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An Analysis on Conversion Therapy and Desideratum of Separate Statute

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ABSTRACT

Discrimination and shrewdness toward the transgender community are obliterating the fundamental principles of humanity to play a role and succour honesty. Seeing people treating transgender itself reflects the level of immaturity and the need to make them feel disassociated. 'Coming out which sites a person divulges their sexual orientation to the world and is a segment of the LGBTQIA+ community. The dilemma is, what is the 'requirement for coming out?

This analysis on reparative therapy deliberates upon the societal views with respect to the LGBTQIA+ community and the immense amount of prejudice associated with these terms as well this article aims at bursting the bubble and myth of conversion therapy. In order to elucidate the meaning of this therapy, it describes the types also the origination of the same. Followed by its adverse effects on the victim both physically and mentally.

In this research work, some of the paramount landmark case laws have been discussed, and how their judgments have impacted society along with the reasoning of the judiciary. Besides international law and human rights, moreover, the model has demonstrated that it is pivotal to have a separate statute for the same.

I. INTRODUCTION

The conversion phrase itself refers to altering themselves into something other than reality, which one is preferred these days, in order to assimilate themselves in the area and perhaps be like others rather than outshining themselves with utmost acceptance and respect for oneself; it is a sort of accused considering the grim reality that we humans are the whole caboodle for bringing it to the presence. Because never-ending desideratum for recognition by society, be it friends, family, acquaintances, or anyone for that matter, is endless. That community being shrewd and obliterating the fundamental principles of humanity is to play a role and succour honesty. Whereas we constantly want to belong somewhere instead of being rare. Alike is when until it refers to gender preference intellect, it's been programmed that it's either male, female and any other sexual identity is just a perception and at times curse too. Seeing people treating transgender is itself reflects the level of immaturity and the need to make them feel disassociated

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from a so-called community that is not comfortable; conceding it, isn't being accepted by the people it is a lengthy trek to make this place less cruel and more accepting.

In the 21st century, our world is still way behind and fighting over equality which is depressing, nowadays new generation is coming up with contemporary phrases or slang to look cool and again more accepting of existing society, and one of that notions is 'coming out' which sites that a person divulges their sexual orientation to the world and is a segment of the LGBTQI+ community either by having a conversation or just a talk with their family or friends, which is upstaging, in view of that nonetheless sector have to suffer, and there's need of informing it to whoever furthermore there's all of that serious talk and maximum time hearing person trying to convince them that it's nothing but either some incorrect influence or it's just in their head, besides umpteen parents scold their children arguing that it's against the nature's creation. Which many times adversely deteriorates the emotional well-being of the children, including leading themselves into the gigantic hole of self-doubt, turning out into self-sabotaging procedure. The dilemma is, what is the 'requirement for coming out', why anyone's sexual orientation is something the public is so keen about? Shouldn't it be personal. It's no shock how this LGBTQI+ is a massive taboo topic majorly in a country like ours, i.e., India, developing nations. Regardless of the fact that the Supreme Court has enacted legislation decriminalizing homosexuality, which is thoroughly explored in the latter portion of this study effort.

(A) What Is Conversion Therapy?

"Reparative" or "conversion" therapy is a harmful technique that aims to convert the sexual or gender identity of LGBTQ youth. The term "therapy," borrowed from Greek, means "healing." Conversion therapy procedures, on the other hand, cause significant misery and anguish, concluding in long-term psychological and physical harm, according to the Independent Expert's study.

The term "conversion therapy" refers to a group of therapies that each subscribe to the belief that a person's sexuality or gender identity can and must be changed. Such approaches strive (or claim to seek) to convert someone from homosexual, lesbian, or bisexual to heterosexual, as well as from trans to cisgender. Conversion therapy, widely known as "reparative therapy," is a collection of hazardous and disproved treatments that falsely claim to change a person's sexual orientation, gender identity, or expression. Irrespective of the fact that every medical and mental health professional association has rejected such practices for decades, some practitioners continue to use them due to continued prejudice and cultural hatred toward LGBTQ people. Conversion therapy is extremely dangerous for minors, as it can lead to

melancholy, anxiety, addiction, homelessness, and suicide.

Reparative therapy is presently used in multiple nations across the world. Private and public practitioners of mental health care, faith-based groups, traditional healers, and agents of the state are among the perpetrators. Promoters include family and community members, as well as government officials and other agencies.

Emphasizes that these conducts are fundamentally demeaning and discriminating. They are based on the idea that LGBT people are somehow inferior, also that they must change their orientation or identity at whatever cost to compensate for that claimed inferiority. He emphasizes that such methods exist and are a blatant violation of the rights to physical autonomy, health, and the free expression of one's gender identity and sexual identity. When carried out forcibly, they also fall foul of the ban against cruelty and evil.²

The Independent Expert advocates for the abolition of conversion therapy on a worldwide scale. This procedure must comprise the following steps:

- Banning such interventions in healthcare, religious, educational, communal, commercial, or any other public or private environment summary, it has copious evidence that conversion therapy is ineffectual., as well as there some proof that it is detrimental to LGBTQ persons
- Defining the forbidden practices clearly
- Advertising prohibition
- Make certain that no public monies are utilized to assist them.

On the contrary, there is ample evidence that LGBTQ persons suffer severe physical, psychological, and other problems as a result of social discrimination. According to a study conducted at San Francisco State University on the family-related problems and acceptance of LGBTQ youth, "especially in comparison with lesbian, gay, bisexual, transgender, and queer youngsters not rejected or were only slightly rejected by owing their homosexual or transgender status, their parents and careers individuality, highly rejected LGBTQ younger folks have been, Developing penalties for noncompliance and conducting investigations into individual allegations.

Developing systems to give victims access to all types of restitution

Research on the reparative therapy's effect as well as the harms caused by societal stereotypes

² <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

In 2007, an American Psychological Association task committee conducted a thorough assessment of the current situation literature on the conversion's effectiveness treatment. According to their report, there has been very little methodologically sound research on sexual orientation change efforts (SOCEs), and "evidence of scientifically sound studies imply that individuals are still unable to diminish same-sex desires." or increase other-sex sexual attractions via SOCE."

- More than eight times as suicide attempts are very likely.
- Nearly six times as prone to expressing a high amount of depression
- More than three times as prone to using illicit substances
- More than three times as likely to be at greater risk of contracting HIV and STDs

II. EVOLUTION OF THE CONVERSION/REPARATIVE THERAPY

The urge to convert gay persons to heterosexual people has a long history. Sigmund Freud described a lesbian patient whose father desired that she be converted to heterosexuality in 1920. Freud agreed with current psychologists that altering one's sexual orientation was difficult and unlikely. He volunteered to visit the woman anyhow, but owing to her antagonism, he terminated the counseling. In 1935, Freud went even further, writing to a lady seeking conversion for her homosexual son that homosexuality "is nothing to be ashamed of, no vice, no degradation; it cannot be defined as an illness."

Throughout the early-mid-1900s, several psychologists felt homosexuality could be altered and pointed out a number of therapies. One of the strangest efforts was made by Viennese endocrinologist Eugen Steinach, who attempted to relieve homosexual men of same-sex attractions by transplanting testicles from heterosexual men into their scrotums. It was ineffective.

Edmund Bergler, who considered homosexuality as a sickness and claimed he could "cure" gay persons with a punishing attitude, and confrontational treatment method, was a paramount promoter of conversion therapy in the 1940s and 1950s.

Conversion treatments fell out of favor once the American Psychiatric Association ceased categorizing homosexuality as a mental disease in 1973. However, religious-right organizations like Exodus International and Concentrate on the Family's Love Won Out seized the initiative, offering their own "ex-gay" therapies. A tiny group of psychologists, divided from their colleagues, continues to advocate the treatments, establishing the conversion therapy organization NARTH, or the National Association for Research and Therapy of Homosexuality.

The organization has religious ties; for example, one of its founders and previous president, psychologist Joseph Nicolosi, was a former Focus on the Family representative.

III. HOW FREQUENTLY DOES IT OCCUR?

Evidence reveals that lesbian, gay, bisexual, and transgender persons are still subjected to these damaging practices.

According to our LGBT in Britain - Health research, one in every twenty LGBT persons (5%), when seeking healthcare, has been forced to doubt or change their sexual orientation. This figure jumps to 9% of LGBT persons aged 18-24, 9% of Black, Asian, and minority ethnic LGBT people, and 8% of LGBT handicapped people.

Beatings, rape, forced medicine, forced nudity, incarceration, verbal humiliation, and other forms of physical, sexual torture, and psychological were used to try conversion.

When it comes to healthcare, one in every five trans persons (20%) has been forced to use treatments that deny their gender identity.

IV. PEOPLE WHO UNDERGO CONVERSION THERAPY

As shown in a poll of over 8,000 persons from 100 nations done as part of the United Nations research, 98 % of those who had undergone conversion and many people were harmed as a result of treatment. It is definitely not serene to undergo such traumatizing procedure. Nonetheless, there are an enormous group of individuals who have been through such painful and distraught therapy, both mentally and physically. However, tribes do go through it since the social pressure and sarcastic taunting is never-ending. Also is no less than a penalty either, therefore, it's less complicated to hide it or brush it under the carpet. That's easily possible to hate folks who have had conversion therapy and are now "ex-gay," especially if they advocate the procedures. But let us try to be kind. Who are these people? Why did people agree to participate in such a program, typically without being coerced? To begin with, many of them are conservative and religious, and many have been, or fear being, rejected by their families. They are lonely and friendless.

Undoubtedly, the ideal situation would be for them to confront their internalized homophobia through real treatment. It's much easier said than done. Legitimate treatment is expensive; however, many reparative therapy programs are free because they are supported by churches and/or wealthy conservatives. Proper, affordable mental health treatment is nearly universally unavailable, allowing these extremely professional-appearing reparative therapy programs to look feasible for these vulnerable individuals. Many of them claim that if it hadn't been for the

conversion therapy and their latest straight lifestyles, they would have died by their hands.

(A) What Are The Post-Therapy Effects?

The most severe detriment is that promises of changing a person's sexual orientation via conversion therapy are incorrect or rejected. These techniques can teach a person to avoid being drawn to a specific sex, but they cannot change a person's basic character.

The cumulative effects of acute humiliation produce strong emotions of shame, helplessness, remorse, worthlessness, and self-disgust, which can lead to a shattered self-concept and long-term personality changes."

An examination of conversion therapy in India: the necessity to criminalize it and the associated socio-cultural issues

Even after homosexuality was decriminalized, India's treatment of the LGBTQ+ population has not been particularly progressive. To rub salt in their wounds, a recent instance shows the tragedies they have endured. Anjana Hareesh, a 21-year-old student, committed suicide. While the specific cause of her death is unknown, it is suspected that her suicide is linked to the fact that she was put into conversion therapy by her family for days after revealing out as bisexual.

The student claimed on Facebook she was being punished in the video, forced to conversion therapy at de-addiction and mental health centers run by a Christian community, and that she was receiving heavy medication. Furthermore, scientific study on these topics indicates that conversion treatment causes mental health problems, including suicidal ideation.

This elucidates the unsafe practice of conversion therapy that continues to be conducted in India, even though homosexuality has been decriminalized. It highlights the prevalence of a mindset in Indian society that considers homosexuality abnormal and so treatable through medical methods. The following research investigates the position of conversion therapy practiced by doctors in India's present legal structure. It will examine the requirement for this conduct to be convicted, as well as critically assess such punishment and its sways on Indian culture.

The duties and norms established by international treaties of India as a signatory also justify the criminalization of conversion therapy. The responsibility the duty of the state to defend its citizens from torture, barbaric or cruel, or subjected to torture is stated in Article 5 of the Universal Declaration of Human Rights and Article 7 of the International Universal Declaration of Rights. Yet, according to the World Health Organization, the right to health includes freedom from torture and non-consensual medical assistance.

To protect the rights of the LGBTQIA+ populations, the legislative and courts in India must

criminalize heinous practices like homosexual conversion therapy, commonly known as reparative therapy.

V. IN INDIA, THE LEGITIMACY OF CONVERSION THERAPY IS CONTENTIOUS

Conversion therapy is a treatment of changing an individual's sexual identity from gay to heterosexual. The people in the medical profession have condemned this treatment as unethical as it is based on the premise that homosexuality exists and is a mental disease, despite the lack of scientific proof.

The adoption of such therapy by doctors potentially leads to penalties responsibility - a type of legal liability in which compensation is to be paid in monetary terms for damages done – under medical negligence, as doctors have a duty to ascertain whether or not to take up the case. The Supreme Court of India held thus in the Laxman Balkrishna Joshi case.

(A) Laxman Balkrishna Joshi (Dr.) v. Dr. Trimbak Babu Godbole, (1969) 1 SCR 206³

In the above-mentioned case, the Supreme Court held that "The obligations that a doctor ascribes to his patient are accurate. An individual who declares themselves ready to provide medical advice and treatment implicitly agrees that he possesses the necessary ability and knowledge. When consulted by a patient, such a person owes him various obligations, including a duty of care in determining that we shall take the case, a duty of care in selecting what is being delivered by treatment, and a duty of care in administering that treatment. A breach of any of these responsibilities provides the patient with the right to sue for negligence. The practitioner must bring a fair level of expertise and understanding to his assignment, as well as exercise reasonable standards of care. The law needs neither the ⁴very amusing nor the very lowest level of care and competency, as determined as per the facts of each instance."

It's the undeniable duty of the doctors not to take any such cases of such nature, which are absolutely absurd and are nothing but the harsh consequence and result of the prejudiced mindset of the community.

However, legal culpability recognizes only monetary compensation and nothing else. As a result, imposing civil responsibility on doctors who willfully disregard medical research is insufficient to entirely delete this kind of conduct. As a result, there is a need to assign criminal culpability.

³ Laxman Balkrishna Joshi (Dr.) v. Dr. Trimbak Babu Godbole, (1969) 1 SCR 206

There are two probable avenues for maintaining criminal responsibility for conversion treatment in India.

To begin, Section 319 of the *Indian Penal Code*, 1860(IPC) states that inducing infirmity is an offense of "Hurt." Furthermore, it was decided in *Jashanmal Jhamatmal v. Brahmanand Sarupananda*⁵ that mental disability falls within the category of "Hurt." As a result, an inference may be drawn that conversion treatment may come under the category of "Hurt," owing to adequate proof of mental infirmities such as depression, anxiety, trauma, and so on induced by it.

Secondly, Section 304-A of the IPC provides for criminal culpability for medical negligence. Nevertheless, the bar for demonstrating it is exceedingly high. It is a nicely established position in criminal law that, in order to demonstrate criminal negligence or recklessness, the action should be "gross," as determined in the *Jacob Mathew vs. State of Punjab*⁶ case. As a final result vagueness and broad reach of the phrases "high degree" and "gross," medical practitioners have more discretion to get away with no penalty.

Unfortunately, judicial precedents don't cover the development of the aforementioned laws to conversion treatment, implying the requirement for a new criminal provision/statute tackling the question.

VI. CASE ANALYSIS OF NAVTEJ SINGH JOHAR V. UNION OF INDIA, (2018) 10 SCC 1⁷

It is the landmark judgment when it comes to LGBTQIA+ rights; in this case, Indian Supreme Court uniformly declared that Section 377 of the *Indian Penal Code*, 1860 was unconstitutional insofar as it extended to consensual sexual behavior between adults in private. With this ruling, the Court reversed its decision in *Suresh Koushal v. Naz Foundation*, (2014) 1 SCC 1,⁸ which affirmed the legality of Section 377.

The Judge ruled its decision in *National Legal Services Authority v. Union of India*, (2014) 5 SCC 438⁹ to reiterate that sexual orientation is inherent in one's personality and that disputing it would be a violation of one's dignity. The Court based its ruling in *K.S. Puttaswamy v. Union of India* (2017) 10 SCC 1¹⁰ on the principle that denying the LGBT community their right to privacy on the grounds that they are a minority of the population would be an infringement of

⁵ *Jashanmal Jhamatmal v. Brahmanand Sarupanand*, 1943 SCC OnLine Sind CC 42

⁶ *Jacob Mathew v. State of Punjab*, (2005) 6 SCC 1

⁷ *Navtej Singh Johar v. Union of India*, (2018) 10 SCC 1

⁸ *Suresh Kumar Koushal v. Naz Foundation*, (2014) 1 SCC

⁹ *National Legal Services Authority v. Union of India*, (2014) 5 SCC 438

¹⁰ *K.S. Puttaswamy (Privacy-9J.) v. Union of India*, (2017) 10 SCC 1

their fundamental rights.

It held that Section 377 is an unjustified limitation on the right to free speech since consenting to sexual intercourse in private "*does not in any way affect public morality or ethics*". If it remains on the books, it will have a chilling effect that will "violate the private right under Art. 19(1)(a)." The Court confirmed that "*intimacy between consenting adults of the same sex is outside the state's legitimate interests*". By attacking a portion of the population based on their sexual orientation, sodomy laws violate the right to equality guaranteed by Articles 14 and 15 of the Constitution.

Justice Chandrachud acknowledged in his judgement that, while Section 377 seemed to be facially neutral, its "*impact was to efface identities*" of the LGBT community. He claimed that if Section 377 remains in effect, the LGBT population would be excluded from healthcare facilities, and the "prevalence of HIV will worsen". He emphasized that the law must not only not make distinctions against same-sex partnerships, but it must also take proactive efforts to establish equal protection and to provide the community with "full citizenship in all its forms."

Chief Justice Misra (on behalf of himself and Justice Justice A.M. Khanwilkar) said that the constitution should steer the society's evolution from an antiquated to a realistic civilization where basic rights are vigorously defended. He also asserted that "constitutional morality will prevail over social ¹¹morality" to ensure that LGBT persons' human rights are respected, irrespective of if the rights are approved by a working majority.¹²

However, according to Justice Malhotra, homosexuality is "*not an aberration, but a variety of sexuality*". She emphasized that the right to privacy includes not just the right to be alone but also "spatial and decisional privacy". She finished her conclusion by declaring that history owes an apology to members of the LGBT community and their families for the delay in delivering reparation for centuries of ignominy and ostracism.

In his conclusion, Justice Nariman examined the proposed legislation of Section 377 and concluded that since the motivation for Section 377, namely Victorian morality, "had gone forever," there was no need to keep the ban in place. He finished his ruling by requiring the Union of India to take all necessary steps to publish the verdict in order to remove the stigma that the LGBT community faces in society. He also requested that government and police authorities be made aware of the community's suffering to secure preferential coverage for it

¹¹ National Legal Services Authority v. Union of India, (2014) 5 SCC 438

¹² Navtej Singh Johar v. Union of India, (2018) 10 SCC 1

(A) Critical Examination of Suresh Kumar Kaushal v. Naz Foundation¹³

In the above-mentioned case, the court proceeded to explain the founding fathers' intention regarding Article 21 regulation, saying, "Thus decided to expand and read for explanatory purposes, Article 21 clearly brings out the implication, that the Founding Fathers recognized the right of the State to deprive a person of his life or personal liberty in accordance with fair, just, and reasonable procedure established by law." However, in the preceding example, Section 377 is applied indiscriminately, and it distinguishes between procreative and non-procreative sexual behaviors, demonstrating no clear Step purpose in enacting such legislation to restrict and prohibit such a fundamental basic right.

In this case, it was determined that consenting sexual actions involving two adults of the same sex must not be governed by law since it infringes their Fundamental Rights and also that a person's choice of sexual companion isn't the obligation of the State to regulate. Section 377 is being utilized to brutalize members of the LGBT+ people.

Universal, as opposed to constitutional morality drawn from the constitution principles, is predicated on movement notions of common sense, and as of today, a large portion of the elite population is in favor of LGBT rights, demonstrating that the State is not even going by common morality but by its morality, or if there is any type of morality which can pass the test of colorable claim, it will be constitutional ethics.

VII. UNITED NATIONS HUMAN RIGHT COMMISSION ON CONVERSION THERAPY

¹⁴The United Nations Human Rights Council became the first UN intergovernmental body to pass a broad resolution on human rights and gender identity in June 2011. Resolution 17/19 underlined the Council's "grave concern" over assault and discrimination against persons based on their sexual orientation or gender identity, and it commissioned research to assess the nature and scope of these infractions, as well as the steps needed to address them.

According to the research, the "treatment" is based on the incorrect and completely unscientific assumption that persons who do not comply with culturally mandated norms of identification are unwell and that their sexual orientation (SOGI) can and should be transformed.

"The humiliating character of many conversion therapy techniques, including physical abuse, electro-shock treatment, pseudo-medical procedures, and the use of anti-LGBT epithets and insults, contribute to an overall demeaning atmosphere towards individuals with varied SOGI,"

¹³ Suresh Kumar Koushal v. Naz Foundation, (2014) 1 SCC

¹⁴ <https://news.un.org/en/story/2022/02/1112242>

the independent UN expert stated.

Likewise, UN human rights treaty agencies have reaffirmed that sexual orientation is banned as grounds for discrimination within international human rights law. This implies that it is illegal to deny people's rights because they are lesbian, gay, bisexual, or transgender (LGBT), just as it is illegal to deny people's rights because of their skin color, ethnicity, sex, religion, or any other status. This view has been regularly reinforced in decisions and general guidelines provided by numerous treaty organizations, including the United Nations Human Rights Committee, the Committee on Social and Cultural Rights, and the Committee on Economic, Social, and Cultural Rights.

(A) What are some of the most prevalent human rights breaches experienced by LGBT people?¹⁵

The United Nations Human Rights Office has identified various human rights breaches perpetrated against persons based on their gender identity or sexual orientation.

- Brutal assaults, which range from intense verbal abuse and psychological bullying to physical assault, torture, beatings, and targeted killings.
- Blatantly discriminatory treatment can occur in a variety of everyday situations, such as businesses, schools, hospitals, and homes. Without national rules forbidding discrimination by third parties on the basis of sexual orientation, such discriminatory treatment goes unchecked, leaving people impacted with few options. In this context, the absence of legal acknowledgment of same-sex partnerships or a person's gender identity can have a discriminatory effect on many LGBT people.
- Prejudiced criminal laws, which are frequently used to harass and penalize LGBT persons, such as legislation criminalizing consensual same-sex partnerships, which breach the rights to privacy and freedom from abuse.

(B) Conversion Therapy And International Law

"Conversion therapy" focuses on a certain group based only on gender identity, intending to interfere along with their integrity and honesty, and independence.

This violates international human rights law, which is determined by the fundamental values of universality, equality, and non-discrimination, according to the UN expert, making the practice "inherently discriminatory."

¹⁵ <https://www.ohchr.org/en/calls-for-input/reports/2020/report-conversion-therapy>

Furthermore, given that sexually diverse or gender-diverse people are morally, spiritually, or physically inferior individuals who must be modified to compensate for their inferiority, it may contravene the ban on torture and ill-treatment according to the severity of physical and mental pain and devastation wrought.

Ultimately, this practice breaches the right to health, namely the right to liberty from non-consensual surgical therapy.

VIII. DEMAND FOR THE DISCRETE STATUTE

It is pertinent that the state intervenes by implementing specific legislation that provides the LGBTQ+ group with favorable pay and justice opportunities to live with dignity.

As shown in recent research of statistical data on conversion therapy, the aggressive usage of this treatment is directly related to social opinions about the LGBTQ+ population and the degree of unacceptability towards them. More often than not, the principal offenders of this behaviour are family members, relatives, and non-medical professionals acting in the name of religion, culture, and so on. It is critical that the duty be not primarily placed on mental health practitioners as a positive step toward cultural reform in the mindset of the LGBTQ+ group.

However, the Mental Health Care Act can be utilized to give modest safeguards to the LGBTQ+ community from the heinous technique of 'conversion therapy,' addressing this issue requires new legislation. The Act has restrictions since the LGBTQ+ population can perhaps be classified as mental health patients solely based on their sexual orientation. Furthermore, the idea of 'educated consent' fails to safeguard an individual who has been indoctrinated into believing that their sexuality is an illness and consents to these excruciating treatments in order to comply with cultural views.

(A) Mental health courts and legislation for the LGBTQ+ community

The Mental Health Care Act of 2017 states that mental health services may not be available biased against patients based on sexual orientation. Furthermore, before treating patients, 'informed permission must be obtained from them.

The Yogyakarta Principles, which include the right of a person to be kept safe from any medical or psychological therapy or medical treatment, were recognized by the Supreme Court in National Legal Services Authority (Nalsa) v. Union of India, which has been examined additional in the book.

(B) Why do psychologists have different stands on reparative therapy? INEFFECTIVE

Since homosexuality is not regarded as a mental disease, the American Psychological Association (APA) does not advocate "fixing" same-sex desire in any situation. According to an APA statement on "conversion" or "reparative" treatment issued in 1997, the main hazards to homosexual people's mental health are social ignorance, bigotry, and pressure to conform to heterosexual preferences.

Conversion treatments, despite being promoted by religious organizations, have no evidence to back them up, according to a 2009 APA task panel. An examination of research from 1960 to 2007 revealed just 83 on the issue, the great majority of which lacked the experimental muscle to establish whether the interventions accomplished their stated aims.

According to the APA task group, the best-quality studies were more recent and qualitative, focusing on the subjective experience rather than the statistical success of treatment.

"The above investigations have indicated that permanent change in an individual's sexual orientation is unusual," the task panel said in their 2009 report. The subjects remained to express same-sex attraction following conversion therapy and were not substantially more attracted to the other gender.

However, these investigations discovered that conversion treatment might be hazardous. Anxiety, suicidality, "loss of sexual sensation," and despair were among the negative outcomes.

IX. REMEDIES

Concrete actions that International Law mandates to be taken to protect LGBTQIA+ people's rights are as follows: -

(A) Repeal Laws

Eliminate any legislation that criminalizes private sexual behaviour between consenting people, including laws that penalize homosexuality. Ensure that people are not imprisoned or arrested because of their sexual orientation or gender identity and that they are not subjected to any demeaning medical exams to ascertain their sexual orientation, which may be highly sensitive to them.

(B) Safeguarding The Rights Of LGBTQIA+ People

Guard all LGBT people's freedom of expression, association, and peaceful assembly, and ensure that any restrictions on these rights, even if they purport to serve a legitimate purpose and are reasonable and proportionate in scope, are not discriminatory on the basis of gender identity. Encourage a culture of equality and diversity that includes respect for LGBT people's rights.

(C) Protection Against Violence

Individuals must be protected from transphobic and homophobic violence, as well as torture and harsh, inhuman, and degrading treatment. Enact hate crime legislation that deters violence against people based on their sexual orientation and provides effective processes for reporting hate-motivated acts of violence, including successfully investigating and prosecuting offenders and bringing those responsible to justice. Provide training to law enforcement officials, supervise detention facilities, and set up a method for victims to seek redress.

Furthermore, asylum laws and procedures should acknowledge that persecution based on sexual orientation can be a genuine reason for seeking refuge.

(D) Laws Prohibiting Discrimination

Discrimination based on sexual orientation and gender identity is prohibited. Pass laws prohibiting discrimination based on sexual orientation and gender identity. Provide education and training to LGBT and intersex persons to help them avoid prejudice and

X. CONCLUSION

Following are the main hundreds of examples that show how challenging it is for the trans community to share a house as their biological parents and how frequently they are compelled to encounter conversion therapy.

As per this paper and the above-mentioned agenda, it has only one aim, i.e., to make this place a better one for each and every kind and genuinely accepting and swearing by the word equality and eradicate the ideas of these absurd phobias like homophobic, and transphobic. We as a community should ensure that each kind feels welcomed and not unbelonged. We still have a lot of work to do to get the public to realize that people's sexuality and personal preferences must be honored.

Much more has to be done in the coming years to combat prejudice and protect LGBT persons in all nations from oppression and harassment.

Conversion therapy exacerbates the stigma associated with homosexuality and adds to their sense of persecution. When the practice of conversion therapy persists after being explicitly denounced by international organizations, a tougher punitive framework is required to address the issue. As a result, the coercive use of such therapies violates the basic notion of justice, and it is past time that this practice is criminalized, coupled with a greater emphasis on gender and sexuality-based education to achieve the required socio-cultural transformation.

This is not simply legislation that may effect change in society; we, as a society, also require

social reform. Mental health should be prioritized, and psychologists around the country must make necessary efforts to raise concerns about the harmful effects of conversion therapy. Before it is too late, we must pause and consider if we see reparative therapy or societal murder disguised as commercial deception.

As a result, courts in India must either regard conversion treatment as an act of 'harm' or adopt explicit measures under criminal law that meet this challenge. Although the law can help to some extent, the major difficulty remains in changing people's attitudes about LGBTQIA+ persons and treating them with decency and respect, as mentioned in Article 21 of the Indian Constitution.
