryan Murphy, *Pray Away* brings together testimonies from survivors, family members of survivors and former leaders of the largest movement aimed at "gay cure" and sex "conversion" program which has ever existed, Exodus International. Now extinct, Exodus had offices and cells in several countries in all continents, including Brazil. In the documentary, it is possible to follow survivors' reports about the traumas caused by the practices experienced in Exodus and in other sexual "conversion" groups, as well as to see the methods used by them, through archive images of congresses, camps, meetings and Exodus meetings. since its founding, in the 1970s. The extinction of Exodus did not mean the end of these practices in the religious field, neither in the

In the next section of this report, we deepen the analysis of the interviews carried out, but we point out that they all contain reports of discursive convincing, orientation towards physical punishment (self-inflicted or carried out by others), fasting, total sexual abstinence, exhausting hours of forced labor (cleaning, carrying weights, organizing community spaces in churches or youth camps, for example), and the persistent narrative about what it would take to secure God's forgiveness and abandon homosexual and gender-dissident tendencies.

Of the total number of respondents to the All Out call, one of the pieces of data which drew the most attention was the high number of people who were subjected to processes and practices associated with early correction efforts, in some cases even before the age of ten. As we have discussed in other sections of this report, the idea of seeking these practices "on their own", or of some "voluntarism" in search of adequacy of sexual and gender expression cannot be considered for those under 18 years of age, since the legal age of consent does not exist in its full form until then.¹³

Regarding how the encounter with the "conversion" attempts took place, from the responses obtained by the All Out call (considering the people who declared this information), we have:

Encountering attempts at "conversion" or "cure"



Another piece of data which deserves to be highlighted is the fact that the tactics used, especially in the religious field, although configured according to the denomination (Catholic, Traditional Evangelical, Neo-Pentecostal), do not differ much from region to region of Brazil.

United States nor in any other countries. On the contrary, many of its former members and leaders founded movements and groups to continue the processes of sexual "conversion" therapies.

¹³ Despite this, it is worth mentioning that, in the sample, there are subjects who refer to having sought "conversion" therapies "on their own" during adolescence, for which, however, they had the support of parents, family members and sociability networks such as school and the church itself.

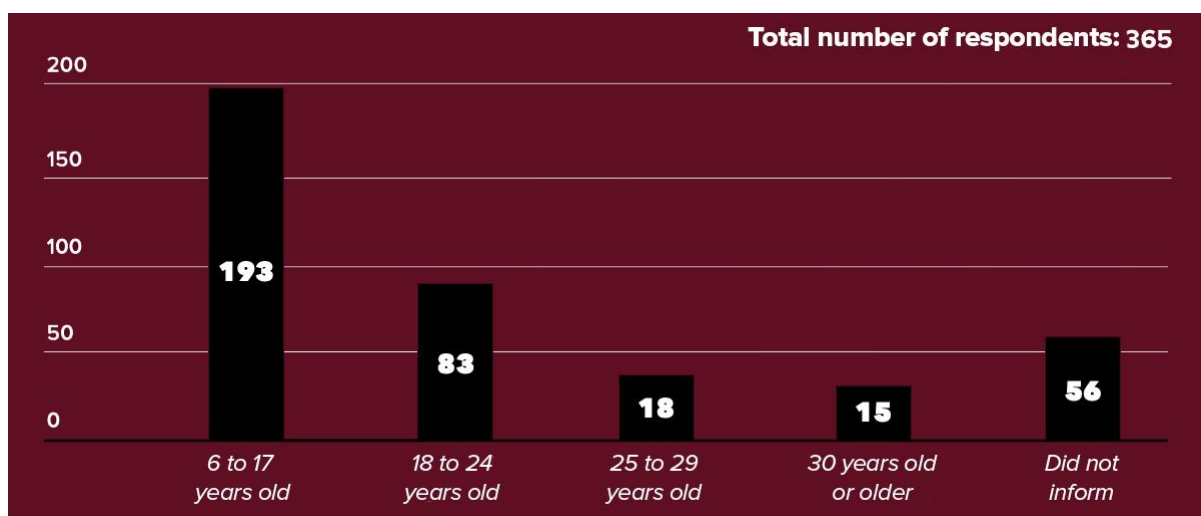
This allowed a survey that, if it does not provide standardization to existing practices, demonstrates that some symbolic categories are repeated, such as the "causing" agent of homosexuality or gender dissidence being always external to the subject ("bad influences" from friends, entities of African religions, such as the "Pomba Gira", or, in more traditional and easily identified formats, "the enemy", "the devil", "mocking spirits").

Main findings

Based on the survey and the interviews conducted, we put together a set of correction efforts resulting in LGBTI+ people being involved in attempts to "cure" or "reverse" sexuality and gender identity.

Of the 365 people who responded to the call, 52.8% underwent efforts to correct their sexuality and gender identity when they were between 6 and 17 years old. This means that these people were minors when they were put through correction attempts.

Age of survivors when they underwent attempts of "conversion" or "cure"



The statements of the survivors that we had access to indicate that, in many cases, different efforts were made to correct them until the person was convinced or coerced into participating in some "cure" or "reversal" process.

For this reason, we sought to systematize and identify similarities among the correction efforts that had been carried out with the people who responded to the call made and who granted us interviews during the research.

As a result of this systematization, we identified at least **26 efforts to correct the sexuality and gender identity of LGBTI+** people that have been identified by the survivors:

Religious contexts

1) By means of threats and prophecies

Induced by: Religious leadership.

How: Church leader who prophesied about the death of the survivor's family if she disclosed her sexual orientation; religious leaders who presented revelations of a "heterosexual future" to the surviving person; religious leaders who prophesied about the survivor going to hell if he came out as LGBTI+; by the fear of some survivors of contradicting God when convinced that being LGBTI+ is against the "divine will".

2) By means of confessions and counseling

Induced by: Religious leadership, church member.

How: In response to coming out LGBTI+ to a religious leader or church member in a confession or outburst;, survivors who have had to attend meetings, retreats, camping trips, sites which used the vow of silence as a way to correct sexuality and gender identity.

3) By means of participation in religious groups for young people

Induced by: Religious youth leadership, church member, religious leadership.

How: In recommendations from religious leaders for the survivor to join groups that help them stop having thoughts understood as deviant, in invitations made by young church leaders for the survivor to participate in groups without knowing that one of the group's objectives was to encourage practices of sexual and gender "conversion".

4) By means of religious organizations that claimed to work with social issues

Induced by: Parents and guardians, family friend, church member.

How: Through the suggestion of family acquaintances to parents or guardians to enroll the surviving person in the activities of non-profit religious organizations that, claiming to carry out social activities, promoted lectures and stimulated tasks that removed the survivor from the desire come out as LGBTI+ person.

5) By means of repeated attempts to convince people in services, masses, religious sessions

Induced by: Religious leadership.

How: Survivors who were constantly encouraged in masses and services to be ashamed of being LGBTI+ and to seek a "cure"; survivors who were exposed in the church environment to assume their sexual and/or gender identity as a sin; survivors who attended church and were repeatedly offered help to "cure" their sexuality or gender identity.

6) By means of rituals

Induced by: Religious leadership, church member, parents and guardians.

How: Subjecting the survivor to different types of rituals and prayers, such as applying anointed oil to the body, using animal blood on the body, spiritual discharge sessions, inner "cure" sessions, prayers on the mountain, early morning prayers, prayer circles.

7) By means of religious and spiritual tasks

Induced by: Religious leadership.

How: Prescribing to the survivor one or more tasks with the aim of "curing" them of their sexuality or gender identity, intermittent fasting practices, abstinence from contact with people of the same gender and age, performing individual prayers throughout the day.

8) By means of punishment, corporal or not

Induced by: Religious leadership.

How: Coercing or forcing the survivor to perform punishment or submit themselves to punishment in dynamics involving attempts to "cure" sexuality or gender identity. The punishments reported by the survivors consisted of carrying weight, rubbing pepper on the fingers, using wristbands, having hands and arms tied, using silicon straps and performing penances.

9) By donating money to the church as a form of sacrifice

Induced by: Religious leadership.

How: Requesting the donation of money and valuables with the aim of providing the "cure" of the survivor's sexuality or gender identity.

Family contexts

10) By means of insistence or forcibly leading to religious treatment, health care or counseling session

Induced by: Parents and guardians, relative, family friend or neighbor.

How: Leading the surviving person to some religious and/or health treatment indicated by friends, neighbors and/or family relatives with the aim of ""reversing"" sexuality or gender identity.

11) By means of participation in "cure" groups for LGBTI+ people led by ex-gay pastor

Induced by: Parents and guardians, church member, religious leader, family friends.

How: Encouraging or insisting the survivor should participate in a group composed of LGBTI+ people led by a pastor who claimed to be ex-gay and that sought to develop lectures and counseling focused on correcting the sexuality and gender identity of the members.

12) By means of coercing the person to watch content related to the "cure" of sexuality at home

Induced by: Parents and guardians.

How: Strongly insisting or forcing the survivor to watch television programs or videos on the internet at home that presented content that sought to convince about the possibility of correction of sexuality and gender identity.

13) By means of confining the survivor in religious seminaries

Induced by: Parents and guardians, relative.

How: forcing the survivor to move to a religious seminary so they could move away from the temptation to come out as LGBTI+.

14) By encouraging the forced use of drugs or hormones

Induced by: Parents and guardians

How: Inducing the survivor to make non-prescription use of psychiatric drugs with the aim of discouraging them from coming out as LGBTI+, as well as trying to convince the survivor to use hormones as a way to inhibit them from coming out as a trans person.

15) By means of convincing or coercing people to participate in liberation cults

Induced by: Parent or guardians, religious leadership, church member.

How: Seeking to convince or even coerce the survivor to participate in liberation cults in which the LGBTI+ person is subjected to prayer circles around them to remove malicious spirits and as a way to free their soul, seeking to avoid, as well, that they come out to be LGBTI+.

16) By means of organizing prayer groups at the survivor's home

Induced by: Parents or guardians, religious leadership, church member.

How: Performing under strong insistence or coercion from prayer groups at the survivor's home in which prayers were sought with the aim of correcting their sexuality and gender identity. Survivors point out in their reports that the prayer groups were composed of priests, pastors, spiritual guides, or friends of parents and guardians who held prayer circles around the bed they were.

17) By means of threats of compulsory hospitalization in a psychiatric clinic

Induced by: Parents and guardians, relative.

How: Continuously threatening the surviving person to be compulsorily admitted to a psychiatric clinic if they were to come out as LGBTI+, making it impossible for the person to assume their sexual orientation or gender identity.

Health care contexts

18) By means of a psychologist who openly offered a sexuality and/or gender identity "cure" procedure

Induced by: Psychologist.

How: In consultations carried out in clinics where different techniques were developed aiming to "cure" or reverse sexuality or gender identity. Among the techniques reported by the survivors are: regression treatments, exorcism techniques in Christian psychologists' offices, family constellation treatment, disobsession therapy, cognitive therapy, and posture and voice adequacy treatment.

19) By means of a psychologist who, even without admitting to employing "cure" procedures, encouraged LGBTI+ people to give up coming out

Induced by: Psychologist.

How: In consultations carried out in clinics which, even without openly offering services related to "cure" or "therapy" for the "conversion" of sexuality or gender identity, ended up making the LGBTI+ person question or even give up on assuming their gender identity or sexual orientation.

20) By means of diagnoses made by a psychiatrist

Induced by: Psychiatrist.

How: In psychiatric appointments in which the surviving person was diagnosed with one or more disorders due to being LGBTI+; in episodes that involved reading the Bible during the psychiatric appointment.

21) By means of counseling sessions carried out by the pediatrician

Induced by: Pediatrician.

How: During pediatric appointments in which the doctor advised the survivor to give up coming out as LGBTI+, seeking to correct sexuality or gender identity.

22) By means of the prescription of medication or surgical procedures by the pediatrician

Induced by: Pediatrician

How: Prescribing drugs during pediatric consultations aiming to cause changes in the body capable of correcting their sexuality or gender identity; suggesting that the family of the LGBTI+ person should perform surgery on the survivor's testicles as a way to correct their sexuality.

23) By means of professionals who claim to have developed techniques for "reversing" sexuality

Induced by: Clinical philosopher, holistic therapist, coach.

How: Using different techniques that sought to encourage the survivor to blame themselves for being LGBTI+ and, consequently, seek "correction" of their sexuality or gender identity.

School contexts

24) By means of religious education classes at school

Induced by: Religious education teacher

How: During religious education classes, encouraging LGBTI+ youth to believe that their sexuality and gender identity should be a cause for guilt and shame, as

well as seeking to convince that it would be possible to "correct" LGBTI+ people's sexual orientation or gender identity

25) By means of counseling sessions held in the school library

Induced by: Physical education teacher, friends of the teacher.

How: Convincing the survivor's parents to authorize them to participate in prayer circles held in the school library by a pastor aiming to "correct" them and prevent them from coming out as an LGBTI+ person.

26) By means of conversations with the school principal

Induced by: School principal.

How: Asking the survivor to come to the principal's office for conversations and counseling sessions focused on preventing them from coming out as LGBTI+

Recognizing the "trap" in the efforts to "correct" sexuality and gender

When we asked survivors interviewed in the survey to detail when therapy took place in their lives, they did not always refer to a specific episode. On the contrary, there were situations that more often pointed to a broader context than a specific event.

For some of the survivors, attempts at "curing" sexuality or gender identity took place during long childhood and adolescence periods. Some survivors were unable to point out the specific moment in which the correction had been attempted. Instead, some people pointed to a succession of attempts over months or years, with episodes involving different people, such as parents and guardians, neighbors, family friends, church members and religious leaders.

As a result, it became more evident that sexual and gender **"conversion" strategies were not offered in a single way**. Instead, what we identified was a set of remedial efforts through which survivors were induced to believe that their sexuality or gender identity was a mistake (whether a disease or a sin) and therefore needed to be "cured". " or "reversed". In addition, we understand that the correction efforts that we had access to through the reports of the survivors present tactics that, although different from each other, end up repeating themselves, presenting more variations than differences.

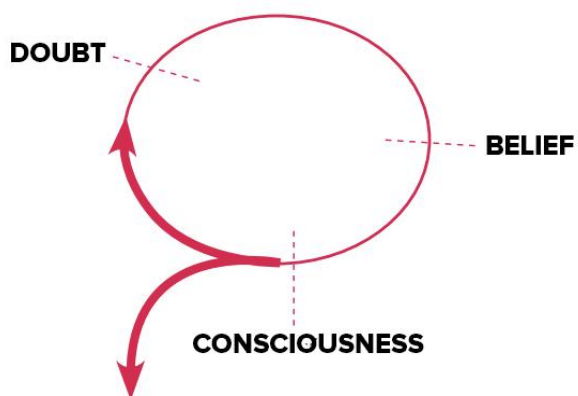
Although the research showed a variety of tactics for inducing LGBTI+ people to correction processes, while the interviews were being carried out, **the existence of a relatively**

cohesive pattern became clearer, with small differences appearing in each report. Despite the different ways in which the survivors interviewed had been subjected to correction efforts, the reports generally approached the same path: first, they were convinced that the fact of being LGBTI+ is an error manifested as a sin or disease; then they were led to believe that there was a "cure" or a solution to the identified error; and finally, they looked for ways to get out of the trap in which they had been placed.

While some of the survivors interviewed claimed to have managed to distance themselves or free themselves from the influence of actors who promoted attempts at "cure", others referred to previous periods of their trajectories or even the trajectory of other survivors who were marked by the impossibility of getting out of the trap that these efforts created. In this sense, the interviews allow us to affirm that, in some cases, the survivor remains subject to the same dynamics continuously, in a circular and non-linear movement, being led to doubt their sexuality or gender identity to then be convinced to seek or accept the "cure".

In the graphic representation below, it is possible to observe the operation of the trap through which the practices of sexual and gender "cure" or "reversal" are operated:

Pattern identified in reports of attempts to "cure" LGBTI+ people



DOUBT: the moment when the person becomes convinced that being LGBTI+ is wrong

BELIEF: the moment when the person believes that it can be corrected

CONSCIOUSNESS: the moment when the person becomes aware of the manipulation

ARROW OUT: survivor who managed to untether himself from the influence exerted by actors who tried to correct them.

ARROW IN: person who remains influenced or coerced into correcting their sexuality or gender identity

It is important to emphasize that, although each of these three stages has been identified in practically all the survivor narratives we had access to, the way in which each one took place, as well as the time it lasted, varied from case to case. While the doubt phase occurred to some of the people interviewed through weeks or months, others reported having been subject to different episodes for years or even decades, aiming to lead them to question

whether or not they should come out as LGBTI+ and if it was possible for them to correct their sexuality or gender identity. Likewise, the stage of seeking or coercing into correction was punctual and episodic for some interviewees, while others described long periods in which they were encouraged or forced to seek a solution to stop being LGBTI+. Furthermore, in relation to the stage of awareness, some interviewees stated that, even having managed to detach themselves from attempts at correction and from the influence of those who induced them, they still carry wounds and traumas derived from these experiences that constitute them and affect them until the present day.

Section 1:

The process of "cure" in religious contexts

Considering the contemporary context in Brazil, but also the advance of policies aligned with conservatism, the reactionary and oppressive postures in the field of human rights and fundamental rights, especially with regard to dissident sexualities and gender identities, around the world, the research found questions that show how risky it is to operate departing from consolidated "common sense" assumptions on the subject.

At the beginning of the data collection, we set out from a certain point that seemed to be consensual on the issue: that they would be mostly in the hands of neo-Pentecostal evangelical religious strands, of groups of psychologists working outside the FCP regulations, and of religious groups that, although not aligned with this or that church, maintained "cells" and "groups" to promote "gay cure" or the sexual "conversion" of LGBTI+ people.

Regarding the field of religions, which we call here "religious contexts", in the first interviews it was possible to see that there is an immense apparatus of tactics, practices, strategies and discourses, not linear or standardized, but that follow a certain operative logic, triggering very close categories and concepts, regardless of the field to which they are affiliated.

An issue that seems relevant and deserves to be highlighted is the one that allows us to understand that some tactics and strategies used in a "conventional" way by some religious denominations are then adapted to deal with gender and sexuality, such as "liberations" and "exorcisms" (or "enemy" expulsions), aimed at those who have other problems that "displease God" or "are the work of the enemy", such as addiction, chronic unemployment, violent attitudes, alcoholism. In this sense, it is clear that the categories used to "solve problems" or "cure" subjects in other areas of their lives do not exactly differ from those instrumentalized in

the field of sex and gender, being it more of a "revision", "update" or "adaptation" of these than exactly a novelty.

Also, it is necessary to recognize that the expansion of neo-Pentecostal denominations puts them (not without reason) in greater evidence compared to other groups, but, as one of the interlocutors of the research (a Catholic psychologist who coordinates a Brazilian LGBTI+ Catholics movement and is a researcher in the field of religion studies, an expert on the subject) pointed out. "we need to stop underestimating the Catholic Church" and its tactics, which are just as degrading of individual rights as those of other religions.

It is important to emphasize that, as in other cases, any generalization would be risky and could bring to the discussion moral judgment which has little or nothing to do with the expression of the Catholic faith. In other words, it would be inaccurate to take "the Catholic Church" for a unified institution, free from dilemmas and contradictions, and the same applies to all other denominations referenced during field research, either by specialists or by survivors. The bottom line, however, is that the structure of domination and power of the Catholic Church, with regard to attempts at "conversion", presents itself through conservative or ultra-conservative strands, adept at practices including physical punishment, long periods of prayer and fasting, and an arsenal of "punishments" against the body, aiming to materialize the search for the purity of the soul. The same expert says that there is not much difference between the tactics used by evangelical and Catholic religious denominations, with some of them being named in the same way, as is the case of "exorcisms", carried out by both, although less regularly by Catholics.

Another tactic used, and mentioned by her, is that of "prayers for liberation", which consists of exhausting journeys that must be carried out by the subjects, in fasting and silence, during which it is only allowed to pray for the liberation of their soul, for the containment and repression of wrong desires and tendencies, and the removal of thoughts that can lead to the damnation of the spirit, if there is the practice of sinful relationships, such as homosexual ones.

She also pointed out that the existence of a movement of LGBTI+ Catholics, in Brazil and abroad, is a necessary affirmation that subjects whose sexual and gender expressions are dissidents of the norm must have fully ensured their right to belief and to the profession of their faith, in which the basic dogmas of religion weigh.

Her statement, that it is necessary not to "underestimate" the Catholic Church, was

corroborated by an interlocutor from the group of survivors, who had only one religious affiliation in his entire life, and that was Catholicism. At the age of 52, this interlocutor, a cis gay man from the northeast of Brazil, reported the numerous violent experiences he had been subjected to since he was 14 years old, which began in his relationship with his family as soon as his parents found out he had one, in their words, "silly little boyfriend". In addition to a traumatic episode promoted by his father, who urged him to commit suicide, going as far as putting a gun in his hand (according to his account, the father said that it was better to have "a dead son than a sissy, shaming the whole family"), he later had contact with countless punishments and violations, moral, emotional and physical, within a Catholic Seminary he was sent to, which was under the command of Opus Dei.

In this Seminary, where he remained until the end of his training, leaving shortly before his ordination as a priest, this interlocutor was counseled, kept in confinement, went through days of fasting and prayer for the liberation of his soul, and, in the most extreme moments, was subjected to physical punishment with silicon cords¹⁴, a strong and heavy metal, tied around his arms, legs, waist, and chest. These practices, in his case, were aimed at "reversing" his homosexuality, based on the belief that the physical body needs to be "martyred" (an idea that also appeared in the interview with the aforementioned expert) in order to guarantee the liberation and "purification" of the spirit, avoiding "temptations" and giving in to "sin" – all categories always refer to a notion of purity, chastity, correction, all to avoid the common destiny of "sinners": hell.

As in other cases, this subject too, at a certain point in his journey **through the religious tactics that sought to cure him, arrived at what we call here a "place of doubt", the point at which, after being accused of being wrong, committing sins or being "an abomination", the subject starts to doubt himself, and starts to believe, or "suspect",** according to another interlocutor, **that the authority figures around him, from family or church, could be right.** The consequence of this, enunciated not only by him, was that of accepting to submit to violating practices, in an incessant and fruitless search for the adequacy of his desires to what would be deemed "right" and "normal".

In another case, a 23-year-old interlocutor who initially defined herself as bisexual, but during the interview referred to herself as a lesbian, reported that her journey with the tactics of "reversing" her sexuality also started at 14, when someone from her church discovered that

¹⁴ The silicon cords mentioned by the interlocutor are instruments used for penance since the early days of the Catholic Church, based on the notion that the physical body would need, in extreme cases, to be punished and martyred, especially when there were "unclean thoughts". They are made using metal chains or ropes, to which pieces made of silicon are attached, a heavy and dense metal nowadays used in computer and technology components. In a shape similar to a barbed wire, the cord is tied to the arms, legs, chest and waist, with enough force to lead to bleeding, leaving permanent scars in most cases.

she had kissed a girl who was also part of the youth group she belonged to. This interlocutor is from a traditional evangelical family, affiliated to a denomination present in Brazil for over a hundred years, with ramifications that include some differences in worship and practices according to the region and the pastors who lead them, but operating based on the same dogmas.

As she reported in an interview, throughout her whole childhood her family had told her of a "prophecy" made in her name, in which she would marry a certain boy from the church to together walk the religious path that the families had laid ahead of them. In her case, the main religious agent was also from her family, in this case her grandfather, and it was he who first told her parents about the discovery of her "deviation".

That's how, aged 14, she was publicly exposed during a church service, during the pastor's speech, and then humiliated for having "broken God's prophecy for her life". In addition to the process of public exposure and humiliation, she was threatened with the death of her mother and her then-girlfriend, if she did not "stop being a lesbian".

This interlocutor went through several practices within the church, including prayer retreats, withdrawal from the youth group, forced fasting, prayer circles for her "cure", having been blamed for her mother's depressive condition. At one point, she says, she began to fear that everyone around her was right, and that she must indeed be wrong, fearing that her mother might even die because of her "sin." When she realized that "it wasn't working", something also common to most of the research participants, that she would not stop being a lesbian despite all the efforts of her family and church, she went through a process that was also mentioned by other subjects heard: understanding herself, first, as someone who "failed" and "really had a problem", since no one could manage to cure her, and then later, in her late teens, she decided that she would leave the church and family life, to live with her girlfriend and "coming out" as a "real lesbian".

Despite all of this, this interlocutor resumed relations with her family, except for her grandfather, and mentioned that her parents know "everything", but do not talk about it. Years after the initial events, she was again subjected to prayer sessions for her "cure", during an episode to which she was taken "by mistake", following an invitation from her mother to a weekend with former members of the youth group she was part of at the church. At this point, she makes reference to having "freaked out" while on the prayer circle, which again included references to the prophecy she broke and the risks associated with her homosexuality, such as the death of her mother, and then, according to herself, "screaming and crying a lot", she

broke up with her grandfather and the church, deciding that she would "never again" submit herself to situations like that, and that she would no longer be "tricked into going through all that again".

When love and faith become pain and suffering: promises, framing and failures

Although the main common point of correction efforts in the religious field (within the field covered by the research) is the association between being LGBTI+ and the sin that tarnishes the relationship with God, there are different ways not only to enunciate this, but also to offer paths to "conversion" and "cure".

In the case of another research participant, male, cis, gay, black, 32 years old, the processes surrounding the attempt at his "cure" began when he, on his initiative, joined what he called a "cult" within the evangelical church to which he belonged. According to him, his family was Catholic, and there wasn't exactly a rupture on his part, neither with the family faith nor with the dogmas of Catholicism; he just chose to look for another religion, and so he did, after meeting some childhood friends again.

His entry to the church was quite intense, starting around the age of 16, but he identifies that there was already "something" inside him that could indicate "homosexuality". Upon entering an evangelical seminary to do his theological training, he was confronted during the initial interview by the pastor, who asked if he was "attracted to men", to which he replied no, but "that doubt remained".

During his time at the Seminary, listening to continuous preaching about sin, "homosexuality" and "deviant behavior", he began to believe that there was a "little key" inside him that would be turned at some point, and he would find a woman to marry and have children, becoming a respected pastor in his community.

The account of this interlocutor allows us to understand that, **for some religious denominations, the "promise" does not only concern the "kingdom of God" or a life free from sin, but also material success, status, the exercise of power over other lives.**

Very quickly he rose through the ranks of the religious hierarchy, helping to set up cells and new churches, and being invited to travel to preach in other cities. Internally, however, those doubts about his "normality" persisted, since he continued to be attracted to men, including those from his own church.

At some point in his trajectory, he reports that he "gave in" to what he felt, and ended up getting involved with a man, a fact that was discovered by the church, leading to his removal from all activities and positions he held. He was removed from coordinating the youth group, prevented from preaching, and lost the pastorate he had.

His "salvation" came through a couple of pastors from the same church, but in another state, as a "dream". The pastor, who already knew him, came to him to report a dream she had with him, in which he was in trouble and needed to "be saved". This couple, using church funds, moved him to another state, and he then resumed his pastoral work – in the process, he gained a home, a car, a community to lead, and regained the respect he once had. Believing in the "shepherd's dream", he broke off the relationship he had with a man and began his religious life again.

It was at this point that he came to believe that it would be possible to "be cured" of his "tendencies", and he began not only to practice fasts, pray for a "cure" and go to spiritual retreats for sexual "conversion", but also to preach to young people about it, aiming at preventing other boys from finding the path of sin.

After a spiritual retreat during which he was lead to ask for his definitive "cure", he was informed by the pastors who had welcomed him that, if he were truly repentant, he would be cured and have a "normal" life; once again, self-doubt and belief in the other were triggered, and he married a member of the church, confident to have been cured. The marriage lasted less than three months, causing him more suffering as he understood that he had failed: despite all the efforts of the pastors "who loved him and tried to help", he continued to be attracted to men.

Upon meeting a man and falling in love with him, shortly after the marriage fell apart, he went on to live with his boyfriend in a neighborhood far from the church, which did not and once again losing everything he had achieved. He was removed from coordinating all the activities he carried out in the church, prevented from remaining as a pastor, and prohibited from attending any religious activity, since he had "chosen the life of a sinner". He returned to his home state and began a journey of countless discoveries about himself, including his academic background. When reflecting on what he would have liked to have been and was not, he said that during the years he spent in the church, he heard from all the pastors that he did not need to "go to college", and even having started four graduations, he always ended up being convinced by the church that he should not complete them, because it would

"disrupt" his work as a pastor and it was not necessary, since he was studying at the church's own seminary and there he would get a master's and a doctor's degree in Theology (in the interview, he seemed disappointed to discover that the courses that he had done had no formal recognition by the Brazilian higher education system, and only now, in 2022, is he finishing a "real" degree, at a public university, aged 32).

Married to an Umbanda practitioner, he now defines himself religiously as "everything mixed up", believing in God, but also in other entities, and saying he understood that he could not be "cured from something which is neither disease nor sin", but he shows repentance and misses church, traveling, preaching, coordinating youth groups. Toward the end of the interview, he said he "loves very much" the couple of pastors who took him to another state and later expelled him from the church, and that he misses "the power, to be in front of everyone preaching". That if he could be gay and remain a pastor, that would be the "ideal", but he recognizes it is impossible. The only reservation he made about his experience is that he also **understood, after his experience, that he was subjecting other young people to the same traumas to which he was subjected, preaching about sin, hell, punishments, promoting the idea that it is possible to "convert and cure" homosexuals, when he himself knows that "it would not work".**

Another survivor reported, from the beginning of the interview, that his problems were not within the church specifically, but within a group that he only refers to as a "cult" and that he met through the invitation of other young people from his neopentecostal church. In this group, religious values were exalted, but also others, such as the importance of achieving social, material, and educational prominence, in order to differentiate socially. Coming from a religious family of a traditional denomination, he had always been oriented towards studies and professional training, and he had also always known that he was gay.

His trajectory through "conversion" attempts was not limited to religious environments, also involving psychology professionals, especially a psychologist who worked within the church and had a lesbian daughter. A psychologist himself today, he said that it was within "the cult" that he became aware of the extremism and radicalism around issues of gender and sexuality, reporting the tactics led by one of the leaders of the group, "young and very radical, someone with problems". This group defended "theonomy", the construction of an idealized theocratic state, where only religious laws should be followed, laws from which subjects should exist socially. While participating in the group, he began to have episodes of what he identified as "psychological crises, some outbreaks", and was then diagnosed by the church psychologist as someone who had been affected "by sin", instead of mental health problems,

and that, therefore, it would be enough to admit to being in sin, accepting to undergo "conversion" therapy, getting "cured from homosexuality", and this way everything would be resolved.

As in many other cases, here too there was the conviction that some "liberation" would come, that a kind of "cure" would be possible, providing a "normal life" once he had overcome the "inclinations" to error that "displeased God". This interlocutor, aged 26, recognizes to have "survived" the numerous attempts to reverse his sexuality, but his report showed doubt and fear, not about "going to hell", but about his own mental condition, controlled with the aid of medication and psychotherapy after his definitive departure from the church and the "cult", reflected on the traumas he will carry for the rest of his life.

Another interlocutor heard in the field is a lesbian woman with a religious ordination, a Protestant reverend who is also a Doctor in Theology, and she began her interview saying that after reading the research consent form, she was able to "name, after many years" what she she had experienced, and then began to identify herself as another survivor of sexual "conversion" efforts.

Reflecting upon herself, she was led to highlight the importance of "naming" the processes to understand what was experienced – at this point, she alludes to other traumatic processes, such as in cases of sexual abuse in which targets are unable to elaborate their experience in words.

When talking about her performance and activism, as a religious and lesbian woman, the interlocutor pointed out that the various ways in which "conversion" "therapies" and attempts at "gay cure" are established (in Brazil but not only) demonstrate the multiplicity of voices aiming to regulate bodies, desires, sexualities and gender identities, based here on the idea that the same god "of kindness, love, compassion" is also the god who "punishes, sends to hell".

For her, in her religious practice and as a "woman who believes", religions should look at people as whole beings and, above all, allow them to profess their faith regardless of what they do with their feelings or sexuality in their private lives. Asked about how her church and religion work with LGBTI+ people, she said she was "away from the church because of dogmatic issues", but that her "religious and dyke" life experience makes space for people, especially the younger ones, to look for her on social media, sometimes for advice, conversations, and not infrequently, someone declares to "wish to be like her".

In her perspective, **this demonstrates how lonely young LGBTI+ people can feel within**

familiar contexts, in their churches, in doubt about what they feel, torn (fearful and distressed, too) between either remaining in their religious communities, such as groups, Sunday schools, youth retreats, hiding the fact that they are LGBTI+, or coming out and taking the risk of losing everything they believe in – including their family.

According to her, the main role to be played by inclusive churches, mainly, is to welcome, present and "announce that an LGBTI+ life can be lived with joy, with faith, with God". More important than the denunciation of the violations perpetrated, for her, would be this movement of "announcement" that everything can be different, running actions to protect children and adolescents from the "traps that will lead them to "conversion" therapies and all their abuses".

A point that drew attention in the interview with this interlocutor was this quote by her about how, **many times, the survivors of "conversion" attempts become people "without place", since they lose their original religious belonging, where they were invariably subjected to many violations and traumatic processes**, and do not find active listening or acceptance either in other religions or churches, nor among the LGBTI+ movement. And she cited a certain religious movement existing in Brazil, which defines itself as "inclusive" and is known as the "rainbow church", displaying on its altar flags of all sexual expressions and gender identities, but with the condition of maintaining a life of celibacy, without sexual relations.

In her reflection, she pointed out that this movement is nothing more than an update to the Christian premise that "God welcomes the sinner, but refuses the sin", that is, the LGBTI+ subject must recognize himself as a "son of God", but also accept that one must live away from sin – the "sin" is not being homosexual, but "practicing homosexuality", or having any other identity that is dissenting from the cisgender and heterosexual norm.

The movement cited by the reverend, based in the southeastern region of Brazil, has been attracting more and more young people through its groups, retreats, gospel schools, Bible circles. Although it advertises on its social media profiles to be a church for the LGBTI+, it maintains dogmas which are very similar to those of other churches ("non-inclusive"), adopting notions which are very similar to those of conservative groups, such as celibacy, purity, the preservation of the body not to "lose your soul". The concepts of "paradise" and "hell" as well as the binary logic of "the righteous and the sinners" are all present, and we consider this an important reflection to be made about the religious field: how many different faces of the same binary and threats, especially to young people, do exist and are they being practiced?

Two of the most overwhelming interviews were conducted with subjects under thirty, one of them a 28-year-old trans woman whose experience with countless attempts to "cure homosexual tendencies" came from both family and religious actors who, however, were not directly linked to a church – albeit linked to a religious denomination. In her report, there is the presence of both anger and hurt, and she talks about the consequences she carries after everything she has experienced as "trauma caused by criminal people", including her own family.

Unlike other cases, however, in this case the family belonged to a church, in which the survivor herself had been socialized from early childhood, and it was in this context that the first criticisms and initiatives to correct what was seen as "strange and wrong" took place; she remembers already being seen as a "weird little boy" at the age of five or six, with mannerisms pointed out by family members, church people and neighbors, who would remark that something was getting out of hand. She remembers growing up listening to criticism and being urged to "walk like a man", "talk like a boy", not to "camp it up", to do the right things.

In her early teens, her father took her to have sex with female sex workers, understanding that it would "fix things"; unable to "change" his then son, her father received guidance from church friends about a group linked to the same religion but which did not work directly in the church, being known in the city as a "cultural and educational" center for young people, offering Christian guidance. Thus, she was sent to participate in activities with this group, eventually living at the center.

A number of situations came up in her report, from her father's prohibition to continue dancing, which she described as the most important thing in her life, to the intense physical punishment she was subjected to by the coordinators of the "cultural center", in addition to threats, humiliation, reprimands, and withdrawal from social life. This interlocutor pointed out that, before being sent to the aforementioned center, she was parted from school and friends, losing contact with the outside world for approximately two years as chosen by her parents, who, following the advice of church members, were convinced that that "the world, the things of the world" were leading her astray from the path of correction.

What drew attention in her report was the fact that she reported seeing children younger than her, some under ten years old, participating in the center's activities and being "treated" to "cure" homosexuality or any dissident gender identity. In a very incisive way, she repeated

a few times that "these people should be in prison", and in the category "these people" she also included fathers and mothers and family members who entrust their children to the care of churches, pastors, camps, therapists, for them to be "converted".

We noticed that there is a recurrence among the interviewees of indicating the judiciary as a "way" to face "conversion" attempts in any instance (religious or not), but at the same time, none of the participants made any formal complaint about what they experienced (not even police reports, or guardianship councils, or educators, for example). This may indicate reasons why so-called correction efforts continue to be stimulated and offered so widely, from north to south, with variations in their tactics, practices and strategies, but aiming at the same end. In common, all occurrences involve authority figures, which children learn to respect (fathers, mothers, uncles, grandparents, priests, pastors, coordinators of youth groups in churches). But, in addition, they involve subjective issues that trigger categories such as affection, love, care, and the attempt not to frustrate anyone's expectations.

The second young interlocutor with a very overwhelming account of his experience participated in the research through a curious path. His mother was interviewed, and she reported her equally long and traumatic experience, as others, with attempts to reverse her sexual orientation, which began with her then husband, a pastor like her, in an evangelical church, when he discovered that she kept a relationship (virtual at the time) with a woman. The church had moved them to another state¹⁵, and the couple was seen as an example of religious community life, with her two children, her leadership of youth groups, coordinating the church choir, teaching Sunday school, and he as a pastor. In the case of this interviewee, it was her husband who denounced her and exposed her to the whole church, leading to her removal from all the activities she performed, accusations before her children that she had put the family in "dishonor, shame and sin", until she accepted to undergo therapy in order to "go back to what she was before". This mother was the one who, after telling her story, referred to the fact that she had "a gay son who had even been an activist", saying that her eldest son would certainly like to give his account, because he had gone through correction efforts, taken by his father – her ex-husband.

Talking to the 23-year-old, who gave the longest interview of all (two and a half hours), was to get in touch with other practices of "cure" attempts which, although keeping similarities to those collected among other interlocutors (public exposure of the "sinner", humiliations,

¹⁵ This issue of religious displacement is something that draws attention, not only in this research, during which several interlocutors referred to changes of city or state by decision of the church, but also in other contexts. We understand that it is a revitalization of religious missions practiced for centuries, started by the Catholic Church and followed by many denominations, from Mormons to Jehovah's Witnesses, passing through traditional Protestants such as Anglican and Lutheran, but, in the case of "conversion" therapies, the practice of sending pastors and their families to other places can either be for the evangelizing mission or to "solve a problem", as in the case of the interlocutor who was taken to another state with to "avoid homosexual temptations".

cursing, prohibition of continuing with studies, removal from "bad company"), brought into focus the father's participation not only as a pastor, but as a "man whose example should be followed". In the young man's speech, after reporting the problems he had with his mother when revealing his homosexuality (something not yet elaborated by him, since "she herself lived with a woman, and had, before that, introduced us to several aunts"), he remembers having been sent to his father's home in another state, to which he had returned after the divorce.

Living with his father, in his memories, was troubled from the beginning, with several episodes in which he was taken to bars, nightclubs, incursions into his father's sociability spaces outside the church, where he was confronted with sexist, misogynistic, aggressive speech, alcohol abuse and behaviors that seemed to him frightening and contradictory to his father's experience as a religious leader. At church, he went through prayer circles, fasts, retreats, silences, and also "therapy" sessions with the church psychologist, whose consultations were mostly aimed at young people, like him, "confused and prey to wrong tendencies". He says he has witnessed "exorcisms" and other tactics, and that he just felt afraid, in doubt about who was "right", him or the church members, all of which led him to develop a depressive condition that got him thinking about taking his life sometimes.

When he couldn't stand it anymore, he had the support of his mother's then-partner to return to her house, and was able to gradually rebuild his life, although he declares that he will never forgive his mother, and wishes his father "disappear or die".

Another point in common among many survivors' reports is the reference to how much they enjoyed being in church, how happy they were in their religious childhoods, how betrayed, abandoned, deceived they felt, when entrusting their sexuality and gender issues to the same people who made them feel welcomed, being then classified as "aberrations", "sinners", "possessed by the enemy".

The long-term effects of these experiences are described in **Section 3** of this report, demonstrating the developmental impacts suffered by subjects in all areas of their lives.

Section 2: The process of "cure" beyond religion: different "therapies", same violations

The disputes in the field of correction efforts regarding practices in the mental health area, here encompassing psychologists, psychoanalysts, psychiatrists and "therapists", are almost

as old as those existing in religious contexts, acquiring, however, more explicit contours, including games of action and reaction to the attempts of regulation.

In this arena permeated by disputes and conflicts, confrontations reaching the judiciary also emerge, as well as uses of political advocacy to strengthen positions – mostly contrary to rules aiming to preserve the individual rights of LGBTI+ subjects.

During field research, by interviewing two psychologists with different approaches to the profession, we were able to understand how much the very notion of the importance of existing regulations on professional practice is not something consolidated or validated by all psychologists, and to which extent they are not enough in themselves to stop unethical practices not only in relation to LGBTI+ people.

It is also **worth mentioning that among the survivors interviewed** (and others, among the respondents to the All Out call), **at least three indicated the presence of psychologists in their churches, acting in a complementary way to the religious ones, providing "service and counseling" to young people, within the scope of ""conversion" therapy"**. This points to an issue that is completely beyond the scope and capacity of the Federal Council of Psychology: professionals who define themselves as "Christian psychologists", but who are not necessarily working in formalized psychotherapeutic environments, such as offices or clinics, but within the churches themselves and religious groups.

The "psychologist from my church" was mentioned by one of the interlocutors as having been responsible for convincing him that his "crises and mental outbreaks" were caused by homosexuality and his resistance to being "freed" through the tactics used by religion. For this professional, the only treatment he needed was religious, and if he accepted to "stop being gay", his mental health would return to balance.

But not all psychologists are within the churches, and, despite the fact that there are now three¹⁶ Resolutions of the Federal Council of Psychology for the ethical regulation of professional practice towards LGBTI+ people, **parallel "councils" and associations have emerged and are emerging with increasing power, institutions that bring together**

¹⁶ R001/99, already mentioned, which prohibits Psychology professionals from offering a "cure" for homosexuality; R001/18, which proposes the regulation of the practice of psychologists towards transsexuals and travestis, establishing in Art.8°" Psychologists, in their professional practice, are prohibited from proposing, carrying out or collaborating, from a pathologizing perspective, with private, public, institutional, community or promotional events or services aimed at therapies dedicated to "conversion", "reversal", readjustment or reorientation of the gender identity of transsexuals and transvestites", in addition to determining in a sole paragraph that it is the duty of professionals in the area to show respect for the self-determination of these people; Finally, R008/22 establishes regulations in a specific text on bisexual people, establishing that psychologists must "recognise the legitimacy of bisexualities and other non-monosexual orientations, not linking them to homosexuality or heterosexuality."

professionals from different areas (psychologists, psychoanalysts, psychiatrists) with professional performance based on religious principles.

One of the best known examples, and which was cited by one of the survivors, is the Corps of Christian Psychologists and Psychiatrists of Brazil (CPPC), which maintains a website and profiles on social networks, including a catalog of professionals (psychiatrists, pediatricians, adolescent medicine doctors, psychologists and psychoanalysts) who define their actions as "supported by Christian values".

It is important to highlight that, in this catalog, professionals are found with their complete data, professional records, full resumées, addresses and telephone numbers of the offices or university centers in which they work. Despite numerous manifestations of Regional Councils of Psychology and the FCP itself, pointing out the irregularity of the CPPC and its professionals, they continue to offer their services and certainly propose "treatments" that do not necessarily match the professional ethics of their areas.

Outside the scope of Psychology, there are at least three groups that are not regulated by class councils or associations, or, even if they are, as is the case of physicians (psychiatrists, pediatricians, adolescent medicine doctors), are not subject to specific rules preventing them from offering drugs and "therapies" for sexual "conversion". **In the field, as already mentioned, we found people who had been given antidepressant and antipsychotic drugs during childhood and adolescence**, voluntarily prescribed by doctors based on a "diagnosis" that associated behaviors, gestures and mental states with homosexuality, or at the request of family members. **In one extreme case, the male hormone testosterone was used in a boy to provide him with the missing "masculinity".**

These practices are directly contradictory to other positions found in disputes around the rights of LGBTI+ people, especially those that are against hormonal care for trans adolescents and the prescription of puberty blockers in pre-adolescents, prescriptions ruled by specific regulations of the Federal Council of Medicine, with the approval of the Ministry of Health, being, however, legally questioned by groups oriented towards trans-exclusion. In other words, offering clinically supervised hormonal care by specialized professionals is seen as a risk to the health of children and adolescents, but if we are talking about a religious indication or a non-specialized doctor, it becomes acceptable.

These debates are largely supported by the revival of moral panics as pointed out by authors in the field of gender and sexuality studies since the first decade of the 2000s, such as Regina Facchini (2009), who emphasized the harmful effects of the uses of categories such

as pedophilia and perversion associated with LGBTI+ people and the full scope of dissident sexualities and gender identities.

Specifically with regard to the field of psychology, one of the interlocutors heard, a cis man, white, gay, a psychologist outside the clinical practice but with extensive experience in the directive level of the Federal Council of Psychology (and today president of a Regional Council) and in the development of normative policies for the profession in Brazil, mentioned that **the mere adoption of guiding resolutions for professionals is, in fact, not enough**. As pointed out by him, first, it is impossible, considering the geographic dimension of the country and the high number of psychologists trained annually¹⁷, for the FCP and its regional councils to effectively supervise each one's practices; second, that there are several gaps that allow the continuity of practices that violate professional ethics and what is established in the resolutions, such as, for example, the decision of professionals not to maintain the professional record, and the provision of services by autonomous and unregulated areas, such as training for coaches, the so-called "alternative" therapies, and even religious groups.

Also, it is important to say that the internal resolutions of the FCP, even though they have national scope and must be followed by all professionals in the area, do not have force of law, that is, they do not have the power to demand their full compliance. Another issue pointed out by him is that even the existing instruments, aimed at regulation and inspection, cannot go much further than what is provided for in the code of ethics of Psychology, such as private and public sanctions, suspensions of registration, and, at the limit, the revocation of the right to practice Psychology under Council registration. However, as seen in the case of Rozângela Justino, cited in the introduction to this report, the episodes in which punishments are applied according to the existing regulations often leave the restricted field of the relationship between the professional and the Council, reaching the legal sphere.

Arriving at the judiciary implies the generation of new forms of conflict, which we will not delve into here because they are not the direct object of the research. But, in general, they follow the procedures of any other process, with the granting of preliminary injunctions, the filing of appeals, progress to other instances, until a sentence is reached, as in the case of Rozângela Justino. Under discussion, the understanding some professionals have of the right to the free exercise of the profession according to their beliefs (in line with the freedom of worship and belief constitutionally guaranteed in Brazil) versus the existing rules and regulations aiming to guarantee the integrity of subjects and the recognition of their self-determinations, especially with regard to gender identities and dissident expressions of

¹⁷ In June 2022, the FCP had more than 400,000 professionally registered psychologists in the country, being one of the regulated professions with the highest number of professionals. Information available at: <http://www2.cfp.org.br/infografico/quantos-somos/>. Access on: 06.10.2022.

sexuality.

Another point highlighted by the psychologist interviewed was the cases in which there is no regulation for the FCP to apply, and the necessary dialogical agenda with other professionals in the field of mental health, such as psychoanalysts; by not being a regulated profession, because it is supported by the principles of free exercise and specific training, psychoanalysis also suffers from increasingly wide-ranging religious interference, with the emergence of training courses at undergraduate and graduate levels outside the scope of universities recognized by the Ministry of Education, which are invariably located within churches and religious congregations of neo-Pentecostal evangelical strands.

Outside the religious context, as in the case of the CPPC, there are also "councils" and associations of "Christian psychoanalysts", "theological psychoanalysis" colleges, courses for the training of "Christian psychoanalysts", among other variables. As pointed out by the interviewee, the role of psychoanalysts is to maintain positions of dialogue, approximation and action of joint political and normative incidence, in order to face the advance of these currents that, in most cases, differ little or nothing from the religious, when they are not working side by side with them. The same applies to psychologists who work guided by regulations, ethical norms and professional principles aimed at guaranteeing and respecting fundamental rights.

The other psychologist interviewed, also gay, cis, white, a university professor and recognized researcher in his field, brought up issues that also deserve attention, such as the cases of what he called "well-meaning psychologists". For him, **more important than identifying who the actual "enemies" are, that is, those psychology professionals who are outside the regulation of the councils and offer "conversion therapies", "gay cures", "transsexuality reversal", is to identify the professionals who work under registration and do the same, albeit in a "veiled" way.**

By having a student who survived the "conversion therapies", this research participant also drew attention to the multiple ways of framing and re-signifying these experiences, exemplifying that, in the case of his student, after surviving, he sought the academic path to research his own ancient religion and church, in order to understand, now from the outside, the tactics used to convince people of their necessary "liberation".

In relation to what he called "well-meaning", what he suggests is that these people be called to dialogue with their peers and other social actors, so that they perceive themselves as

collaborators of practices that violate rights and compromise the mental health of LGBTI+ people. Citing some cases, he pointed out that there are several professionals who understand their place as psychologists (actually basing themselves on the professional oath, the "duty to contribute to the restoration of balance" of people in emotional and mental suffering) as of one who needs to avoid suffering, feelings of inadequacy, and gender inconsistencies experienced by people.

And, he stressed, "this is not the problem, because it is really our role as psychologists", the problem is how it is done. For him, the correct thing would be for the professional to tell the patient who comes to him that "the wrong one here is the outside world, which makes you suffer for being gay, it is homophobia, not you", but that is not what happens. In general, the path chosen by professionals is to direct the subject to "stop being" that which brings suffering, adapting to the heteronormative and ciscentric social world, returning to the starting point: they are professionals in Psychology offering "gay cure", but now under the aegis of the strict fulfillment of professional duty.

These conversations led us to the challenge of reflecting, as we pointed out at the end of this report, about the possible recommendations to be made, and to whom. One might think that the problem of psychologists, psychoanalysts and other mental health professionals would be solved by the existence of codes of ethics and normative resolutions to guide professional practice. As we have seen, the existence of both of them does not necessarily prevent or hinder violative practices. Furthermore, the existence of professional psychologists in the churches, as well as "councils" of "Christian psychoanalysts", demonstrates that there is still a long way to go to actually stop these practices.

Section 3:

Promises of "cure": the process of persuading, convincing and manipulating LGBTI+ people

The submission of LGBTI+ people to mechanisms of sexual or gender "conversion" carried out against their will is a common practice. This was the situation reported by 201 of the 365 LGBTI+ people who have undergone these procedures and responded to the call to participate in this research. Another very frequent occurrence is the access to "cure" attempts of their own volition, as reported by 116 of the contacts obtained.

In order to understand, among other aspects, how these processes operated, in-depth

interviews carried out with some selected survivors pointed to at least one pattern present in both forms of induction to sexual and gender "conversion" procedures. Regardless of the contexts in which the attempts at "cure" took place, whether religious, school, health and/or family members, the reports point to an approximate reference to a set of persuasion and manipulation strategies built around LGBTI+ people, mostly occurring in childhood and adolescence, which focused on two persuasive keys: **i) convincing that being LGBTI+ is something wrong and ii) convincing that there are solutions for this error.**

Such strategies of persuasion and manipulation are not always direct practices to convert, but are manifested as discursivities and actions aimed mainly at children and adolescents from early childhood in order to identify if there was something wrong or deviant in them and then present what they themselves should do and seek to become correct in order to solve the problem.

This logic operates as a kind of trap into which LGBTI+ people are pushed and/or attracted throughout their lives and, in most cases, does not occur in a single, directed event. It tends to be constructed and supported, as already mentioned, by pathological misconceptions about sexual orientation and gender identity combined with worldviews that frame sexuality and gender as "right" and "wrong" or "good" and "bad". They are present in a pulverized way throughout medical and psychosocial practices, in advising and counseling by religious and denominational organizations, in informal speeches and conversations with some religious authorities and in the daily mobilization of belief and faith systems guiding families and survivors.

Regardless of whether the person has been forced to or has sought on their own some sexual and gender "conversion" procedure throughout their lives, the process of convincing and manipulating is effective in producing discursivities and actions as it uses:

Absence of consent. The majority of sexual and gender "conversion" tactics are carried out against children and adolescents perceived by close adults as deviant from cisheterosexual norms and who are not yet in a position to consent to their participation in any type of procedure that could put them at risk and/or cause them immediate or long-term physical and mental harm.

Affective domination. In these dynamics, authority figures such as family members, religious leaders, health and education professionals, for example, are present periodically or constantly. In common, they exercise, in varying degrees, domination

and disproportionate influence over those perceived as LGBTI+. These are people with whom a sense of belonging, bonds of affection, and trust are built throughout life.

Those who carry out the manipulation and persuasion constantly argue with the survivors that they are suffering because they look, behave, have thoughts, holds "homosexual tendencies" or effectively because they are LGBTI+. This persuasive operation is troubling and has profound consequences for the psychosocial development of the survivors, for a long period or even for life. In this pitfall, the person induced to "conversion" is led to believe in different ways and at different times to perceive themselves as wrong, incomplete, dirty, and incapable.

The dynamic of misleading is, above all, produced in the inversion of the logic of distinction between right and wrong: **the suffering that the LGBTI+ person goes through in these contexts is credited to their sexual orientation and gender identity, not in the fact that people and institutions are hegemonically oriented by denying self-determination to exercise and express sexual orientation and gender identity in its various manifestations.**

A fairly common way of convincing and conditioning someone to convert, especially when young, tends to occur after they tell someone they trust about being attracted to someone of the same gender. Contrary to popular belief, the people interviewed reported that the reactions of those who heard them were not necessarily impulsive or aggressive. On the contrary, they are often welcomed and listened to.

On the paths to "conversion", survivors are constantly subjected to a set of psychological tricks that are quite common in the process of convincing them of the supposed error they carry within themselves and the need to repair it. The use of emotional blackmail by family members and religious people becomes very explicit when one interviewee mentioned that, for being LGBTI+, was blackmailed with statements such as "look what you are doing to your mother" or even threats in which was said "I am seeing your mother in the hospital, I am seeing your girlfriend in the hospital and this will be your fault."

These testimonials allow us to affirm that the use of threats and embarrassment contribute to the construction of a reality in which thinking that being LGBTI+ is effectively wrong and that anything bad that happens to people who are close to them can be blamed on those who decided to be LGBTI+. Converted into powerful weapons for the production of truths, the use of emotional bonds for convincement contributes to the construction of feelings of guilt followed by the obligation to meet the expectations of authority figures, submitting to all sorts

of solutions they present.

Associated with relationships of trust, faith tends to take an intense part as one of the main mobilizers in the process of manipulation and persuasion to induce someone to some kind of "therapy" or "cure". Many of the people interviewed reported that the procedures to make sexual and gender "conversion" possible often involved "prayer circles", "counseling" with religious leaders, keeping a "vigil", "fasting", "penances" or "oaths", and all sorts of procedures related to religious, especially Christian, languages. Some belief systems tend to be manipulated and reinterpreted to favor persuasion.

It has been reported, for example, that the denial of one's own sexuality, of the desires and thoughts considered as deviant, would be a way to "win heaven" and not hell on the "day of rapture". The construction of the notion of god as an eternal watcher of actions is very present in the dynamics of persuasion. With this, every time the people in the convincing process fail to be in control, to annul their sexuality or when they are perceived in some way as LGBTI+, do things considered as "worldly", "masturbate", "fall into sin", hook up with someone of the same gender and consume something from the culture considered as LGBTI+, they would have their actions judged and weighed in the balance by a superior entity in the doomsday. In this sense, learning to regulate, adjust, and omit oneself would be a way to find the sense of belonging, to receive acceptance and love from a god, family, and/or religious community.

Such situations help demonstrate that in order to convince it is necessary to present sexual and gender "healing" and "conversion" as positive and beneficial, wrapped in the language of caring and protection. Without much suspicion and when least expected, LGBTI+ people have been exposed to their religious and local communities, being subjected to procedures of physical torture or psychological abuse, participating in exorcism sessions, attending inadequate psychotherapy sessions, receiving misleading medical diagnoses, undergoing treatments with unnecessary drugs or hormones. And, in the process, they end up exposing themselves to risks, suffering offenses, judgments, discredit, and dehumanization.

Once caught in the pitfalls of "conversion", nothing is cured, because there is no pathology there to be cured. However, **several survivors have gone on to experience trauma with deep and lasting effects on the development of their lives that stem not from the fact that they are LGBTI+, but from the violence they were subjected to in efforts at correction.** Throughout the interviews they reported the following consequences arising from the sexual and gender "conversion" attempts:

- Suicidal thoughts;

- Attempted suicide;
- Depression;
- Eating disorders;
- Social isolation;
- Post-traumatic stress;
- Feelings of worthlessness;
- Feelings of inadequacy;
- Difficulty trusting people and institutions;
- Self-harm;
- Anxiety;
- Loss of self-esteem;
- Sexual dysfunction.

Breaking through: effects and results of the attempts of "conversion"

After being convinced that being LGBTI+ is wrong (**doubt**) and believing that there is a "cure" (**belief**), survivors at some point become aware (**awareness**) of the manipulation to which they were subjected. However, breaking away from persuasion strategies is not a simple or costless task. Awareness is often a long-term process. It takes years to elaborate and understand that what was experienced and sought in the name of love, belonging and affection was, in fact, some kind of violence. There is also **no exact way or a single posterior path to break away from the manipulative process entangling the "conversion" attempts**. Once you go through such a process, the costs are high and no one gets away with it.

A common path among followed by survivors after undergoing "cure" attempts is to identify that they had been deceived and to step away from the persuasion process, finding ways to remove themselves from the place of lack and inadequacy in order to understand themselves as subjects who can express their gender identities or orientation freed from guilt and fear. The following have been mentioned in the interviews as ways to find a place of affirmation and achieve breakthrough: **to spend time with LGBTI+ people, to find support from a family member which is not involved with the "cure", to break away from the church, to seek self-acceptance through adequate psychotherapeutic procedures, for example**.

Even so, after years being openly LGBTI+, some of the survivors told us that they tend to carry the effects of this persuasion process as devastating consequences to their mental health, due to the continued suffering derived from the confusion intentionally created by agents who operated the correction attempts. Even for those who had already managed to

break away from attempts at correction, it was common to report thoughts such as "were they right?" and "I must be wrong, indeed", resuming the remnants of doubt instilled in the past and that still have repercussions over time.

Other paths taken by the people interviewed in order to reach the break point involved not so obvious routes, such as returning to the church and faith community that gave rise to the "cure" attempt or also moving to other religions. Certainly, this is an extremely delicate and difficult process for those who have been subjected to episodes of correction in religious contexts, especially when they decide to remain in the religious environment generating the abuses.

Situations like these call attention to the fact that the problem of "conversion" in religious contexts is not exactly in the religions or churches.

The desire to belong to a religious community and/or to exercise one's faith is a right and is considered fundamental by many people, even by some of the people interviewed. But once aware of the violence they faced in these spaces, what the survivors we had access to wanted was guarantee that they would not go through the same again, being manipulated in their faith and often having to negotiate their sexuality and their gender identity in exchange for belonging and dogmas. Some of the survivors even mentioned, in this sense, the search for other denominations which have been recognized as being more inclusive, sometimes carried out successfully, sometimes not. With this, they aimed to continue exercising their faith and being LGBTI+, distancing themselves from religious contexts that tend to facilitate abuses against this population.

We were also faced with trajectories of survivors whose "conversion" attempt had had such an effect on their lives that it effectively prevented them from leading an explicitly LGBTI+ life due to the violence and psychological plots to which they fell prey. **For them, "conversion" does not seem to end, as they continue to believe that they carry inside themselves a mistake and are guilty of being who they are, continuing, in some cases, the search for a "cure".**

As mentioned in the previous section, one of the survivors' stories was more intensely related to religious activities, taking up a prominent position in the church and becoming a reference. This story involves the training of young leaders in churches in which so many other LGBTI+ people have been subject to correction efforts, until positions of internal prestige are reached.

Achieving these leadership positions requires, above all, great self-control over sexuality in an attempt to remain within the belief about your own "cure". With this, it is possible to guarantee, for example, the exercise of a professional activity, access to networks, contacts and organizations, material goods and even recognition by the community. Once again, **the logic of negotiating sexuality and gender identity, in exchange for some kind of belonging, is observed.**

However, when these people recognize themselves as LGBTI+, as in the case of the ones we heard, everything they have achieved is immediately at risk. So, leaving this religious space, usually due to expulsion when other leaders discover homosexuality, means economic loss, loss of material access and rupture of relationships, generating even greater instability.

It is important to emphasize that these leaders often developed part or all of their professional training in religious institutions, which may have taken place in pastoral halls, retreats, training courses, seminars and other religious spaces which are not necessarily regulated or recognized by any Brazilian agency responsible for theological educational activity. One of the survivors interviewed reported that the pastor had encouraged him to give up non-religious training to dedicate himself exclusively to the church. When he came out as LGBTI+ and was expelled from the church, however, the absence of a training recognized by the State ended up becoming an obstacle to survival and livelihood.

Section 4:

Impasses and limits in regulation of practices of "conversion"

In recent years, the development of efforts to correct sexuality or gender identity has been subjected to contestation and questioning. Regulations by class entities, such as Resolution 01/99 of the Federal Council of Psychology (CFP), sought to interrupt the performance of these practices in offices as in psychological care. Target of resistance and boycott attempts, the implementation of CFP Resolution 01/99 ended up establishing important guidelines both for the organization of the psychologist's professional activity as for the defense of self-determination and respect for LGBTI+ identities.

The 2020 United Nations Independent Expert Report¹⁸ on Protection against Violence and

¹⁸ UNITED NATIONS COUNCIL. Practices of the so-called "conversion therapies". United Nations Independent Expert Report on Protection from Violence and Discrimination on the Grounds of Sexual Orientation and Gender Identity. 2020. Access: 06.12.2022.17

Discrimination on the Grounds of Sexual Orientation and Gender Identity on "conversion" Therapy Practices strongly recommends the establishment of regulations and laws that provide for sanctions and consequences for offering "cure" and "reversal" practices. The report even cites CFP resolution 01/99 pointing out Brazil as one of the countries that would have managed to establish guidelines for banning "conversion" practices.¹⁹

According to the Independent Expert, States must adopt legislative, administrative and judicial measures that seek to stop or prohibit all attempts at "cure" that "are based on the wrong and harmful notion that sexual and gender diversity are disorders that must be corrected, being discriminatory in nature." (United Nations Council, 2020, p. 23).

Challenges related to the contexts of formats of the practices that aim to "cure" or "reverse"

As pointed out by the Report and other documents²⁰, as well as in the reports of survivors, correction efforts did not always occur exclusively in psychological clinics or were carried out solely by psychologists. In many cases, there was a context that involved family members, neighbors, members of the religious community in different environments such as home, religious schools, camps, social activities, courses, and events.

In addition, the research identified that psychologists are not the only ones to have promised to "cure" sexuality or gender identity. On the contrary, such practices have also been offered by psychiatrists, psychoanalysts, pediatricians, therapists, coaches, counselors, religious leaders, teachers, camp instructors, even being carried out inside the survivor's home, under permission, if not encouragement, of parents. and guardians.

The diversification of correction efforts pointed out in this research, therefore, has been configured as an obstacle to the effectiveness of legal measures aimed at regulating the provision of such procedures. Although Resolution 01/99 established a definitive guideline forbidding the exercise of attempts to "cure" sexuality or gender identity, this did not prevent some of the survivors we talked to from having gone through correction attempts in psychological offices, despite the resolution in force. In 2017, a Federal District judge issued a

¹⁹ Despite the emphasis given to Brazil in this regard, as we pointed out in section 2 of this report, the existing regulations and resolutions are important for the regulation of the professional activity of psychologists, but they are not enough to prevent, in any case, the offering of "cures" or "reversions" to LGBTI+ people. First, because they do not have force of law, and second, because they do not have the power to prevent professionals without Council registration from working in other fields, such as religion, exercising their profession in a way that contradicts ethical principles and the affirmation of the fundamental rights of subjects.

²⁰ See OUT RIGHT INTERNATIONAL. HARMFUL TREATMENT The Global Reach of So-Called "Conversion" Therapy. 2019. Access: 12.06.2022.

court decision²¹ allowing the conduction of practices for the "cure" of sexuality. In 2020, the decision was suspended by the STF²².

It was common for the survivors to report episodes involving sessions in which psychologists would not only state their faith but also direct the process of analysis to the precepts of their personal religion. In other situations, even without resorting to an argument of religious nature, professionals led the survivor to question their need to come out as LGBTI+, diagnosing gender identity or sexual orientation as a "passing phase", a "trauma" or "disorder".

Furthermore, not only psychologists have offered "cure" or "reversal" practices. These practices have been defended, encouraged and even developed by different professionals or even, and in significant numbers according to this research, by people trusted by the survivor. **Considering that "cure" or "conversion" practices are not restricted to psychology offices, this makes it difficult to establish effective regulations that discourage or prohibit them.** Even in view of such difficulties, some efforts have been made in this direction, such as the presentation²³ of a Federal Bill in April 2022 proposing the criminalization of sexual and gender "conversion" practices.

If the drafting of laws and decrees prohibiting the performance of corrective practices encounters challenges, there are also significant difficulties in seeking reparation through the justice system. In many cases investigated by the research, survivors were induced by parents, family members, family friends, and people who were generally influential and had the survivor's esteem and trust. Although one of the survivors stated her desire to see both the church that tried to cure her of her sexuality and her parents who convinced her to participate in these practices prosecuted, this did not necessarily translate into a willingness on the part of the survivor to carry out such legal proceedings. In different reports, it was clear to see the difficulty imposed on people who went through these situations in seeking some kind of judicial accountability of people with whom they maintain bonds of affection, respect, trust, as well as financial dependence. In addition, there's no guarantee that reporting LGBTIphobic events in the country will not lead to, for example, discrediting and revictimization. Even after the Supreme Federal Court recognized LGBTphobia as a crime of racism, in 2019, the difficulties of proving and/or enforcing legislation add to the resistance of

²¹ MORAIS, Raquel. Juiz federal do DF libera tratamento para 'cura gay' e diz que homossexualidade é doença. G1, August 18th, 2017. Access: 11.06.2022.

²² SOUZA, Renato. STF mantém suspensa decisão que autorizava terapia de "cura gay". Correio Braziliense, April 17th, 2020. Access: 11.06.2022.

²³ Projeto criminaliza terapia de conversão de orientação sexual, Agência Câmara de Notícias, April 28th, 2022. Access: 11.02.2022.

the public security forces and the judicial system to recognize and apply the decision.²⁴

Challenges related to the action of conservative and far-right groups and the practices of "cure" and "conversion"

Attempts to bring down regulations that veto any and all efforts at sexual and gender correction have increased in recent years in the context of a broader articulation that has aimed to implement a rigid and excluding moral agenda related to the free exercise of gender and sexuality. **Efforts to ban the teaching of sex and gender education in schools, witch-hunt focused on teachers, and campaigns to defame and negatively depict LGBTI+ identities have collaborated to create a context that limits or further impedes the free exercise of sexual orientation or gender identity.**

With the election of Bolsonaro, in 2018, and the consequent establishment of a Ministry for the Family, Women and Human Rights, the Brazilian government has sent diffuse signals that go in the opposite direction to the prohibition of "cure" practices and "conversion" "therapies".

In 2019, Minister Damares Alves received in her office the Brazilian Ex-Gays Movement²⁵, a group made up of people who claim to have made a choice not to experience homosexuality anymore. Furthermore, under the motto "Everything has its time", the ministry has already promoted campaigns²⁶ to encourage adolescent sexual abstinence as a way of seeking to reduce teenage pregnancy. The proposal was widely criticized by the National Health Council and by sectors of the society²⁷. Also in 2021, the ministry included the expression "gender ideology" in the list of types of violence to be reported on the federal government platform for complaints of violation of human rights, the so-called Dial 100²⁸.

Even before the Bolsonaro government, attempts to ban sex and gender education in schools had already been the subject of successive pressure campaigns, in the Congress as in state and municipal legislative chambers, since 2011, with the "*Escola sem Partido*" movement heading the conversation. In addition, some of the accounts of survivors heard by the survey indicated that such practices would have taken place in the 1980s.

²⁴ For more information, see "LGBTfobia no Brasil: barreiras para o reconhecimento institucional da criminalização" (2021) developed by All Out and Instituto Matizes.

²⁵ AMADO, Guilherme. Damares recebe movimento de 'ex-gays' no ministério e promete 'acolhimento', O Globo, August 13th, 2019. Access: 12.06.2022.

²⁶ Governo lança campanha que prega abstinência sexual contra gravidez precoce. Estado de Minas, February 3rd 2020. Access: 12.06.2022.

²⁷ NATIONAL HEALTH COUNCIL. CNS recomenda que governo cancele campanha de abstinência sexual, February 5th, 2020. Access: 12.06.2022.

²⁸ DIP, Andrea. "Ideologia de gênero" no Disque 100 pode criminalizar professores, diz pesquisador, December 14th, 2021. Access: 12.06.2022

It is worth mentioning, therefore, that the election of the Bolsonaro government did not properly inaugurate the development of "therapies" and "cures" for sexual and gender "reversal", which had already been carried out through recent decades, in different contexts. The adoption of measures and ambiguous positions in relation to these practices by interlocutors and government authorities, has in fact represented the consolidation of efforts by conservative and far-right campaigns and forces developed through recent decades to take up spaces and push forward a moral and non-secular conception of rights.

Final Considerations

Considering the findings of the research **"Between 'cures' and 'therapies': efforts to correct sexual orientation and gender identity of LGBTI+ people in Brazil"**, here exposed, it would be an expected derivation that we close this report by listing recommendations capable of rising up to the context found, both in the religious field and in the other areas covered.

In the case of the interviews carried out, all of them urged the interlocutors to reflect on their experiences and contexts, and point out paths, suggestions, recommendations; the explicit intention was to compose a possible framework of recommendations and guidelines that could answer the question: "given all of this, what should one do?", understanding that the slightest omission would imply in strengthening all the practices imposed and described.

The efforts undertaken to systematize and analyze the issues that emerged from field research, through reports by experts and survivors, however, imposed other analytical and reflective challenges, from which we understand that the mere construction of recommendations would be insufficient in the face of the data, coming up pointless. or unfeasible, if they were taken as propositions to solve the problems mentioned.

One of the technical possibilities for a field of recommendations would be to define to whom they would be directed, and from the start we would have multiple groups: among the participants, there were those who suggested information campaigns aimed at young people and families; who pointed to the importance of strengthening existing regulations and expanding dialogue in the field of mental health, especially between psychologists and psychoanalysts, suggesting the union of forces between different areas; there were also other "recommendations", such as taking religious practices, cited by some as "torture", to the judiciary (expanding, as exposed in the report, to legal proceedings against family members, pastors, religious leaders).

Being aware that it would be unproductive, and more than that, that it is not the role of a research report of this nature to prepare targeted recommendations (whether to Federal Councils, such as Medicine and Psychology, or to religious institutions, we here present a compilation of guiding reflections that seek to align existing actions and initiatives, in order to strengthen them, and suggest other possible fronts that aim at the recognition of dissident gender identities and sexual expressions in their entirety, ensuring the preservation of fundamental rights, including the right to have faith and ensured mental health.

Given the multiplicity of efforts identified by the research in the sense of correcting the sexual orientation and gender identity of LGBTI+ people, we point out below some of the paths that may collaborate to clarify, denounce and prohibit correction efforts in Brazil.

Development of effective legal mechanisms: the effective prohibition of "cure" attempts and "conversion" "therapies" involves not only the creation of laws and regulations, but also the guarantee that these provisions will be enforced, being in fact complied with by professionals and by the society. This also involves creating responses to arguments that employ freedom of worship and belief and freedom of professional practice to encourage prejudice, self-hatred and violence against LGBTI+ people. The absence of "consent" should also be considered in episodes in which the person, even though he was not forced to attempt correction, was persuaded, manipulated or tricked into being corrected.

Strengthening of existing regulations. Despite the importance of having adequate legal mechanisms in place to curb the offer of practices to correct sexuality and gender identity, it is necessary that they be strengthened, disseminated and protected, especially taking into account the attempts to delegitimize and revoke to which they have been subjected.

Development of reparation and inspection mechanisms. The effectiveness of mechanisms that prohibit practices of sexual and gender correction depends on the ability of public agents to monitor and curb any situation which may give rise to violence against LGBTI+ people under the justification of "cure" or "conversion". Reparation for any violence already committed against LGBTI+ survivors also encompasses unequal access to justice mechanisms and the difficulties specific to the contexts in which such violence was committed, i.e. the establishment of bonds of trust, affection and respect with those who carried out the correction attempts.

Raising awareness among LGBTI+ people who are undergoing correction attempts.

As described above, efforts to correct the sexual orientation and gender identity of LGBTI+ people involve developing a trap composed of three stages, "doubt", "belief" and "conscience". After being convinced or coerced into believing that being LGBTI+ is a problem, the person is led to believe that their problem can and should be cured. It is after this process, which can last for days, months or years, that the person may or may not be able to become aware of the manipulation to which they were subjected. In many cases, the person remains trapped inside the dynamics of "doubt" and "belief", unable to free themselves from the search for a cure for the problem they believe they have.

Promotion of welcoming spaces for survivors of correction attempts. Even for people who managed to survive these processes and break away from efforts to correct their sexuality or gender identity, escaping often demands cutting ties, networks and opportunities of a personal and professional nature that were guaranteed only as long as the person continued to prevent himself from coming out as LGBTI+. In addition, escaping from a "cure" attempt does not necessarily mean joining environments of sociability, groups and networks of LGBTI+ people. This requires defenders of sexual and gender diversity to incorporate the promotion of spaces in which LGBTI+ survivors may live safely and free from judgment, where they may continue professing their faith if they wish.

Appreciating and affirming the recognition of diverse sexual orientations and gender identities. The argument identified by this research which underlies all efforts to correct sexuality and gender identity is the idea that all non-heterosexual sexual orientation and all non-cisgender gender identity should be regarded as a source of shame and guilt, and are, therefore, in need of fixing. This reinforces the need for actions and strategies capable of amplifying and massifying the appreciation and affirmation of the recognition of diverse sexual orientations and gender identities, as well as the possibility of legitimate and constitutionally guaranteed recognition of LGBTI+ identities. Such efforts must be directed to the whole of society, in an unrestricted way, and especially to young people, in order to discourage violence based on gender identity and sexual orientation, also aiming to ensure respect for the recognition and self-determination of each person.

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