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Review Article

REGULATIONS AND RULES OF SOCIAL WORKER IN CONVERSION THERAPY: REVIEW

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Abstract:

Conversion therapy is a set of practices aimed at changing or altering a person's sexual orientation or gender identity. It is practiced in every region of the world by health professionals, religious practitioners, and community or family members, frequently with or without the state's support. Conversion therapy is carried out despite evidence that it is ineffective and likely to cause individuals significant or severe physical and mental pain and suffering, as well as long-term harm. Narrative review conducted to summaries the roles of social workers in conversion therapy, all studies were included published in English language up to the end of 2022. There is no empirical evidence to support pathologizing or medicalizing sexual orientation and gender identity differences. According to studies, sexual orientation variation is widespread, and there is significant variation in patterns of sexual and gender expression both between individuals and within individuals over time. Conversion therapy creates an environment that is inherently discriminatory. Even if a person desires therapy, they may be motivated by self-hatred or a conflict between their actual sexual orientation or gender identity and the self-image that they believe is safe or acceptable to present to themselves and others.

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INTRODUCTION:

Conversion therapy is a set of practices aimed at changing or altering a person's sexual orientation or gender identity. It is based on the belief that changing an individual's sexual orientation or gender identity is a desirable outcome for the individual, family, or community. This practice is also referred to as sexual orientation change effort (SOCE), reparative therapy, reintegrative therapy, reorientation therapy, ex-gay therapy, and gay cure. Conversion therapy is practiced throughout the world. We found sources confirming or indicating that conversion therapy is practiced in more than 60 countries [1,2].

Conversion therapy is defined differently by different people. Some definitions include any attempt to alter, suppress, or divert a person's sexual orientation, gender identity, or gender expression. This medicolegal statement only addresses practices that practitioners believe can result in a genuine change in a person's sexual orientation or gender identity. Physical and psychological violence or discrimination aimed solely at inflicting pain and suffering or punishing individuals because of their sexual orientation or gender identity are not addressed, but are categorically condemned [3,4].

Conservatism is a belief system that seeks to preserve society's status quo, most notably through the preservation of social norms, the preservation of order and social stability, opposition to change, respect for authority, and the punishment of people perceived to be deviating from social standards [5]. Initially, conservatism and its consequences were discussed within the context of authoritarian personality theory, which emphasized individuals' personality traits as the primary causes of hostility towards minority groups. Conservatism, when viewed through this lens, is a consistent factor in explaining the nature of all forms of prejudiced attitudes towards minority groups [6,7].

The actions promoted by Exodus in 1976 and the National Association for Research and Therapy of Homosexuality (NARTH) in 1992, which provided research and treatment for same-sex sexuality reversal, were particularly noteworthy. Previous research has consistently found a link between conservatism and various forms of discrimination against sexual minorities. For example, one study [8] found that religiosity predicts conservative opposition to same-sex marriage. To put it another way, most religious people oppose same-sex marriage because they are psychologically motivated to keep things the same [8]. The more conservative people are (whether in political or religious terms), or the greater their overall

motivation for maintaining the status quo, the more social support there is for discriminatory policies against gay people. This happens because, in general, the most conservative people are more motivated to justify the system [8].

DISCUSSION:

Conversion therapy is a form of social rejection, stigmatisation, and discrimination. Many conversion therapy practices resemble acts that are internationally recognized as torture or cruel, inhuman, or degrading treatment or punishment [9]. Beatings, rape, forced nudity, force-feeding, isolation and confinement, food deprivation, forced medication, verbal abuse, humiliation, and electrocution are among them. Internationally, these specific acts, as well as the entire period during which the individual experiences them, are recognized to cause significant or severe physical and/or mental pain and suffering. The fact that a treatment or practise has a legitimate medical application does not preclude it from being physically and psychologically harmful to individuals. Furthermore, a valid medical use for some conditions does not imply that the treatment is also valid for treating other conditions under different conditions [10]. Electroconvulsive therapy (ECT) or electroshock therapy, for example, when combined with a muscle relaxant and general anaesthesia, is a recognized and valid treatment option for psychiatric patients suffering from treatment-resistant, life-threatening depression. Individuals will almost always experience significant disorientation, cognitive deficits, and retrograde amnesia, which can be extremely distressing. Concerningly, ECT is allegedly used for conversion therapy in some countries, despite the fact that it is unproven and thus medically invalid. [11] In countries where ECT is still used in its raw form (i.e., without anesthetics or muscle relaxants), it not only causes significant psychological harm, but also causes violent convulsions that frequently result in joint dislocations and bone fractures. Medication is also used in conversion therapy, and it can have serious physical and mental side effects. When such medication is medically inappropriate or used forcibly or without the individual's consent, it is likely to exacerbate the psychological terror or trauma associated with the conversion therapy experience and has been recognized as a form of torture or other cruel, inhuman, or degrading treatment.8 Individuals have been treated with neuroleptics, anxiolytics, and antidepressants (such as thioridazine, citalopram, fluoxetine, and risperidone) to reduce their sexual desire. Furthermore, they are frequently prescribed due to the mistaken belief that psychosis or another mental disorder is the underlying cause of a person's

specific sexual orientation or gender expression. These antidepressants, mostly from the selective serotonin reuptake inhibitor class, have been linked to sexual dysfunction, while anti-psychotic medications have been linked to movement disorders, mental slowing, tiredness, memory problems, numbness of the body, weight gain, and sexual dysfunction, among other side effects that only add to an individual's distress and suffering [12]. Conversion therapy in any form, including talk or psychotherapy, can cause intense psychological pain and suffering. All conversion practices are inherently humiliating, demeaning, and discriminatory. The combination of powerlessness and extreme humiliation produces profound feelings of shame, guilt, self-disgust, and worthlessness, which can lead to a damaged self-concept and long-term personality changes. The harm caused by conversion therapy begins with the belief that an individual is sick, diseased, and abnormal because of their sexual orientation or gender identity and must be treated as such. This initiates a victimisation process through conversion therapy. Individuals who have undergone the practice frequently experience low self-esteem, anxiety attacks, depressive tendencies, depressive syndromes, social isolation, intimacy difficulties, self-hatred, sexual dysfunction, and suicidal thoughts. Suicidal ideation and suicide attempt rates have been found to be several times higher in conversion therapy patients than in other lesbian, gay, bisexual, transgender, and gender diverse populations [13,14].

Minors and children are especially vulnerable. Psychological symptoms in children and minors exposed to conversion therapy include a significant loss of self-esteem and an increase in suicidal or depressive tendencies. These frequently result in school dropout and the adoption of high-risk, self-destructive, and substance-abusing behaviors. Conversion therapy delays sexual and personal development, which can lead to depression, increased feelings of guilt and stress, and feelings of social rejection and isolation. Minors are particularly vulnerable to developing serious psychological disorders as a result of self-esteem loss, negative feelings towards oneself, self-loathing, feelings of debasement, and the forced rejection of one's own identity. Many conversion therapies can be particularly harmful when used for an extended period of time. Individuals frequently receive therapy for several years to more than a decade.^{9,17} The prolonged duration causes chronic stress, which has been linked to a variety of negative health outcomes such as stomach ulcers, gastrointestinal disorders, skin diseases, sexual and eating disorders, and migraines. Children who are unable to express their difficulties

may manifest their distress through eczema breakouts, insomnia, sleep disorders, vomiting, asthma, and impaired growth or development. Chronic psychological symptoms are possible. Despair, disillusionment, and shame can last for a long time. Even in adulthood, studies have found that exposure to conversion efforts leads to negative mental health outcomes such as severe psychological distress, suicidal thoughts, and lifetime suicide attempts [14,15].

Conversion therapy is frequently associated with posttraumatic stress disorder. Group therapy, camps, and retreats may include highly traumatic elements such as humiliation and physical, verbal, and sexual abuse. Talking or psychotherapy can also become a traumatic event. Session after session, the individual is confronted with their own "deviancy," which grows in intensity and importance as repetition and duration increase. Conversion therapies have been shown to cause avoidance behaviors, hypervigilance (e.g., difficulty falling or staying asleep), intrusive flashbacks, traumatic nightmares, and other posttraumatic stress disorder symptoms [16,17]. Minors and children are especially vulnerable. Psychological symptoms in children and minors exposed to conversion therapy include a significant loss of self-esteem and an increase in suicidal or depressive tendencies. These frequently result in school dropout and the adoption of high-risk, self-destructive, and substance-abusing behaviors. Conversion therapy delays sexual and personal development, which can lead to depression, increased feelings of guilt and stress, and feelings of social rejection and isolation. Minors are particularly vulnerable to developing serious psychological disorders because of self-esteem loss, negative feelings towards oneself, self-loathing, feelings of debasement, and the forced rejection of one's own identity. Many conversion therapies can be particularly harmful when used for an extended period. Individuals frequently receive therapy for several years to over a decade [18]. The prolonged duration causes chronic stress, which has been linked to a variety of negative health outcomes such as stomach ulcers, gastrointestinal disorders, skin diseases, sexual and eating disorders, and migraines. Children who are unable to express their difficulties may manifest their distress through eczema breakouts, insomnia, sleep disorders, vomiting, asthma, and impaired growth or development. Chronic psychological symptoms are possible. Despair, disillusionment, and shame can last for a long time. Even in adulthood, exposure to conversion efforts has been linked to negative mental health outcomes such

as severe psychological distress, lifetime suicidal thoughts, and lifetime suicide attempts [15,19].

Furthermore, states must "prohibit, prevent, and redress torture and ill-treatment in all contexts of custody and control," not just those run by public entities. Some studies have discovered that conversion therapy is being committed, instigated, or supported by private institutions and private individuals acting in an official capacity and carrying out a state function in nearly 30 countries. This includes conversion therapy performed by health professionals in private clinics or by private schools. The UN Convention Against Torture and other human rights instruments require states to monitor the provision of public-interest services such as health and education. According to the United Nations Committee Against Torture, states have a special responsibility to protect people's lives and personal integrity by regulating and supervising these services, regardless of whether the entity providing them is public or private. As a result, personnel in private hospitals and clinics, as well as teachers, are acting in an official capacity on behalf of the state and should be prohibited from directly committing, instigating, inciting, encouraging, acquiescing in, or otherwise participating or being complicit in any acts of torture and ill-treatment, including conversion therapy [20,21].

CONCLUSION:

Conversion therapy is neither medically nor scientifically valid. The practice is ineffective and inherently repressive, and it is likely to cause individuals significant or severe physical and mental pain and suffering, as well as long-term harm. Conversion therapy, in our opinion, is cruel, inhuman, or degrading treatment when it is administered forcibly or without an individual's consent, and it may amount to torture depending on the circumstances, specifically the severity of physical and mental pain and suffering inflicted. States have an obligation to ensure that neither public nor private actors are directly committing, instigating, inciting, encouraging, acquiescing in, or otherwise participating in or being complicit in conversion therapy, which is a form of cruel, inhuman, or degrading treatment or torture. States must also regulate all health and education services that may be promoting this harmful practice. Conversion therapy is a violation of the fundamental standards and ethics of our profession. Health professionals should understand that by providing these treatments, they are perpetuating social customs and norms that contradict respect for individuals' rights and dignity; they are engaging in false advertising or fraud; and they may

be facilitating and participating in cruel, inhuman, or degrading treatment or torture. Minors may facilitate or perpetrate child abuse and neglect, in addition to torture and other cruel, inhuman, or degrading treatment.

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