

HIDDEN BEHIND THE 'RIGHT PATH':

Untangling Malaysia's
"soft approach" to
LGBTQ rehabilitation

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**HIDDEN BEHIND THE RIGHT PATH:
UNTANGLING MALAYSIA'S "SOFT APPROACH"
TO LGBTQ REHABILITATION**

2022

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About Justice for Sisters

Justice for Sisters is a human rights group working towards meaningful protection, promotion, and fulfilment of human rights of lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+) and gender diverse persons in Malaysia.

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Acronyms

AGC	Attorney General Chambers
ARROW	The Asian Pacific Resource and Research Centre for Women
APTAN	Asia Pacific Transgender Network
B40	Bottom 40% of Malaysian households, categorised by income group
BHEUU	<i>Bahagian Hal Ehwal Undang-undang</i> (Legal Affairs Division in the Prime Minister's Department)
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
GBQ	Gay, Bisexual and Queer Men
HIV/AIDS	Human Immunodeficiency Virus/Acquired ImmunoDeficiency Syndrome
HRD	Human Rights Defender
HRT	Hormone Replacement Therapy
JAKIM	Department of Islamic Development Malaysia
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (or LGBT or LGBTQ)
MAIS	Selangor Islamic Religious Council
MCO	Movement Control Order
MCMC	Malaysian Communications and Multimedia Commission
MOE	Ministry of Education
MOH	Ministry of Health
MP	Member of Parliament
NGO	Non-governmental organisation(s)
NRD	National Registration Department
NSP	National Strategic Plan
OHCHR	United Nations Office of the High Commissioner for Human Rights
PAS	Pan-Malaysian Islamic Party
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics
SUHAJAM	The Human Rights Commission of Malaysia
UPR	Universal Periodic Review
WHO	World Health Organization

Terminology

BISEXUAL

Refers to a person (cisgender and transgender) who is romantically and/or sexually attracted to men and women.

CISGENDER

Refers to a person who feels that the identity assigned to him or her at birth is in line with his or her feelings, the way they see themselves, and their lived experiences. For example, a baby who is given a female identity based on assumptions of their genitals, finds that the assigned identity matches their feelings, the way they see themselves, and their life experiences.

GAY

Refers to men (cisgender and transgender) who are romantically and/or sexually attracted to men (cisgender and transgender).

GENDER-DIVERSE

Umbrella term used to include non-binary, fluid gender, non-conforming gender and so on.

GENDER EXPRESSION

Refers to the way we express our gender through actions and characterization, including dress, speech and behaviour. A person's gender expression is not necessarily 'aligned' with sex, gender identity or sexual orientation.

GENDER IDENTITY

Refers to the profound experiences felt by each individual regarding their gender identity, which may or may not match the identity assigned at birth. This includes their feelings about the body (which may involve, if freely chosen, modification of the appearance or function of the body through medical processes, surgery, or other means) and expression of their gender identity through, dress, speech and actions or movements of the body.

INTERSEX

Refers to individuals born with sex characteristics, which include genitals, gonads and chromosomal patterns, that are beyond the binary understanding of the male and female bodies.

LESBIAN

Refers to women (cisgender and transgender) who are romantically and/or sexually attracted to women (cisgender and transgender).

NON-BINARY

Umbrella term used for people who identify as both, a combination of, or neither of the two available models of gender.

QUEER

Acts as an umbrella term for LGBTQ. It can refer to sexual orientation, gender identity and gender expression. In terms of sexual orientation, it refers to romantic and/or sexual attraction that is not determined by one's gender identity.

SEX

Refers to a combination of genitals and other reproductive anatomy, chromosomes and hormones, and other physical characteristics that may be present due to puberty.

SEXUAL ORIENTATION

Refers to sexual and/or romantic attraction.

TRANSGENDER

Transgender is also an umbrella term used for persons who do not identify with the assigned identity at birth. Trans is short for transgender. The trans umbrella include trans men, trans women, gender-non binary or genderqueer identities.

Introduction

Conversion therapy or practices refer to a set of practices used to change or suppress a person's sexual orientation and gender identity through various medical, spiritual, religious methods, among others. The criminalisation of LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) persons, coupled with the non-recognition of transgender and gender-diverse people in Malaysia, enable both state-led and other conversion practices to take place with impunity. This creates a repressive environment that further contributes to low self-acceptance and pressures some LGBTQ persons to change or repress their sexual orientation and gender identity or gender expression to avoid discrimination and survive.

In Malaysia, 'conversion therapies' are practised by various high-level actors, including state and quasi-state agencies, despite it being based on debunked science. "*Balik pangkal jalan*," "return to the right path," and *hijrah* are among the terms widely used as euphemisms to cover these practices. *Hijrah* means people who have made a 'pilgrimage' or change; in the context of sexual orientation and gender identities, *Hijrah* refers to ex-LGBT persons.

This report provides an overview, analysis, and recommendations to the Malaysian government on conversion therapy. There are a number of areas where this report dives deeper in order to unpack the nuances of conversion practices being conducted on LGBTQ people in Malaysia.

- **In Malaysia, the pressure to change is overwhelming, and exacerbated by misinformation by the state and faith-based actors about sexual orientation and gender identity.** This pressure to change manifests in various forms, including: disapproval, marginalisation,

criminalisation, violence, and incentives offered to LGBTQ persons to change their SOGIE, etc. Shame is a common emotion invoked to exert pressure on both LGBTQ persons themselves, and also their parents, who are perceived to be a source of the 'LGBTQ phenomenon' due to bad parenting, genetics, etc. As a result, parents and family members become vulnerable to misinformation and pressure to cause harm to their children, rather than making informed decisions in the best interest of their children. For some LGBTQ people, they internalise the shame and take measures to change themselves, or 'voluntarily' seek assistance from religious or medical practitioners, who become additional points in the constellation of actors who can contribute to—or prevent—conversion therapy from occurring.

- In 2010, a series of activities were introduced by the Prime Minister's Department to "curb the LGBT movement," including rehabilitation activities. **Since then, these programmes have grown and intensified.** According to the Minister in the Prime Minister's Department, Datuk Haji Idris bin Haji Ahmad, at least 1,769 people have participated in the state-organised *Mukhayyam* and *ibadah* (prayer or religious) camps since its introduction in 2011.¹ A JAKIM official, in an interview in a 2021 report, estimates about 5% of its participants have changed their appearances, while the rest are in the process of *mujahadah* or facing spiritual struggles.²

As a result of the camps, 12 komuniti *Hijrah* or ex-LGBT NGOs consisting of Muslim LGBTQ persons have been established throughout the country.³ The groups reportedly "organize Quranic studies classes and *usrah*⁴ (circle discussion or study circle) as a support group for members of the community in order to seek

religious guidance from the respective state Islam Department officers.”⁵ One particular strategy has been to use ex-trans or ex-LGBT persons to reach and support other LGBTQ persons to change their SOGIE.

The state's efforts in relation to LGBT issues are consistently reported in Parliament. For example, in September 2021, the Prime Minister through a written response listed the state funded programmes in response to a question by a Justice Party Member of Parliament (MP) on the government's commitment in relation to LGBT persons in Malaysia.⁶ In March 2022, again, in response to a question by a PAS MP on the government plan to “introduce a specific policy to eradicate the growing LGBTQ culture in the country”, the Minister of Religious Affairs at the Prime Minister's Department listed the state-funded activities.⁷ While there has been much attention called to the government's LGBT response, it has not been met with critical responses from Members of Parliament. For example, despite the issue having been presented consistently in Parliament, to date, MPs have not questioned the Ministry or the Prime Minister's Department regarding the efficacy of the state-funded programmes and whether they are aligned with evidence and human rights standards, nor do they acknowledge the fact that state anti-LGBT programmes make several populations more vulnerable to conversion practices, such as children, prisoners, and those in the B40 income group. **There is very little to no oversight over the state-funded programmes.**

- On the contrary, MPs, especially from the Islamist party PAS, have repeatedly voiced support for state-funded rehabilitation programmes. For example, on two occasions between July and August 2020 the Bachok MP called for the government to maximise its efforts against LGBTQ persons, including by curbing LGBT activities in online spaces,⁸ and voiced support for the Minister of Religious Affairs' statement to give “full license” to the state Islamic religious departments

to arrest and rehabilitate transgender individuals.⁹ He made a similar call again in 2021 in response to SUHAKAM's call for researchers for a study on assessing the *Feasibility of Having Legislation on the Recognition of a Third Gender in Malaysia*.¹⁰

When the government—and its ministries and Islamic departments—are responsible for conducting conversion practices, **it upholds a restrictive environment where criminalisation of and violence against LGBT persons is normalised, and indeed, far from being punished, it is encouraged in discriminatory policymaking and LGBT-phobic discourse.** In the absence of regulations and protections for their lives, dignity, or legal recognition for their gender identities, it becomes even more challenging for those who have been subjected to conversion practices to seek redress and support.

- In general, **there is a lack of understanding on how the context of criminalisation, non-recognition and non-acceptance contribute to LGBTQ persons feeling pressured to change their SOGIE** in order to assimilate into the majority group.

The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy UCLA School of Law conducted a study to examine public opinion of transgender rights and status in Malaysia in 2020. Researchers found that, while the majority of respondents agreed that transgender people do not suffer from forms of physical disability and mental affliction, they perceived transgender people as transgressing their culture,¹¹ and nearly half of the respondents regarded transgender people as committing a sin.¹² This sentiment extends to LGBTQ persons who are casually described as ‘sinners’.¹³

Further, these efforts are fuelled by academic articles published in unscientific, questionable, and/or non-accredited journals. Many of these articles claim LGBTQ people ‘become’ LGBTQ because of a lack of

love, absent parents, or other discredited theories. Some academics even propose psycho-spiritual methods to rehabilitate LGBT people. For example, researchers with University of Malaya propose a therapy that "involves an earnest effort to cleanse and purify the soul from the reprehensible nature,¹⁴ i.e. according to the lust of living a forbidden pattern of life from the religious values and norms of society. Their approach requires the use of a so-called "syarie psychotherapist" who can propose therapy based on conservative Islamic principles and practices such as praying and fasting.

Despite growing scholarship and documentation by activists, there remain gaps when it comes to evidence and data about the LGBTIQ persons in Malaysia.

While this report looks at experiences of LGBTIQ persons in relation to conversion practices, it includes its own methodological limitations. For instance, there is more documentation of the experiences of trans women in comparison to experiences of trans and queer men, non-binary persons, and queer women. In addition, existing documentation lacks information on the specific harms of conversion practices. To that end, similar to the national LGBT survey by the government of the United Kingdom,¹⁵ **we recommend that the National Human Rights Commission (SUHAKAM) undertake a national LGBTIQ survey in Malaysia.** Further, most documentation on state practices focuses particularly on *Mukhayyam* programmes and among adults, not necessarily the state programmes in its entirety and vulnerable populations like children, prisoners, etc.



Section 1:

Historical Perceptions of LGBTIQ People in Malaysia

Gender is generally misunderstood as a binary and as a modern construct, despite diverse genders and sexual orientations having long existed and been documented throughout history. Diversity of gender and sexual orientations is evident in other parts of the world, documented in literature, art, relics and even in religious texts. For example, Persian poetry and art document lives and relationships of *amrad* or *sadahs*, beautiful young beardless men with other men. Similarly, references to mukhannas, or gender-diverse persons, can be seen in religious texts. Sunan Abi Daud 4107 recounts that “A mukhannath used to enter upon the wives of Prophet Muhammad. They (the people) counted him among those who were free of physical needs.” This shows a precedent portraying the al-mukhannaths or gender-diverse people being treated as women and allowed to be in the same room as women, in this case, with the wives of the prophet.¹⁶

“And tell the believing women to... guard their private parts and not expose their adornment except that which appears thereof and to wrap [a portion of] their headcovers over their chests and not expose their adornment except to their husbands, their fathers, their husbands' fathers, their sons, their husbands' sons, their brothers, their brothers' sons, their sisters' sons, their women, that which their right hands possess, or those male attendants having no physical desire, or children who are not yet aware of the private aspects of women.” – Qur'an 24:31

Diversity of gender and sexual orientation in ancient Malaya was recorded as early as the 15th century, records speaking of the *sida-sida*—“typically ‘male-bodied priests or courtiers’ who undertook ‘androgynous behaviour’,

such as wearing women’s clothes, and likely ‘engaged in sexual relationships with individuals of the same sex or both sexes’.”¹⁷ They lived and served in the palaces of sultans in Negeri Sembilan, Kelantan, and Johor, and were tasked with safeguarding women and “essentially guarded the palace’s physical and spiritual ‘boundaries’ between mortals and divinity.”¹⁸

Douglas Raybeck, an anthropologist, documented several “specialized homosexual villages” in or around Kota Bharu, the capital of Kelantan.¹⁹ The villages, occupied by a host of specialists and artists, primarily *mak yong* dancers, also comprised romantic queer couples. One of the villages was reportedly adjoined to the palace of the Sultan of Kelantan. The residents of these villages were not regarded as outcasts or transgressors. In fact, their presence was well-known to the communities surrounding them, and the villages supported by the Sultan of Kelantan, who helped constitute them.

In Borneo, there are accounts of identities such as *Manang Bali*, *Basir*, and *Balian*, who are described as people assigned male at birth who embodied a female identity and performed the gender roles of cisgender women.²⁰ A *Basir* is described as someone who “dresses like a woman in private life as well, and parts their hair in the middle of their forehead just like a (cisgender) woman.”

There are longstanding cultural practices of transgender persons in dance performances and weddings in some states in Malaysia, in particular Sabah, Johor and Negeri Sembilan.²¹ In the 1960s and 1970s, transgender women were invited to participate in *Joget Lambak* (communal dances) at weddings or *majilis berinai* (pre-wedding parties) to live Ghazal music.²²

Section 2:

What are Conversion Practices?

So-called "conversion therapy," or sometimes known as "reparative therapy," is a common umbrella term to refer to any sustained effort to change or modify a person's gender identity, gender expression or sexual orientation. The research on such efforts has disproven their efficacy and indicated they are affirmatively harmful.^{23, 24}

Conversion therapy has its questionable roots in the Western world at the end of the 19th century.²⁵ By the mid-20th century, heterosexuality and gender identity aligned to sex assigned at birth became the prevailing norm, with any diversity beyond the binary treated as "a deviation, a perversion or a mental illness"—such pathologisation led to practices arising as 'treatment' or 'cure' to return to the norm, so to speak, including through medical or religious means.²⁶

In a global survey on conversion therapies, ILGA World outlines why such a frame of reference is problematic on multiple levels and leads to harm for those people involved:²⁷

- First, by definition the **term "therapy"** is meant to address "a physical problem or an illness"; by attaching it to the practices undertaken to change one's SOGIE, the implication **contributes to the ongoing pathologisation of diverse SOGIE**, despite more recent medical and social consensus to the contrary;
- Second, the use of the **term "therapy" implies that these practices are grounded on sound medical or scientific research**, but this report cites an

extensive body of evidence from reputable medical associations around the world that have debunked these practices precisely because they lack scientific evidence and support;²⁸

- Third, the variety of practices aimed at changing or modifying a person's SOGIE are so vast and diverse that the **term "therapy" not only does not reflect the nature of the practices under its umbrella, but also it acts as camouflage for the more egregious practices**. In some cases, brutal methods that amount to torture were used.²⁹ The use of the word "therapy" in cases where the "patient"/victim is humiliated,³⁰ intimidated, and coerced,^{31, 32, 33} is clearly contrary to the goal of therapy.^{34, 35} This has led to some in the movement shifting to use the term "conversion practices" and "sexual orientation, gender identity and gender expression (SOGIE) change efforts or practices" instead to better reflect reality. And,
- Lastly, the term **"conversion" implies that a person's sexual orientation or gender identity actually can—or should—be changed or "converted,"** the ethical and moral implications of which have been largely questioned and condemned given the adverse impacts or harm to the persons in question.³⁶

The United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (SOGI), in his report on so-called conversion practices,³⁷ identifies three main approaches that guide conversion practices globally: **Psychotherapy, Medical and Faith-based**.

TABLE 1: THREE MAIN APPROACHES THAT GUIDE CONVERSION PRACTICES GLOBALLY

APPROACH	ARE THEY USED IN MALAYSIA?
<p>Psychotherapy is based on the idea that diversity of sexual orientation and gender identity is caused by abnormal upbringing, experiences in childhood and their relationship with their parents.</p> <p>Examples of methods:</p> <ul style="list-style-type: none"> > Reinforcement of gender binary roles and stereotypes, through physical activities. > Aversion methods that subject a person to negative sensation or emotions while being exposed to stimuli. > Masturbation while fantasising to cisgender heterosexual persons. 	<p>YES</p> <p>JAKIM promotes the notion that LGBTQ persons' sexual orientation, gender identity and gender expression are a result of traumatic events in childhood. The state-funded camps have included activities that reinforce gender stereotypes. In addition, the state provides a range of counselling services.</p>
<p>Medical approaches are rooted in the idea that diversity of sexual orientation and gender identity is caused by inherent biological dysfunction that can be “treated” medically through use of modern and/or traditional medicine.</p> <p>Example of methods:</p> <ul style="list-style-type: none"> > Use of hormone treatments to “cure” LGBTQ and gender-diverse people. > Pathologization of SOGI in the national healthcare system. 	<p>YES</p> <p>The state provides funds to support medical costs for those who want to '<i>berhijrah</i>,' or change or suppress their sexual orientation, gender identity and gender expression. or reverting back to their gender identity.</p> <p>The health guideline by MOH recommends medical tests.³⁸</p> <p>Documentation shows an LGBTQ patient being subjected to Myers-Briggs Type Indicator (MBTI) testing to determine their gender identity or sexual orientation.³⁹</p> <p>A 2022 sexology conference paper reports at least 40 transgender persons in Pahang have changed or suppressed their gender identity or gender expression. Some have gotten married. About 20 trans people have reportedly undergone medical intervention to de-transition sponsored by Sultan Ahmad Shah Medical Centre Pahang. Financial aid is also reportedly provided to prevent them from 'relapsing' or reverting back to their gender identity.*</p>
<p>Faith-based approaches are grounded in the idea that LGBTQ persons are possessed by evil spirits. It also often deems LGBTQ persons' sexual orientation and gender identity as a form of addiction that can be “cured.”</p> <p>Example of methods:</p> <ul style="list-style-type: none"> > Rehabilitation programmes or camps by religious groups > Ex-gay ministries > Exorcism 	<p>YES, by state and non-state actors.</p> <p>State-funded activities use a combination of faith-based and psychotherapy methods. There are also state-funded ex-LGBT or <i>hijrah</i> groups.</p> <p>Reported cases on Islamic therapies include methods of exorcism and violence to cure LGBTQ persons.⁴⁰</p>

Sources: Independent Expert on SOGI, and Justice for Sisters research and documentation.

* Universiti Sains Malaysia et al. (2022, Aug 19-21). *Promoting Sexual Wellbeing: Conversations on Different Perspectives* (e-book). The 16th Congress of Asia-Oceania Federation for Sexology (AOFs). Available at: https://designrr.s3.amazonaws.com/nazirah7606_at_gmail.com_154541/nazirah7606gmailcom_EbookAOFsConference20221660808504.pdf.

The main approaches outlined above and their specific uses in Malaysia will be further investigated in Section 4: Who Promotes and Provides Conversion Practices in Malaysia?

Section 3:

Conversion Practices in Malaysia

In Malaysia, state and conservative non-state actors have developed and promoted a narrative that LGBTIQ persons should be embraced with civility and compassion in order to get them "rehabilitated," i.e. to socially acceptable sexual orientations and gender identities and expressions. Through the use of multilateral state apparatuses including state policies, national health institutions, and religious authorities, the government has created and sustained a structural alienation of anyone deemed to be part of the LGBTIQ community. The government's end goal in relation to conversion practices are expressly stated in various media reports and government documents, including in Malaysia's National Strategic Plan for Ending AIDS.

Malaysia's National Strategic Plan for Ending AIDS includes four strategies⁴¹ to end AIDS in Malaysia by 2030; Strategy 2 in particular focuses on improving the quality and coverage of prevention programmes among key populations, which include among others gay, bisexual, queer and other men who have sex with men (GBQ men and MSM) and trans women. Among the proposed activities under this strategy are behavioural change activities to minimise the risk of acquiring HIV and STI infections among GBQ men and MSM through spiritual support and guidance led by JAKIM, MOH, and Muslim-based NGOs. One of the objectives of the activity is to "provide guidance and motivation to improve the skills of identifying, guiding and giving spiritual awareness through religious approach (tauhid) to face the challenges of life and abandon the practice of unnatural sex."⁴²

The state has invested heavily in developing an ecosystem for conversion practices to thrive with impunity. As stated by JAKIM officials, while the state aims to rehabilitate LGBTQ people, the changes are subjective; change of gender expression and suppression of sexual orientation are considered adequate.

"The question of change is subjective. Some have changed their appearance and some, while still appearing as opposite to the assigned sex, have started to abandon homosexual practices and some even have married. Some, even if they are not married, are able to control themselves from committing homosexual acts."

"(Soal perubahan itu ia subjektif. Ada yang sudah mengubah penampilan dan ada yang walaupun dia masih dalam penampilan yang berlawanan dengan jantina asal tapi sudah mula meninggalkan pelakuan homoseksual dan ada juga yang sudah berkahwin. Ada yang walaupun tidak berkahwin dia mampu mengawal diri daripada terjebak melakukan pelakuan homoseksual.)"⁴³

The national stance is echoed at the state level as well. For instance, the Selangor-state-based MAIS spokesperson referred to their motivation to rehabilitate LGBTQ persons as a religious obligation, saying, "This is a matter of aqidah. If we don't support them they will continue to remain in their wayward or deviant life. When that happens, we will also be asked by Allah in the afterlife, why did we do nothing?"⁴⁴

Conversion practices in Malaysia remain an under-examined and underreported issue, but there is growing documentation of the impacts of conversion practices

in Malaysia through the advocacy and research of national activists and human rights groups. However, most documentation focuses on the experiences of trans women, leaving an even larger gap and general lack of evidence on discriminations experienced by queer women, trans and queer men, intersex, and gender-diverse persons.

3.1. A CULTURE OF SHAME AND ‘BALIK KE PANGKAL JALAN’

In investigating conversion practices in Malaysia, it is important to unpack the widespread pressure to ‘*balik ke pangkal jalan*’ or ‘return to the right path’ that is deeply embedded in the everyday lexicon and culture. This is fortified and exacerbated by state-funded conversion activities and state-led misinformation about sexual orientation and gender identity, further fuelled by the media and academic articles published in unscientific, questionable, and/or non-accredited journals. Conversion practices are built on debunked science and notions of inferiority and shame, which are particularly harmful in a society that places a high value on conformity within a social fabric of community norms and religious dogma.

This affects LGBTQ persons themselves as well as their parents, who are implicated for bad parenting, genetics, etc. As a result, parents become vulnerable to misinformation and become agents of harm against their children. A report by KRYSS Network and Outright International found that parents of trans and gender-diverse persons—in part because they visibly present non-cisnormative gender identity and/or expression—are especially targeted by extended family members, friends, neighbours and others.

My father is like quite famous in that area, kampong [village], so a lot of people, kampong [village] people also talked about me, like, ‘Why are you so soft?’... so a lot of people give more pressure to my parents when they hear all these [questions], like, ‘Why is your son very soft?’⁴⁵

Under such pressure to change, parents and family members may resort to perpetrating violence, withdrawing support, or forcibly sending LGBTQ family members to religious persons or mental health professionals. A number of studies unearth the situation in Malaysia. The KRYSS report included experiences of queer women and trans people who were pressured by their parents to visit mental health professionals or religious leaders to be ‘corrected.’ Meanwhile, a trans man shared that, upon discovering his gender identity, his sister found him a mental health professional to consult.⁴⁶ A Justice for Sisters study found that many of the trans research respondents have been told to change or ‘return to the right path’ by their family members, colleagues, intimate partners, employers, friends and even strangers.⁴⁷

A report by the Asia Pacific Transgender Network (APTN) on conversion therapy practices (CTP) in Malaysia shares findings from 13 trans people interviewed:

- Eight (62%) stated that a parent or parental figure (for instance, a foster parent) had tried to change their sexual orientation or gender identity;
- Four (31%) mentioned they had been subjected to CTPs either by religious authorities or a religious institution;
- Seven (54%) trans people mentioned being subjected to CTPs by multiple sources.⁴⁸

3.2. ADDING NUANCE TO THE NOTION OF ‘VOLUNTARILY’ SEEKING SUPPORT

An Outright International study found that 67.5% of its 556 global survey respondents were coerced into conversion practices, while 33.5% ‘voluntarily sought’ conversion practices. The study shows that religion, combined with family and cultural pressures, fuel conversion practices, noting that family honour and culture are significant drivers of conversion practices in Asia.⁴⁹

The social and familial pressure frequently manifests in the form of advice or disapproval, sometimes with religious overtones, that evokes self-guilt and self-

blame within the LGBTQ respondents by among others, shaming their parents or family members because of their gender identity, gender expression and sexual orientation. While some respondents experience temporary impacts, some are deeply affected by the social pressure to change or rehabilitate themselves, to the point that they internalise that perspective and take measures to change themselves, or 'voluntarily' seek assistance from religious or medical practitioners.⁵⁰

SUHAKAM produced research featuring 100 trans and intersex respondents, showing that:

- 15 respondents were forcibly sent to mental health professionals;
- Nine respondents were forcibly sent to religious authorities to 'seek help' by their family members, family friend or state religious authority;
- 18 respondents 'voluntarily sought' support from religious leaders or authority to study religion and seek religious advice, among others.⁵¹

Concurrently, the Williams Institute report on public opinion of trans people mentioned earlier shows that a majority of the respondents maintained that transgender persons are "committing sins" and "transgressing culture,"⁵² narratives often spewed by the state, political and religious actors, and the media. This is exacerbated by the state actions that reinforce the notion that LGBTQ persons need to be corrected, as well as a pushback against LGBTQ activism and human rights in general. Given this context, it is not surprising that people seek support or wisdom from religious leaders in order to resolve existential issues about their identities. Unfortunately, the majority of religious leaders still hold cis-heteronormative patriarchal views of religion, resulting in adverse harm to LGBTQ persons and restrictions of their freedoms, particularly freedom of religion or belief. This has a severe impact on their self-acceptance and their very existence as human beings.

THE ETHICS OF PROVIDING 'VOLUNTARY' CONVERSION PRACTICES

Globally as in Malaysia, LGBTIQ people do seek information and support from various professionals to understand their sexual orientation, gender identity, gender expression and sex characteristics. The burden falls on service providers to inform patients or clients of the harms of conversion practices, as they are generally bound by the principles of 'do no harm.'

It is generally unethical for health-care professionals to purport to treat anything that is not a disorder, and they are compelled by the "do no harm" principle not to offer treatments that are recognized as ineffective or purport to achieve unattainable results. For those and other reasons, the Independent Forensic Expert Group of the International Rehabilitation Council for Torture Victims, a group of preeminent international medico-legal specialists from 23 countries, has declared that offering "conversion therapy" is a form of deception, false advertising and fraud.⁵³

Service providers have some level of duty of care, which must be weighed against a larger backdrop of isolation, social rejection, and lack of affirming information and support services faced by members of this vulnerable population. Safeguarding standards also raise the question of consent, and whether conversion practices can be considered consensual and/or 'voluntarily' agreed-to if the person involved is coerced or otherwise pressured into it, without being fully informed of the harmful effects associated with it.

These factors create an environment where the notion of “voluntary” is euphemistic at best, and violence at worst, because it covers up state, community and/or familial abuse under the guise of personal agency.”

The pathologisation of SOGIE also has led to LGBTQ persons being offered or exposed to conversion practices when seeking support services. SUHAKAM’s research found that 18% of trans and intersex respondents reported that healthcare professionals have suggested religion or other forms of therapy to “cure” their gender identity while accessing healthcare services. The Galen Centre report also reports similar incidents of LGBTQ and gender-diverse persons being offered, referred, or subjected to conversion practices or other medical tests to determine their gender identity while seeking healthcare services. However, these cases are underreported.

Trans and gender-diverse persons face higher vulnerability due to their gender expression and lack of legal gender recognition in Malaysia.

Similarly, the SUHAKAM research noted that some respondents who were forcibly sent to religious authorities to ‘seek help’ by their family members, family friend or state religious authority shared that religious rituals were performed on them, and they were made to wear a talisman to cure their gender identity.⁵⁴ The lack of affirming information and support systems for LGBTQ persons and their families contributes to the negative environment perpetuating these practices.

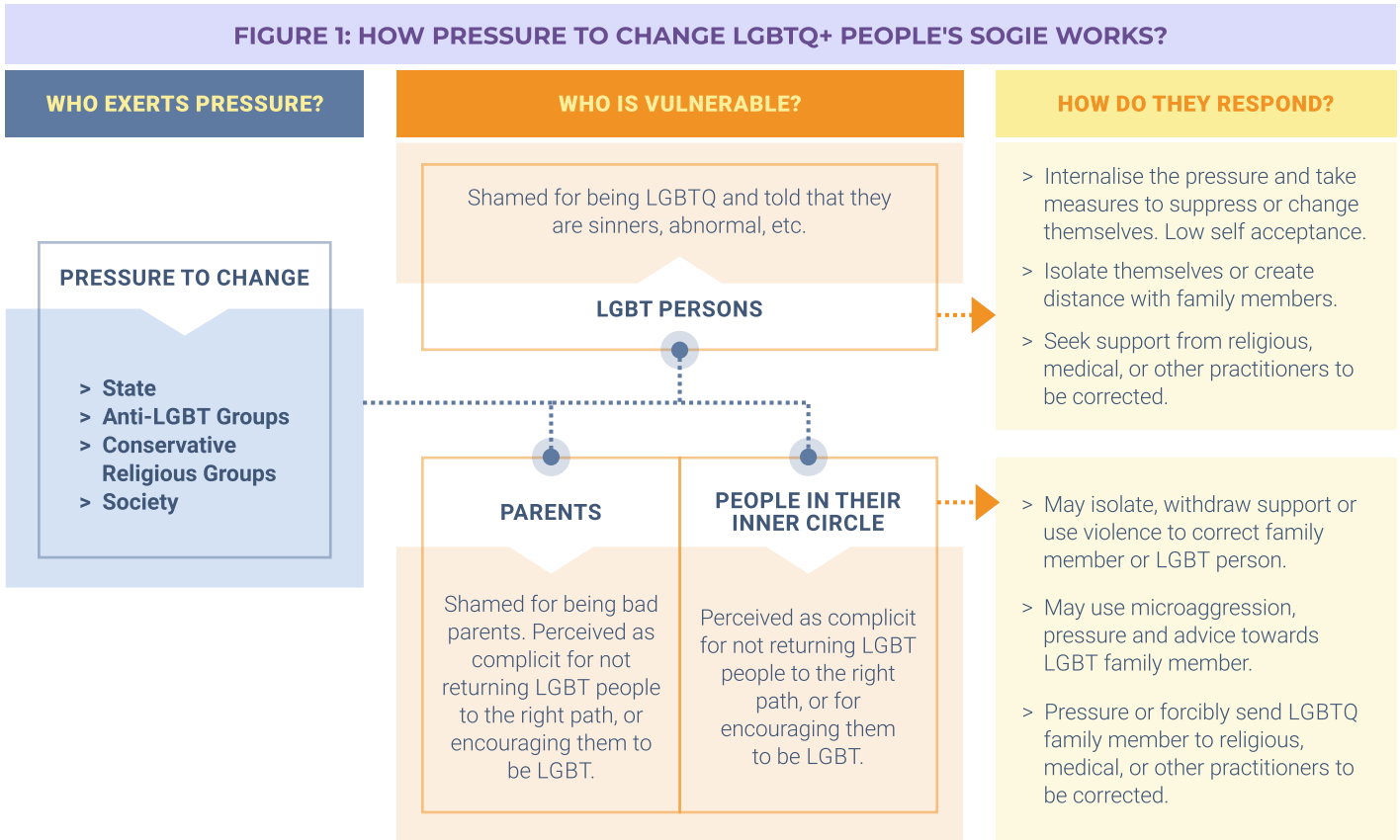
CASE STUDY 1

Jaime, a trans woman, shared that her family and the church’s continued rejection of her gender identity increased Jaime’s feelings of insecurity, self-degradation, and suicidal ideations, and the suppression of her desire to transition.

Her family members’ rejection of her gender identity and verbal abuse often made her feel that she had brought embarrassment to the family, especially to her parents. Her mother would say, “You would never amount to anything much.” The constant pressure to suppress her gender identity and gender expression resulted in an attempted suicide at the age of 14.

As a staunch Catholic, Jaime looked to God for answers and the purpose of her existence in the world. In her teens, she was repeatedly told by the church that it was wrong to masturbate or to discover one’s sexuality. In her early adult years, Jaime felt she was finally ready to have intimate relationships with men, but she continued to wonder if she was a gay man or a trans woman. Since Jaime grew up in the 1980s, when there was very limited access to information and communication with people from the transgender community, she felt even more isolated and depressed. It was only in 2002 at the age of 39 that Jaime finally decided to transition.⁵⁵

Source: Adapted from On the Record: Violence Against Lesbians, Bisexual Women and Transgender Persons In Malaysia.



3.3 WHAT MAKES PEOPLE VULNERABLE?

A Justice for Sisters study⁵⁶ finds the combination of the following factors makes one more susceptible to succumb to the pressure to 'return to the right path':

- Lack of access to affirming information, about sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC). The existing information on SOGIESC is almost exclusively on rehabilitation of LGBTQ persons, and how LGBTQ people go against norms and are condemned by multiple religions.
- Perception of self as a sinner or sinful. When faced with deteriorating health, accidents or negative incidents, some of which may be exacerbated by the discrimination and violence they face, these circumstances are framed as divine retribution and serve as reinforcement to the notion of LGBT people as sinners.

- Internalisation of guilt, blame, shame and violence. Fueled by a non-affirming self-perception, the study finds that the respondents believe that they deserve the mistreatment to which they are subjected.
- This also correlates with the lack of LGBT-affirming support systems. The respondents who show a stronger sense of such internalisation lack supportive family members or community, and frequently experience hostility, disapproval, and pressure to 'return to the right path' by their family members, friends, teachers, peers, colleagues, and the state.

In addition, the study also identified external pressures, such as concerns over personal safety and job security, as other significant factors that contribute to changes of gender expression or gender identity among the respondents. The external pressure need not be from just family, but also can come from a wider circle of

neighbours, intimate partners, state, and even online strangers—one respondent from the study shared that she faced threats of physical violence from an online perpetrator if she would not change her gender expression. Thus, the myriad of ways that LGBT people may end up as subjects to conversion practices include being forced into it by family members or loved ones, ‘voluntarily’ signing on from social pressure or other reasons, or when seeking other support or state services.

A trans woman who has experienced various forms of discrimination and violence because of her gender identity since childhood shared that she “changed” her gender expression to avoid further arrest by police. She has also gone on to advise other trans women to change their gender identity in order to avoid arrest.

“I used to meet the trans women communities. I said to them, ‘I used to be a trans woman too. Do you believe me? But why can I wear a songkok (a cap worn by Muslim men) now? I am not forcing you to change because the heart cannot be coerced. But, change, don’t be a woman. Otherwise, they will catch you and put you in prison.’”⁵⁷

It is important to contextualise these factors within an overall landscape that is unwelcoming to LGBTQ persons, including a historically hostile relationship between LGBTQ persons, especially trans women as the main targets, and the state Islamic agencies. A report featuring an interview with a JAKIM official shows that, while they acknowledge the diversity within the trans women community, trans women are stereotyped as being ‘low education,’ with little acknowledgment of the systemic discrimination they face. This, coupled with lack of ability to articulate personal experiences through a rights-based lens, make some LGBTQ persons more susceptible to conversion practices.

A report by the Persatuan Ulama Malaysia, which interviewed ex-trans women, concluded that they have low self esteem, low knowledge on Islam and low *akidah* (creed). The lack of *akidah* is attributed to lack of understanding, appreciation, and experience in relation to *akidah*-related knowledge and practice. Against a backdrop of lack of availability of and access to trans-specific healthcare services and information, trans women’s desire and willingness to spend their money to ‘beautify themselves’ (i.e. transition) through various means, including applying make-up and using *susuk* or charm needles, is equated in the report to being *syirik* (sin of idolatry) and inconsistent with Islam.⁵⁸ To the authors, trans women’s desire to beautify themselves is an attempt to get clients through sex work and attract public attention; regardless of whether that is true, such a dismissal lacks a gender dysphoria analysis.

Through the collusion of state and religion, these agencies have wielded extraordinary power over policing LGBTQ bodies and lives, largely with impunity and by manipulating the public discourse through the lens of religion, primarily via their conservative and patriarchal interpretation of Islam. Under such a paradigm, state Islamic departments and their staff who tout state-led programmes that are voluntary and will benefit LGBTQ participants socially and financially offer an illusion of acceptance of diverse SOGIE that may lead embattled LGBTQ persons to believe there has been a change, and that they will not be subjected to arrest or inhumane and degrading treatment this time. This makes them vulnerable to state-led conversion practices aimed at rehabilitation, which will be unpacked further in the following **Section 4: Who Promotes and Provides Conversion Practices in Malaysia?** particularly **4.1. State-led Efforts**. Much of the research and case studies following focus on state-led efforts, both because of the larger body of evidence on them, as well as the importance of documenting and addressing the state’s ability to enforce conversion practices with impunity, as well as its role in normalising an environment of human rights violations and violence against LGBT people.

Section 4:

Who Promotes and Provides Conversion Practices in Malaysia?

TABLE 2: TIMELINE OF STATE-LED CONVERSION PRACTICES

2011 – 2018	2018 – 2019	2019 – 2020	2020 – 2021
<p>Minister and Deputy Minister of Religious Affairs: Jamil Khir Baharom (UMNO) and Senator Dr Mashitah Ibrahim (UMNO), Senator Dr Asyraf Wajdi Dusuki (UMNO)</p> <p>Mashitah shared in Parliament that the government adopts two approaches in addressing LGBT issues – enforcement of laws and prevention.</p> <p>Activities by the government include:</p> <ul style="list-style-type: none"> > Support and disseminate Cairo Declaration about Islamic human rights which clearly opposes LGBT People. > Awareness raising of <i>fatwa</i> through educational events and publications. > Develop a LGBT <i>mak nyah</i> module which include health-related information. > Train outreach volunteers. > Organized <i>Mukhaiyam</i> programme three times in 2011 with 74 <i>mak nyah</i> participants. The programme included physical, spiritual content as well as job opportunities in collaboration with NGOs. > Awareness raising among NGOs to increase efforts to address the issue. > Awareness raising among the public. > Use of social media platforms for education and awareness raising purposes. > <i>Tarbiah</i> and <i>dakwah</i> programmes among Muslims through the KAFA programme to foster Islamic understanding at a young age. > Jelajah BEST! Programme with youth focusing on spread of HIV, especially through same sex relations. > <i>Ilash</i> and <i>syifa</i>, or rehabilitation and treatment programme for wayward Muslims. > A 5-year action plan – <i>Pelan Tindakan Menangani Gejala Sosial Perlakuan LGBT 2017-2021</i> (Action Plan to address Social Ills LGBT behavior 2017-2021) 	<p>Minister and Deputy Minister of Religious Affairs: Mujahid Yusof Rawa (Amanah) and Fuziah Salleh (PKR)</p> <ul style="list-style-type: none"> > Guided by <i>Rahmatan lil alamin</i> policy, the Ministry adopts a rehabilitative instead of a punitive approach in addressing LGBT issues. > Focuses on removing LGBT people from sex work, not discriminate them so that they avoid social ills. > Continuation of activities from previous administration. > Efforts by the government include: <ul style="list-style-type: none"> - voluntary treatment and rehabilitation programme, <i>'Ilaj Wa Syifa</i> - Mukhayyam programme - Seminars and programmes targeting students, school counsellors, parents, volunteers, health staff and representatives of Muslim NGOs - Publications 	<p>Minister and Deputy Minister of Religious Affairs: Senator Dr Zulkifli Mohamed Al-Bakri (unaffiliated) and Ahmad Marzuk (PAS)</p> <ul style="list-style-type: none"> > Under this administration, the minister made a statement to arrest and rehabilitate trans women. > Continuation of activities from previous administration. 	<p>Minister and Deputy Minister of Religious Affairs: Senator Idris Ahmad (PAS) and Ahmad Marzuk (PAS)</p> <ul style="list-style-type: none"> > The PAS led Ministry intends to be more stern on LGBTQ issues by introduction and amendment of laws, including Act 355. This is aligned with criticism and dissatisfaction by PAS against Mujahid and others in the PH administration as they were deemed as not stern enough in addressing LGBT issues, resulting in LGBT people being too free. > Continuation of activities from previous administration with some activities moved online due to Covid-19. Expansion into regional activities – LGBT Nusantara Religious Camp (Khemah Ibadah Nusantara Bersama Komuniti LGBT). > Launch of module for ex-lesbian and gay persons. > Continues activities from previous administration. <p style="text-align: right;"><small>Source for Table 2: Hansard, 22 March 2012, and 19 June 2012.</small></p>

4.1 STATE-LED EFFORTS

A Timeline of State-led Conversion Practices in Malaysia

The state's rehabilitation programmes, which began in 2011, have been overseen by the Ministry of Religious Affairs under the Prime Minister's Department. Some key features of the state-led efforts have been documented:

- The activities tend to **have an intersection with HIV prevention and mitigation**. At the individual level, this plays into the idea of penance and retribution, as illness is viewed and portrayed as a consequence of 'deviant' or 'sinful' behaviour. At the structural level, it legitimises the use of a religious lens to what should be a health-based approach.
- The activities serve multiple purposes aligned with leading LGBTQ persons 'back to the right path.' In addition to **attempts to 'correct SOGIE,' they are also seen as an attempt to rescue LGBTQ persons from sex work**.⁵⁹ In 2018, the then-Minister and Deputy Minister of Religious Affairs repeatedly noted that "about 83% of trans people are sex workers and we must help them to change."⁶⁰ However, the harms of criminalising sex work and discrimination based on SOGIESC have not been interrogated.
- There are a **range of incentives provided for those who participate in state activities** and access *asnaf riqab zakat* funds. *Asnaf riqab* means a person who seeks to liberate themselves from the shackles of slavery,⁶¹ and in this context enslavement to lust or social ills.⁶² The *asnaf riqab zakat* funds by MAIS fully supports the cost of rehabilitation,⁶³ including rent support to move to a new place to start a new life, which suggests cutting off from their (presumably LGBTQ) communities, as well as medical support and start-up funds for businesses.

- The programmes, especially **the camps and other religious activities, are framed as voluntary**. Given the socio-cultural factors outlined previously that make LGBT persons vulnerable to seeking out support from the state, the illusion of acceptance by JAKIM and other religious institutions can range from problematic to dangerous for participants.
- State Islamic departments may **appropriate the language of international standards of freedom of expression, religion and belief to portray these activities as a part of LGBT persons' religious right to be guided and corrected**.

In March 2012, the then-Deputy Minister of Religious Affairs shared in Parliament that the government adopts two approaches in addressing the LGBT issues: enforcement of laws and prevention. Prevention includes various *tarbiah* and *dakwah* programmes by JAKIM targeting Muslim persons. Some of the programmes include the *mukhayyam* programme; '*Ilash and syifa*' or rehabilitation and treatment for Muslim persons who have gone astray from the societal norms and principles; and awareness-raising events on social ills, in particular the spread of HIV, especially through sexual intercourse between homosexuals.

The then-Deputy Minister later in the same year noted that the government uses the National Association for Research & Therapy for Homosexuality (NARTH) among other research by countries and groups abroad as a reference in guiding their work. NARTH has been widely discredited for promoting pseudo-science and so-called conversion therapy.⁶⁴ The minister added that "they [LGBT people] are not born that way but they are more inclined to be that way, unless they are born with two genitals. So what is happening here is their inclination, where they are trapped as a man who is like the same sex, vice versa and other things related to being LGBT in and of itself."⁶⁵

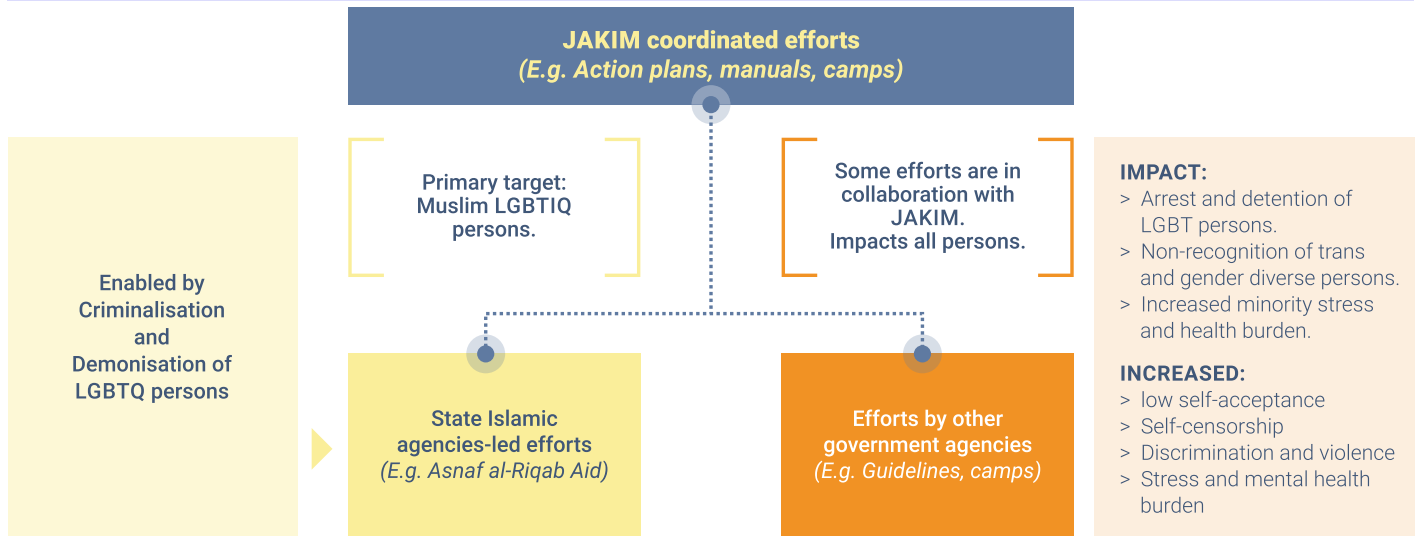
In the ensuing years, the state-led efforts continued, with a number of new activities being added over the years, most notably a renewed focus on rehabilitation programmes, particularly on removing LGBT people from sex work. In the multiple government change-ups over the past several years, coinciding with the COVID-19 pandemic and resultant MCOs, the government has become more conservative and its policymaking stances have followed suit. A vocal PAS party has contributed to the public narrative that previous administrations have been too soft on LGBT issues, espousing instead more arrests and rehabilitation of trans women, denigrating 'LGBT lifestyles', and seeking to amend laws to be more strictly anti-LGBT in both the Syariah and civil legislation.⁶⁶

The state activities target LGBTIQ persons and non-LGBTIQ persons alike, and Muslim persons are the primary target of government efforts, in large part because the state-led activities are undertaken by the Muslim-focused national and state Islamic Departments. While most state-led activities may not explicitly target non-Muslim LGBTIQ persons, the indirect impact of the state's promotion of conversion practices is severe and extends to them as well, from the continuation of private conversion practices to the non-recognition of their personhood and rights. Some groups are targeted by specific government activities, as outlined below:

TABLE 3: GROUPS TARGETED BY SPECIFIC GOVERNMENT ACTIVITIES

TARGET GROUPS	SPECIFIC STATE-LED ACTIVITIES
<ul style="list-style-type: none"> > LGBTQ persons in general > Specific LGBT groups that are especially vulnerable: <ul style="list-style-type: none"> - Persons living with HIV - Sex workers - LGBT persons from the B40 - Elderly persons - Young people, especially students - Prisoners 	<p>Rehabilitation and treatment services <i>Mukhayyam</i> camps</p>
<ul style="list-style-type: none"> > General public > Counsellors > Students in public and private educational institutions > Islamic NGOs and service providers 	<p>Seminars and publications on LGBT issues</p>
<ul style="list-style-type: none"> > Healthcare practitioners 	<p>Development of guidelines.</p> <p>In 2017, the Family Health Development Division of the Ministry of Health published a <i>Guideline for the Management of Gender Health Problems in Health Clinics</i>.</p> <p>For adults who seek support, it suggests two treatment pathways for patients: medical treatment, and counselling with a counsellor or with JAKIM or other certified religious institution or NGOs.⁶⁷</p> <p>The guideline does not provide LGBTIQ-affirming healthcare procedures.</p>

FIGURE 2: OVERVIEW OF STATE-LED CONVERSION PRACTICES IN MALAYSIA



The state-led activities can be categorised into three categories:

- Overseen by the Ministry of Religious Affairs and JAKIM;
- State-level activities; and
- Activities by other ministries, such as in the health and education sectors.

4.1.1 Activities led by Ministry of Religious Affairs and JAKIM

Malaysia has multiple state-initiated anti-LGBT programmes, most of which focus on rehabilitation and conversion of LGBT persons.⁶⁸ At the national level, they are conducted under the authority of the Ministry of Religious Affairs and JAKIM, which fall under the Prime Minister's Department.⁶⁹ The state-funded activities have been shared regularly in Parliament following written or verbal questions by MPs.⁷⁰ However, the government responses have not been met by any further critical or human rights-based responses, despite glaring evidence that conversion practices have been widely discredited globally and the lack of transparency around the amount of the funds allocated

to these programmes, given how extensive they are and how much they have expanded since 2010.

In 2015, the then-deputy minister of religious affairs called for more funds for JAKIM to perform its responsibility in "safeguarding Islam" by fighting "extremist ideologies that are starting to take root, such as IS, the liberalism ideology and pluralism, including the LGBTs who loosen and degrade religion,"⁷¹ despite JAKIM's already-consistently high and growing annual budget.⁷² In 2018, the then-deputy minister Fuziah Salleh from the Pakatan Harapan administration also requested for a higher budget than the MYR 1.2 billion allocation for JAKIM, as half of the budget was allocated for the salaries of Qur'anic teachers.⁷³ JAKIM's audited financial accounts are not publicly available, although questions have been raised on how the department spends its funds.⁷⁴

The question of corruption has been ongoing; indeed, state-funded anti-LGBT programmes are ripe for corruption, as there is very little oversight of these activities and line-item spending. On two occasions, government-funded agencies and programmes to fight liberalism, pluralism and LGBT have been embroiled

in corruption scandals. In 2015, NOW, a whistleblower group, exposed that YAPEiM, a state *dakwah* agency, spent RM 290,000 on marriage courses in Paris for Malaysian students so that they are not influenced by gay marriage.^{75, 76} The same year, NOW also revealed that YAPEiM had purchased a golf simulator through its funds, which they denied.⁷⁷ In 2019, under the Pakatan Harapan administration, the accounts of government-linked Malaysian Islamic Strategic Research Institute (Iksim) came under scrutiny when it was revealed that RM7.6 million was unaccounted for.⁷⁸

The financial issues notwithstanding, on the social side, the state's rehabilitation programmes are portrayed as being 'compassionate' and 'inclusive' in line with JAKIM's 'soft approach.' To illustrate, the director of JAKIM was quoted in an article in July 2017 saying that the *Mukhayyam* programme "aims to guide and provide spiritual awareness for the LGBT community through a religious approach to return the participants 'to the right path,'" as well as promising participants and volunteers stable jobs and business start-up funds.⁸⁰

A social media post in April 2019 by JAKIM⁸¹ said that, although they do not agree with "LGBT behaviour," they do not deny the rights of LGBT people to be "guided" and "advised" (to the right path or to be rehabilitated). The post further stated that JAKIM '*menyantuni*' or reaches out with compassion to those in the LGBT community who want their religious rights and to be guided with wisdom and compassion.⁸² However, in execution these practices are far more nefarious than how they are communicated in state media and statements from state Islamic departments, and on their respective social media platforms.

One of strategies that has been lauded is the use of ex-trans or ex-LGBT persons to reach other LGBTQ persons and the establishment of the ex-LGBT communities who support each other in their journey to detransition or change their sexual orientation, gender identity and gender expression.⁸³

The state-sponsored activities at the federal level can be categorised into four categories:

1. Establishment of task force and action plan to address LGBT issues

- A task force on addressing LGBT issues was established to support the implementation of JAKIM's Islamic Social Action Plan (PTSI JAKIM) 2019–2025, with the aim of addressing social ills among Muslim persons in Malaysia, including LGBT persons.⁸⁴ The task force consists of several ministries and agencies.⁸⁵
- A five-year action plan—*Pelan Tindakan Menangani Gejala Sosial Perlakuan* LGBT 2017–2021 (Action Plan to Address Social Ills of LGBT Behaviour 2017–2021)⁸⁶—was created to proactively and effectively curb "LGBT behaviour." It was endorsed by 22 partners, including the Ministry of Health; Ministry of Sport and Youth; Ministry of Women, Development and Community; state Islamic departments; and other state agencies.

2. Implementation of support and guidance programmes

- The *Mukhayyam* or *kem ibadah* (prayer camps) are amongst the camps organised by JAKIM in collaboration with the state Islamic departments and councils, the Ministry of Health, and individual *zakat* centres. The camps aim to guide and provide spiritual awareness to LGBT persons through religion (*tauhid* and *fardu ain* knowledge), as well as to increase knowledge and awareness on HIV. This activity targets various groups under the LGBTQ umbrella as well as ex-LGBT persons. These camps have also resulted in the birth of 12 ex-LGBT NGOs.⁸⁷ In 2021, JAKIM organised a Nusantara Religious Camp with 190 LGBTQ participants from Malaysia, Indonesia, Thailand, and Singapore.⁸⁸ According to JAKIM's website, the camp consisted of a few sessions: 1) HIV and use of condoms;

2) 'Building commendable personhood' (*Membina Keperibadian Unggul*); and 3) A sharing session with three ex-trans women.⁸⁹

The *Mukhayyam* programme ostensibly was introduced as a strategy to reduce HIV transmission among key affected populations, namely Muslim transgender women. It was included in the National Strategic Plan to End AIDS 2016—2030,⁹⁰ and listed several goals, including "to create awareness about HIV, Islam and being a good Muslim; offer job placement and financial assistance for start-up (businesses); and encourage participants to abandon so-called immoral behaviour, including one's sexual orientation and gender identity."⁹¹

In a 2022 interview with a local media outlet, a JAKIM representative noted the *Mukhayyam* programme is in line with the official JAKIM position: while they do not condone LGBT behaviour, they do not deny LGBT persons' right to be corrected and guided. As such, the *Mukhayyam* programme emphasises five key elements: spiritual awareness, *fardhu ain guidance, health awareness, career motivation, and group activities*.⁹²

The programme set up as a 3-days, 2-nights retreat, started in 2011 and has evolved over the years. Based on media and activist reports, a combination of techniques used in the *Mukhayyam* programme have been identified:

a. Tactics to induce self-guilt. There are testimonies about practices in the *Mukhayyam* programme reportedly used to induce fear and self-guilt, as well as reinforce notions about sin, essentialism and gender binary, which include showing the participants videos about death and dying (to strike the fear of

God into them) and videos suggesting that transgender women were responsible for natural disasters.⁹³

"Azim" (pseudonym), aged 27, who attended a *Mukhayyam* programme in December 2017 facilitated by the Kedah state Islamic department, said that facilitators sought to stoke fears that LGBT people would go to hell if they did not repent. "To make us change," he said, "they remind us about death. 'Oh, when you're dead, what happens?'" Azim said that, in one activity, organisers covered the participants with a white cotton cloth used in Muslim funerals, lit incense to create a funereal atmosphere, played unnerving sounds, and asked participants to think about their childhoods and about death. "It made people start to cry," Azim said.⁹⁴

"Farhana" (pseudonym) participated in the *Mukhayyam* programme twice, in 2010 and 2013. She said the camps included many activities, from field trips to activities on death and management of the deceased. "One activity involved us sitting in our seats with the lights turned off. The facilitators then started preaching and asking us to think about death, sacrifices by our parents," she recounted.⁹⁵

b. Reinforcement of 'gender ideology'. The camps include strenuous physical activity, aimed towards the participants in order to make them more "masculine" or 'gender conforming'.⁹⁶ For example, one of the camps subjected the participants to cross-country trekking, climbing, crossing a lake, and running through mud—all on the first day, which surprised many of the participants, who were unsuitably dressed, and resulted in minor injuries for some.

c. Deception and violation of privacy. Despite informing participants that the camp was meant to foster unity among the transgender community in Johor, a religious official touted it as a preventative measure against LGBT persons instead.⁹⁷ Melati, a trans woman, shared her experience in a *Mukhayyam* camp in Kuantan jointly held by JAKIM and the Selangor Islamic Religious Council (MAIS) in March 2014, where she found out that the camp had strayed even further from its original objective as an outreach programme. The camp had rebranded itself to a '*islah mukhayyam*', which roughly translates to "reform camp," which went beyond her initial expectations. This camp was located in a remote area and has been described as resembling a National Service Training Programme (PLKN) camp.⁹⁸

d. Internalisation of the external discrimination and marginalisation faced by the participants.

A 2022 article by Harian Metro featured interviews with a JAKIM representative and allegedly two participants. In the first interview, "Zack" shares his experience as a part-time sex worker to support himself in college. He describes coming from a poor background, his parents as farmers who were not able to support him financially. Years later, his mother, on her deathbed, advised him to leave all acts that are not approved by God, as she will not be able to face God in the afterlife. Her general advice struck a chord with him, and became the catalyst for him to leave 'his deviant world' and not chase money and disappoint his father.

The second interview featured an ex-trans woman, also a former sex worker. "Jac" shared that her decision to 'change' her gender expression was prompted by her encounter with a preacher. Unlike other preachers, she found the approach by the preacher to be

friendly, as he invited her for a drink and discussed life with her. Despite her being a trans woman, she was invited to perform the communal Friday prayer in a mosque, which she describes as a profound and inexpressible joy to her; she had not been to the mosque in years. As people who have been denied access to religious spaces and from participating in communal religious activities, the ability to perform prayer peacefully and communally is a moving spiritual experience. It is important to note the subtle imposition of the gender binary through the 'accepting' dynamic and relationship with the preacher. In 2016, she was sponsored by an NGO to perform umrah, and she is currently in the process of 'changing' herself. She says she is aware of all of her wrongful behaviour in the past. She shared that she engaged in sex work to support the financial costs of living in a city and so that she was able to express herself as a woman. Given the fact that trans women face increased job discrimination and often prohibited from expressing their gender identity and expression at the workplace, many find sex work to be 'liberating', as it does not impose such restrictions or conditions. However, she also shared the violence she experienced as a sex worker, which she noted remains invisible to the public.

In both interviews, the shaming of sex workers is extremely blatant, and overlooks the criminalisation of sex workers, as well as other forms of marginalisation caused by the state's neglect and criminalisation of LGBT persons in general. Further, sex work is perceived as being intertwined with LGBTQ identities. As a result, LGBTQ sex workers face double the shame and stigma. In the same article, a representative from an ex-LGBT NGO is quoted as saying, "Perhaps the problems are caused by

the community itself. If I were to look at societal stigma today, it is very different from years ago.”⁹⁹

Although one of its purported strategies is to reduce HIV transmissions among key affected populations, what with being listed in the National Strategic Plan to End AIDS 2016-2030,¹⁰⁰ the Global AIDS Response Progress Report 2016 has noted that there is no evidence to prove the efficacy of the Mukhayyam programme in reducing the prevalence of HIV/AIDS.¹⁰¹

- **Follow-up and financial support programmes,** including usrah or monthly religious and spiritual programmes, Qur’an recitation classes, and start-up support for businesses. A 2021 paper notes that some participants only participate in their state-organised programmes to access allowance or financial assistance. The paper also notes that the programmes receive resistance from the LGBT community at large.¹⁰² Some of the programmes are held by the ex-LGBT NGOs. These programmes create additional opportunities for the *Mukhayyam* participants to stay connected and receive additional support and incentives. For example, during the COVID-19 pandemic, 525 people who have participated in the *Mukhayyam* programme received financial aid through JAKIM’s COVID-19 relief Musa’adah fund. The funds were channelled twice through Hijrah Republique Network Organisation, a state-linked ex-LGBT group.¹⁰³
- **LGBT-related seminars and programs** targeting school, college and university students; school counsellors; parents;¹⁰⁴ volunteers; healthcare providers; and representatives of Muslim NGOs. These programmes aim to equip the target groups with information and skills to avoid “LGBT acts,” and to support LGBT persons to abandon their “LGBT behaviour.” To that end, LGBT issues are unpacked from psychosocial, psychospiritual, and health perspectives. The seminars also typically feature ex-LGBT speakers.

A report of a 2016 seminar by the Selangor Islamic Department (JAIS) and Yayasan Ihtimam Malaysia (YIM) in collaboration with JAKIM, the Selangor Islamic Council (MAIS) and International Education College (INTEC) for counsellors, students and parents concluded that familial and environmental factors, for example, not paying enough attention to children, cause ‘problematic children.’ As such, it is imperative to shower children with adequate love in their identity development process, between 5 to 10 years old. Parents are also advised to not disown their LGBT family members or children. They are instead recommended to refer them to experts and attempt to bring them closer to the true teaching of Islam.¹⁰⁵

- According to JAKIM, nine activities were held under their ‘treatment and rehabilitation programmes on gender confusion’ in 2019. The activities consisted of four seminars related to gender-confusion issues targeting the public, and five intervention programmes aimed at the LGBT community:¹⁰⁶
 - Two *Mukhayyam* programmes for lesbian and gay people;
 - One programme on appreciation of Islam (preventing wayward life) for women prisoners;
 - Forum for ex-trans people; and
 - One *ibadah* (worship) national camp for the gay and transgender community.

3. Establishment of support services

- JAKIM’s family, social and community service centre called KSKCareCentre at Tuanku Mizan Zainal Abidin Mosque in Putrajaya,¹⁰⁷ offers free counselling, Islamic psychospiritual therapy, and *ilaj syarie* (an Islamic treatment).¹⁰⁸

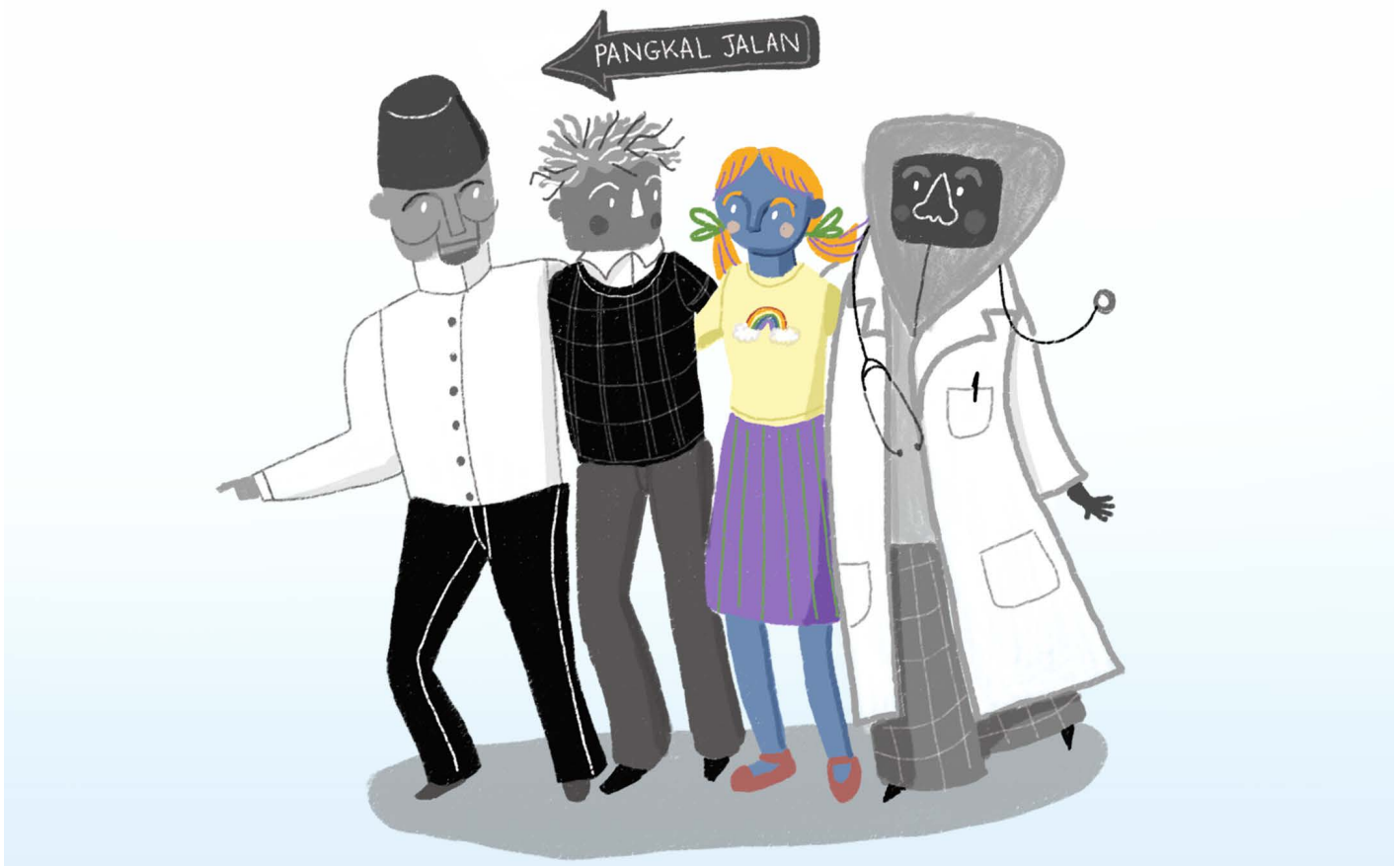
4. Development of resources

- JAKIM’s e-book ‘*Panduan Hijrah Diri*’ (available on the Google Play Store), and other publications, including a compilation of Hadith on ‘LGBT acts’ and a brochure ‘*Memahami LGBT dari*

Perspektif Seorang Muslim' (Understanding LGBT from a Muslim's Perspective), which promotes conversion practices.¹⁰⁹

- In 2021, JAKIM released a 181-page book entitled *'Menelurusi Fitrah Insani'* (Tracing Human Nature). The book, sold for RM25, has six chapters, including those on critiquing arguments by pro-LGBT groups and well-being programmes by JAKIM for LGBT persons; Chapter 5 on the implications of LGBT behaviour features theories and factors that contribute to a person being LGBT, adverse harms of being LGBT to self and society, and treatment for LGBT persons.¹¹⁰
- In February 2022, JAKIM launched a manual for ex-lesbian and gay persons (*'Manual Komuniti Hijrah Lesbian dan Gay'*).¹¹¹ According to an

interview with Dr Mohd Izwan Md Yusof by Bernama,¹¹² the recent manual complements JAKIM's *'Manual Islam dan Mak Nyah'* published in 2013, and is not currently available online. The manual features issues including understanding your own *fitrah* as a human being; an Islamic perspective on lesbian and gay; how to reach lesbian and gay persons; and Islamic psychotherapy, including prayer and *zikir* therapy to help lesbian and gay persons, especially Muslims, to lead a better life aligned with Islamic principles. Dr Mohd Izwan added further that JAKIM adopts an 'acceptance with exception' approach in relation to LGBT persons, asserting that while JAKIM does not agree with LGBT acts, they believe LGBT persons have a right to be guided.



4.1.2 State-level Activities

To illustrate the state-level activities, this section focuses on the programmes conducted by the Selangor Islamic Religious Council (MAIS), which appears to be both far more developed than programmes by other state Islamic departments, and better documented through academic journals and media.

The LGBT-related activities by MAIS are overseen by its own Al-Riqab Rehabilitation Division. Since its establishment in 2012, it was strengthened and further refined in 2015. MAIS defines Al-Riqab as “a person who is shackled under a power or situation that is an obstacle to him/her to live a better life. Shackled with perverted lifestyles such as prostitutes, lesbians, homosexuals, trans women or transsexuals, bisexuals, *pengkid*, tomboys, gigolos, and Muslim persons cohabiting with non-Muslims.”¹¹³ By this definition, there are at least 10 categories or groups of people who are considered as *asnaf riqab*, or escaping the shackles of social ills, and many of them LGBTQ intersecting identities.

In the context of LGBT people, the division’s role can be summarised as protection, rehabilitation and treatment. Generally, the division coordinates and oversees the activities in their welfare and protection home in Selangor,

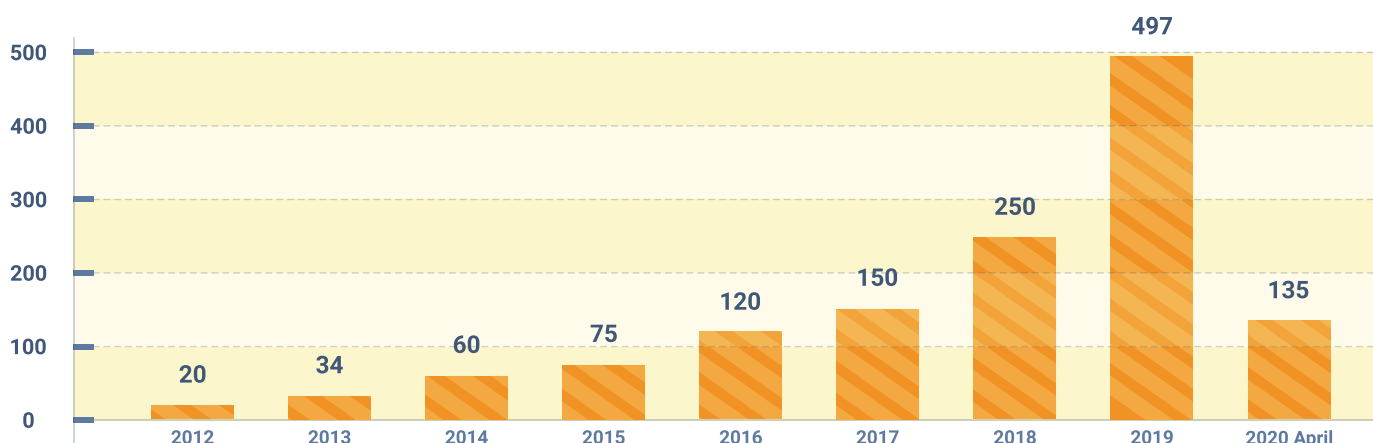
and manages rehabilitative counseling for women and girls who are involved in ‘social ills’, and Muslim groups and persons who need akidah rehabilitation.¹¹⁴ The division has established three rehabilitation and treatment shelters for LGBT persons, two of which are for LGBT people in general, and one is specifically for gay men. The NGO shelters provide support for LGBT people who have been disowned, have no shelter or income, or are in need of care for HIV. The shelter provides weekly religious guidance classes and other rehabilitation programmes.¹¹⁵

1. Zakat Funds

According to the chairperson of the state al-Riqab Committee, Tan Sri Abdul Azizi Mohd Yusof, life support is provided for those who fall under the *asnaf riqab* category through zakat funds. For example, they are given support for rent so that they can move to a new place that will allow them to live ‘*cara hidup bersyariat*’ (a Syariah-based lifestyle), medical support (including HIV-related medical costs), start-up funds for setting up businesses, etc. In addition, ‘caretakers’ are also given financial support to encourage the person identified as *asnaf riqab* to attend MAIS-organised guidance classes.

According to MAIS, the number of *asnaf niqab* (LGBT) recipients rose every year since its inception in 2012, eventually peaking in 2019 at 497 LGBT people who

FIGURE 3: NUMBER OF ASNAF RIQAB (LGBT) RECIPIENTS BETWEEN 2012 – APRIL 2020



Source: Majlis Agama Islam Selangor MAIS Bantu Asnaf Al Riqab Menjalani Kehidupan Lebih Baik (2021).

have 'returned to the right path' through the support of the funds.¹¹⁶ The *asnaf riqab zakat* funds are also channelled to NGO-managed rehabilitation centres registered under MAIS.

2. Istitabah Module

The *Istitabah* module outlines the *inabah* process of repentances specifically for LGBT people who have *aqidah* problems to aid them to 'return to the right path'; these are driven by fear of sins and disobedience, and the prospective consequences and suffering on earth and in the afterlife for committing the acts.¹¹⁷

3. Programmes

Unit Prihatin, which is exclusively tasked with implementing LGBT-related programmes in collaboration with NGOs, was established in accordance with Article 7 of the Selangor Islamic Religious Administration Enactment (EPAINS) 2013, which states:

*"Article 7 (1) Therefore, it shall be the duty of the Council to encourage, assist and work for the development and economic and social well-being of the Muslim community in the state of Selangor in accordance with Islamic law."*¹¹⁸

Together with the rehabilitation division, the unit oversees several activities, including:

- Rehabilitation programmes, and
- Dissemination of dakwah and Islamic information to LGBT people.

These rehabilitation programmes are implemented in four phases:

- **Phase 1: Visitation**, which includes home visitation and outreach to identify the background of the LGBT persons, especially in observing and understanding their familial relationships and acceptance, as well as cost of living. During this phase, no direct financial aid will be disbursed; however, those seeking to change themselves will be referred to a rehabilitation centre, at which their cost of stay, treatment and other health-related costs are covered by MAIS.¹¹⁹
- **Phase 2: Ukhwah relationship building** refers to casual activities with the intention of building stronger relationships between the participants and the organisers, conducted through their Program *Jalinan Kerjasama* (unity or cooperation building programme) or Program *Ziarah Mahabbah* (*Mahabbah* or love of god visitation programme).
- **Phase 3: Guidance**, which includes various programming, such as:
 - Religious Guidance classes and periodic activities for LGBT persons to learn the basics of Islam, *Tajwid*, how to recite the Qur'an and *Adab Mu'amalah* (socialisation rules). These classes are held at ex-LGBT NGOs.
 - The Treatment and Rehabilitation programme, which are divided into two sections:
 - = Clinical treatment is provided for participants who need medical support in their rehabilitation process. This seems to suggest medical interventions for 'de-transitioning,' which may include hormone therapies to masculinise participants.
 - = Spiritual treatment.
 - Support and welfare programmes aimed at supporting LGBT persons who want to rehabilitate themselves, including those recovering from their rehabilitation and treatment programmes, through handouts and financial support. Handouts are also provided for those who have participated in their rehabilitation programme during festivities.
- **Phase 4: Strengthening**, which includes components on ibadah or understanding Islam and prayer-related practice through programmes like Program Pengukuhan Agama Islam, Program Sokongan Mengerjakan Ibadah Umrah Haji and Program Penghayatan Pelaksanaan Amalan Islam;¹²⁰ spirituality; repentance and training as a preacher.¹²¹

REHABILITATION IS NOT A SURVIVOR-CENTRED RESPONSE TO VIOLENCE AND DISCRIMINATION AGAINST LGBTIQ PEOPLE

The focus on rehabilitation as panacea contributes to the lack of LGBTIQ-affirming and survivor-centred responses to the violence and discrimination perpetrated against LGBTQ and gender diverse persons.

To illustrate, a journal article identified challenges faced by the MAIS Al-Riqab Rehabilitation Division in carrying out their programme, including several case studies the division found challenging, such as some ex-LGBT persons desired to return to their previous life allegedly due to various stresses, including financial stress and unresolved trauma.

The cases included, for example, a trans woman who was abused as a child because of her gender identity feared returning to her family; another example was of a gay man who faced multiple sexual violence from his siblings, guardian, teachers, and peers in school who had low self esteem.¹²²

Not only is rehabilitation not the solution to these problems; but the framing as such re-victimises the people it claims to help.

Meanwhile, a conference paper by researchers from USIM¹²³ shows the integration of Islamic Psycho-spiritual Therapy or *Terapi Psiko-spiritual Islam* (TPSI) in existing state-supported and -linked ex-LGBT or *hijrah* groups. This includes *Pertubuhan Usrah Fitrah* in Selangor (supported by MAIS), *T-Fitrah* in Terengganu (supported by the Dugun District Islamic Department), and *Persatuan Insaf Pahang* in Pahang (supported by Islamic Council in Pahang, see Appendix A). TPSI includes three key elements:

1. **Therapy component, guided by Qur'an and Sunnah** as its main sources. This includes three fundamental components of *Syariah*: **iman** (faith), **Islam** (submission to the will of God), and **ihsan** (piety, welfare). The therapy component encompasses three sections: *akidah* (creed), *ibadah* (prayer and fulfilment of the five pillars of Islam), and *akhlak* (relationship with God, fellow human beings, and the cosmos).
2. **Process of therapy** consists of three components:
 - **Riyadah al-nafs** (train the spirit);
 - **Mujahadah al-nafs** (fight lust); and
 - **Muraqabah al-naf** (self-monitoring or self-surveillance).
3. **Therapy support**, includes support by various stakeholders to ensure the success of the TSPI. This component is divided into five categories:
 - **Institution**, which includes the organisers, NGO and others.
 - **Murabbi** (or guide) who acts as the facilitator. A *Murabbi* can be professional, religious teacher, teacher, peer educator.
 - **Peer support**, which includes the trans or LGBTQ community.
 - **Family members**
 - **Local communities** in areas where trans or LGBTQ persons live.

4.1.3 Activities in the Health Sector

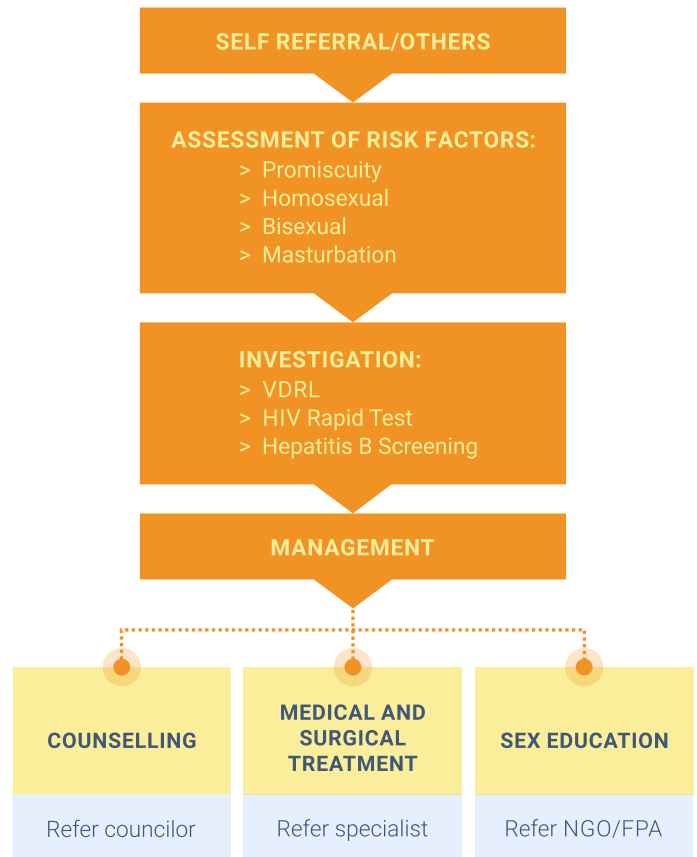
In 2017, the Ministry of Health released a **'Guideline on the Management of Problems Related to Gender and Health'**,¹²⁴ which medicalises LGBTI persons and their identities as occurring due to conflicts with their families, having been sexually abused, or exhibiting aggressive behaviour.¹²⁵ The guidelines recommend that teens with 'gender issues' be subjected to physical examinations, including genital examination, recording of sexual history,¹²⁶ and investigatory tests which may include chromosomal abnormality and MRIs to observe the condition of the pituitary gland.¹²⁷

Prior to the publication of the 2017 guideline, management of lesbian, gay and bisexual health cases were classified as 'abnormal/aberrant sexual orientation and high behaviour' in the Family Health Development Division, Ministry of Health's 2011 **'Guidelines for the Implementation of Health Services Adolescents in Primary Health Care.'** The guideline recommends counselling; tests for sexually transmitted infections; medical and surgical treatment; and further referrals to family health specialists, psychiatrists, counsellors or NGOs.¹²⁸

Meanwhile, the 'Psychiatric and Mental Health Services Operational Policy' published in 2011 by the Ministry of Health functions as a guide for "mental health providers, hospital managers and policy makers on the requirement, operation and development of psychiatric services in the hospitals and health clinics in the Ministry of Health, Malaysia." The policy is reviewed every five years or as needed.¹²⁹

Section 6 on operational policies covers the general psychiatric services provided in public hospitals, which includes outpatient services, inpatient services, children and adolescents psychiatry services, addiction services, promotion of mental health, among others.

FIGURE 4: FLOW CHART FOR THE MANAGEMENT OF ABERRANT SEXUAL ORIENTATION AND HIGH RISK BEHAVIOUR



Source: 'Guidelines for the Implementation of Health Services Adolescents in Primary Health Care (Ministry of Health, 2011).

The 'Promotion of mental health' component aims to "promote positive mental health and well-being by increasing emotional resilience, reduce vulnerability to mental illness and encourage [patients] to seek help when needed" through activities that target families, schools, workplace and communities; for example, through mental health promotions using government web portals, campaigns, and schools-based activities through clubs like PROSTAR, a HIV prevention youth club.¹³⁰ One of the mental health topics for mental health promotion among teenagers in the operational policy is gender identity. However, past evidence from the

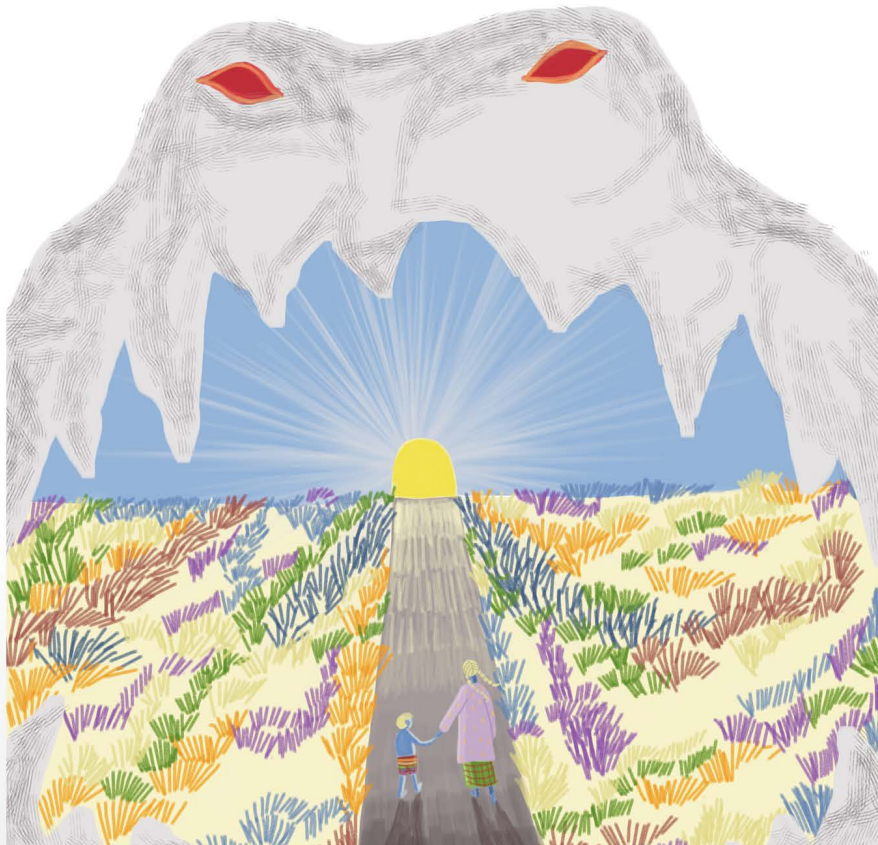
publications and activities by the government, and specifically the Ministry of Health, corroborate that the promotion of gender identity, which may include sexual orientation, will likely be through a binary and moral lens.

Case in point, the Family Health Development Division of the Ministry of Health's website hosts a booklet titled **'Cinta Terlarang'** (or Forbidden Love), which "provides guidance and tips for teens to avoid being trapped in the realm of forbidden love." The booklet covers two types of forbidden relationships: LGBT relationships and incest. The booklet claims that homosexuality is against nature, unnatural to reproductive functions, and results in a variety of physical, social and mental issues. It also notes that homosexuality is criminalised under civil and Syariah laws and that all religions prohibit LGBT persons.¹³¹

In 2017, the division launched a sexual reproductive health and rights video competition featuring three

categories—cybersex, reproductive health, and 'gender confusion', which covers LGBTQ persons. Following public backlash, the Ministry of Health changed the category to gender and sexuality.¹³²

A report by the Galen Centre cites several case studies that show how trans and gender-diverse people are even more vulnerable to being subjected to non-consensual or coercive medical practices because of their gender expression and the lack of legal gender recognition. In the two cases outlined below, the subjects were at the hospital to seek general health treatment not related to their sexual orientation and gender identity. However, medical health professionals in government healthcare settings recommended and performed unnecessary, outdated, and irrelevant tests and assessments to fit them within the cisgender, 'gender conforming,' and binary boxes.¹³³ Such actions amount to clear violations of LGBT persons' rights to health and to privacy.



CASE STUDY 2: USE OF NON-SCIENTIFIC METHODS

Kumar* is a trans man who was referred to a clinical psychologist in Ipoh General Hospital a few years ago. He said the clinical psychologist had no knowledge on the basics of SOGIESC. During the session, she gave him a Myers–Briggs Type Indicator (MBTI) test.

“When the result came out, she said that my MBTI scores showed that I was more ‘Feeling’ (F) than ‘Thinking’ (T), despite being a man. She said that it means that I don’t have enough hormones, because it is abnormal for men to feel or perceive. This is such a wrong, damaging, and toxic perception of masculinity. It’s normal for men to be emotional.”

In addition, he said that the clinical psychologist knew nothing about SOGIESC minorities and was asking him basic questions on gender. “She was asking me questions, ‘Are you a girl or a boy?’. I had to spend my time explaining to her about who I am, about SOGIESC minorities. I had to be stern on my perceptions and boundaries and tell her what to do or what to say.”

“The thing is, as a client, the responsibility to learn about SOGIESC minorities does not and should not fall on me. It falls on the mental health professionals to do so. To have to educate the professionals is exhausting and definitely does not help my mental health. You could end up making it worse.”

CASE STUDY 3: DEALING WITH MICROAGGRESSIONS AND LACK OF TRAINING

Ahmad* is a transgender man who went to Hospital Kuala Lumpur’s Psychiatric Department to secure an appointment for suspected depression in late 2018.

During his initial assessment, the healthcare worker noticed his Identification Card stated an assigned female gender. “He began to ask intrusive questions to satisfy his curiosity. He asked about my genitalia, my internal reproductive organs. He knew nothing about LGBT, sexuality and gender, did not know trans men existed, and initially thought I was an intersex or a trans woman. He also asked about how I had sex, about my hormones, etc.”

“His body language was also bad. Throughout the whole time, he sat with his posture withdrawing away from me. He also wanted to refer me to a psychiatrist for GID (Gender Identity Disorder), even though it’s already removed from the DSM. In the end, I just snapped at him and we went quiet.”

“This is what we (trans people) mean when we talk about microaggressions against trans people in the healthcare setting. The healthcare worker should have been trained on SOGIE, or at least not to ask all these invasive questions to trans people. The sad thing is, this is an incredibly common problem trans people face. That’s why we don’t want to or dread to see a doctor when we fall sick.”

Source: Galen Centre, What it Means to Suffer in Silence Challenges to Mental Health Access Among LGBT People.

4.1.4 Activities in the Education Sector

State and school-endorsed programmes targeting LGBTIQ and gender non-conforming students on the basis of their actual or perceived sexual orientation and gender identity have been reported in the media since 2011, although many similar programmes in educational institutions remain hidden due to lack of reporting and monitoring of such programmes.

The Ministry of Education allows for the use of corporal punishment in schools, which reportedly has been used by schools and individual teachers to practice with impunity specifically against students for being or perceived to be LGBT, paving the path to other discriminatory practices, including conversion practices.¹³⁴ Compounding the adverse consequences of coming out as an adolescent and increasing LGBT-phobia in general, the absence of friendly and affirming complaint mechanisms for students generally makes it unclear whether schools are aware of and would end personal efforts by teachers to initiate anti-LGBT activities or interventions.

In a speech during his visit to Malaysia on 2 December 2014, Mr. Dainius Pūras, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, was concerned about the country's efforts on conversion therapy:

"I am also very concerned about information received on programmes and practices supported by public institutions to change the sexual orientation of adolescents, so-called "corrective therapies." Such therapies are not only unacceptable from a human rights perspective, but they are also against scientific evidence, and have a serious negative impact on the mental health and well-being of adolescents. State-led programs to identify, "expose," and punish LGBT children have contributed to a detrimental educational

*environment where the inherent dignity of the child is not respected, and discrimination on the basis of sexual orientation and gender identity is encouraged."*¹³⁵

Conversion practices or interventions in educational institutions can be categorised into the following activities or interventions:

1. State-funded or -initiated

- **Various state-funded camps, seminars and programs have been conducted** for students, school counsellors, parents, volunteers, health staff and representatives of Muslim NGOs to encourage people to avoid committing 'LGBT acts,' and encourage others to identify and curb 'LGBT behaviours' within their families, social circles, and workplaces.¹³⁶
- In 2011, 66 Muslim **schoolboys identified by teachers as effeminate were sent to a four-day special camp** for counselling on masculine behaviour. An education official said the camp was meant to guide the boys back "to a proper path in life." Moreover, state officials said that, if left unchecked, the students—aged between 13 and 17—could end up gay or transgender.¹³⁷
- **A government-endorsed parenting guide** in 2012 described the symptoms of homosexuality. It was launched in a seminar billed as 'Parenting in addressing the issues of LGBTs' in Penang, officiated by then-Deputy Education Minister Mohd Puad Zarkashi.¹³⁸
- In 2013, a **government-backed musical** titled *Asmara Songsang* (Abnormal Desire) aimed to warn young people about the perils of being LGBT in Malaysia. Rahman Adam, who wrote and directed the musical, said his aim was "to educate the youngsters and their parents [on] the bad things about LGBT." He said, "Children need to recognise that men are for women, and women are for men. They [LGBT] are all out to



Artwork: Zariq Rosita-Hanif. IG and FB – @kertasapel.

have homosexual and lesbian sex, and although right now it is not so serious [in Malaysia], we need to act, to do something, to say something, to say that this is bad and not to follow it." After being staged at Istana Budaya, the musical was taken on a free tour to schools, universities and teacher-training colleges in Malaysia.

2. School-initiated

- In 2017, a counselling unit in a secondary school in Sabah was reported to have organised a year-long, gender-awareness programme allegedly targeting 15 'effeminate' students, according to the school's 2017 yearbook, in an effort to "set them straight."¹⁴⁰ After public outcry that started on social media, the school issued an apology and agreed to introduce positive programmes for the 15 students. However, no information is available on any proposed programmes.¹⁴¹

- In 2018, Universiti Sains Malaysia held a "Back to Fitrah" forum held at the university, aimed at 'converting' LGBTIQ students who have "disorders in sexual orientation return to their natural instincts."¹⁴² The association confirmed that it held the forum in a post on its Facebook page, saying it wanted to stop the spread of "LGBT culture" in Malaysia, which went against Islamic principles.¹⁴³

3. Teacher-initiated

LGBTIQ persons have long reported conversion interventions staged by their teachers. Many students report challenges in finding support for the issues they face, in an educational environment where it is often unclear whether school administrations are aware of teachers' actions (or would put a stop to them if they were); general LGBT-phobia makes them hesitant to share diverse gender identities or sexual orientations; and many school counsellors openly take non-inclusive

positions on LGBTIQ-related issues. As such, a SUHAKAM study with trans people in Kuala Lumpur and Selangor concluded that the educational system lacks any redress

mechanism that transgender children (and by extension LGBTI) would trust to discuss the unique challenges they face.¹⁴⁴

CASE STUDY 4: TEACHER-INITIATED CONVERSION PRACTICE

Debbie, a 19-year-old queer person, recalls being subjected to an ‘intervention’ to correct her sexual orientation by a teacher upon discovering her sexual orientation:

“I was openly being me on my private social media, and other students noticed it and reported it to a teacher. After that, the teacher, who is a Christian and really religious and everything, called me and asked for my help. I said, okay, and followed the teacher. They took me to an empty classroom. They locked the door, and turned off the light. In my mind, I was asking myself, what are they doing?”

“The teacher then asked me to sit down, and asked me to pray. And I did it because they are my teacher and I am a student, and there’s fear. So, I just followed what they said. The teacher said, ‘I know about you’ and talked about the things that I have done. And I thought to myself, ‘Oh, no...how do they know?’ I was surprised. At that time, I was very feminine and gender-conforming.

“Even the way I spoke was very feminine, not like now. So, I kept quiet and did not admit to anything, although she asked plenty of questions and told me that she is aware of the kinds of photos that I post—there were photos of LGBT people, Pride, and all of that. She then revealed to me that a junior reported it to her with my screenshots. At that time, I was so afraid. I couldn’t say anything, I just cried there. I could hear my teacher talking, but I couldn’t comprehend anything because of my fear.

“After a while, I gave an excuse and left the classroom. I kept quiet until I returned home. When I got home, I was really, really scared, but I couldn’t say anything about this to anyone, as I was afraid of people blaming me instead. I asked for help from my mum after almost a week, and she said, ‘It’s okay. You will forget about this. You will be normal.’

“But the thing is I don’t want to be ‘normal,’ and what the teacher did was wrong. A few weeks after that, I still felt that I needed help, and I reached out to my counsellor. Although the counsellor in the past had told me to return to the ‘right’ path, she felt the teacher’s action was not right, that it was not within her role, and that the teacher should have referred the case to the counsellors. The teachers are all the same, and they impose their religious values. No action was taken against the teacher. I later found out that the teacher had conducted an inquiry with my classmates about me before carrying out the ‘intervention.’

“But this is not an isolated case. When I was 13, I had also heard that the teacher had carried out a similar intervention in a dark room with two seniors in school. After the incident with me, everyone knew about it and my sexuality. I received stares and other microaggression from teachers until I left school, three years later. At that time, I buried myself in my studies and exams in order to deal with everything.”

Source: Child Rights Coalition Malaysia, Status Report on Child Rights in Malaysia 2019.

4.2. NON-STATE EFFORTS

Although the bulk of this report has focussed on state-led efforts, it is worth outlining some actions by non-state actors as well, although there is a general lack of documentation. In the absence of anti-discrimination laws, oversight and regulations of harmful 'medical' practices by the state and medical associations, reported cases of conversion practices remain artificially low.

A structure of non-state actors that promote or provide conversion practices further normalises the already-pervasive and uncontested promotion and provision of conversion practices. This further contributes to the widespread perception that conversion practices are not a form of violence against LGBT persons.

The non-state practices that have been documented by activists and human rights groups include:

- Faith-based practices
- Psychotherapy and medical practices
- Ex-LGBT groups, also known as ex-gay ministries, among Christians or *komuniti hijrah* in Malaysia. These often mix faith-based practices and personal lived experiences.

4.2.1 Faith-based

The scale of faith-based conversion practices ranges from efforts by family to those with much wider reach.

At a personal level, *PumPang PumPang*, a queer podcast, recounts a story of a gay man who experienced religious intervention after being outed to his mother and his church pastors by a friend from whom he sought support following a sexual abuse incident by his schoolmates. In the podcast, he recalls coming back home from school to his mother, who sat him down and recited Bible verses about how being gay is against their religion. Soon after he was sent to church for a "divine intervention," as his mother and his church pastors believed that he was possessed by demons.

The interventions were so traumatising that he just gave up and told them that he wanted to repent; he said it was like a mental movie that kept playing in his head, characterising it as an unseen form of harm. He recounted:

"They tried to explain to me my affinity for certain pop culture, there is a worldly agenda towards influencing people from straying you away from god. What was even more damaging was that they made me understand that I have demons—not a demon—demons that I have accumulated myself. They threatened me with the authorities. Part of the entire process was the fact that while I was sinning in the eyes of God, in the eyes of my religion, but I am also committing a crime, and they made me understand how serious it is under 377 of the penal code. As a 15 year old, it was a no-brainer that I was terrified. I was quarantined, my mobile phone was taken away from me, I was on strict watch, in the sense that I could only leave the house to school, I could only go to tuition classes...it may sound like I am exaggerating, but life wasn't nice at all, it was like I was living in a prison... it was traumatising to the fact that you just give up, to the point that I just confessed to them that I am straight now, I like women, and I will repent. Repent was a key word; it was simple."¹⁴⁵

In Malaysia, celebrity, digital or social media influencer preachers play a significant role in policing LGBTQ and gender-diverse online users, especially fellow social media influencers. In the past, celebrity preachers in Malaysia have incited boycotts¹⁴⁶ and mobbing¹⁴⁷ of LGBTQ influencers. Some others have also carried out *dakwah* or religious outreach sessions with LGBTQ influencers. For example, Ebit Liew, a popular preacher, has consistently carried out *dakwah* with LGBTQ and gender-diverse persons in Malaysia and, more recently, neighbouring countries. In 2018, he livestreamed a *dakwah* session with trans and gender-diverse influencers at the height of public criticism of their visibility on social media.¹⁴⁸ In January 2021, he posted

an outreach and meeting with the transgender community in Sabah, which received an outpouring of praise and prayers by online users for the transgender community to ‘return to the right path’.¹⁴⁹ In May 2022, he carried out a similar session in Indonesia with the transgender women community; he shared on his social media:

“12 midnight last night i visited transgender who work in Surabaya. I greeted them and shared religious messages about iman (faith) to them... Some have worked since they were 14 years old at the red light district. Some support their mother with disabilities. So many stories. I told them Allah loves us and gives us iman. We don’t know what will happen to us at the end there. Us and I work together towards the afterlife. Take care of our prayers and parents and stay away from things that are haram.”¹⁵⁰

The post above is typical of preachers, religious anti-LGBT groups, and even the state’s approach of *menyantuni* (reaching out to) LGBT people with love and compassion¹⁵¹—where they rely on words like faith, the afterlife, prayers, parents and staying away from things that are haram—and is emblematic of how the preachers’ approach is critical to addressing social fears of the target audience without alienating them. This allows them to target LGBTQ persons while creating a public perception of compassion that masks the underlying coercion implicit in SOGIE-change efforts.¹⁵²

4.2.2 Psychotherapy and Medical Practices

In many cases, these practices can be linked; for example, a mental health professional may make a referral to a support group or others who provide conversion practice services. While research shows that parents and others send their children to mental health professionals, there is a lack of data, because of underreporting, lack of a complaint mechanism, and regulations, e.g. on safeguarding.

In Malaysia, the rise in Islamic psycho-spiritual therapy may become increasingly problematic if their practices are not rooted in evidence, science and human rights, and prayer therapy continues to be prescribed to suppress a person’s sexual orientation and gender identity. In 2020, a local media outlet reported that the Islamic Medical Centre offers a five-stage rehabilitation programme, which included:¹⁵³

1. Counselling
2. Prayer therapy
3. Spraying chewed black pepper into the eyes of the individual seeking conversion while reciting
4. Islamic reflexology
5. Bathing the individual with ice water with lime and salt.

The experiences above are echoed in a study conducted by the Independent Forensic Expert Group (IFEG) that confirms conversion therapy is a form of discrimination and repression. The study also found that many of these practices are similar to internationally recognised acts of torture and other cruel, inhumane or degrading treatment and punishment.¹⁵⁴ Moreover, the IFEG considers that conversion therapy will subject the individual to significant or severe mental and physical pain and suffering with long-term harmful effects—as the practices are “inherently humiliating, demeaning and discriminatory.” Children and legal minors are particularly vulnerable, with a sharp increase of suicidal and depressive tendencies in those who have experienced conversion therapy.¹⁵⁵

Such detrimental practices may in turn lead to further ill effects on the health of LGBT persons. Research by CERIA with 26 Muslim gay and MSM identified issues that contributed to their poor health-seeking behaviour or reluctance to see a doctor, among other things: criminalisation of LGBT, discriminatory laws and policies that reinforced the notion that LGBTIQ people will never be accepted, and fear of arrest and expression of identity;

societal double discrimination and stigma towards HIV and LGBTIQ people; religious patriarchal interpretation of non-heteronormative sexualities; among other things.¹⁵⁶ As a result, the respondents showed low knowledge on

HIV and sexual health, shame and stigma with condom acquisition, internalized issues in terms of self-blame and self-guilt due to familial and societal pressure to marry and 'return to the right path.'

THE INTERSECTION OF SIN AND HIV

This case study was adapted a Malay-language journal article. The original case study uses judgmental language, and mischaracterises sexual orientation as a lifestyle; as such, some changes were made in order not to replicate the offensive language. It outlines the intention behind the counselling as "to facilitate a change among gay and lesbian," rather than to provide an affirming space for understanding one's self.

Client is a 33-year-old gay man who works as a manager at a car dealership. He has been aware of his sexual attraction towards men since he was in secondary school, or puberty. However, he has suppressed and kept his feelings and identity hidden as he is aware that LGBT people are not accepted, and even rejected by religion and society. His parents are also reportedly religious. He fears that his parents will be upset with him, withdraw emotional support, and disown him. He feels more free to express himself now that he has a job and is more financially independent and no longer in university. The client engages in sexual relationships with men.

The client expresses that he is comfortable with his identity and finds it extremely difficult to change his identity. Years later, he was diagnosed with HIV, resulting in stress, depression and anxiety over his status.

At that moment, he decided to 'return to the right path' and "change to be a better person." Client expressed his desire to leave the sinful behaviour; however, the client was conflicted. As such the client came to seek counselling services.

In this scenario, the paper recommends counsellors to express empathy, listen actively and allow the client to share their concerns. The intention of the client to 'change themselves' is a self-actualising tendency towards being a better person. As such, the self-actualisation reflections can focus on what the clients want to do to change their values and meaning of life, while encouraging them to make a comprehensive self-assessment of their previous thinking, religious understanding and moral values. The paper adopts Roger's humanistic approach in responding to LGBT-related cases, and calls for positive reinforcement to ensure sustained change.

4.2.3 Ex-gay Ministry

Ex-gay ministry is a popular term used in the West for ex-LGBT people who advocate for the change or suppression of SOGIE. However, its use is not limited to just gay people and Christians. Ex-LGBT groups in Malaysia are funded or supported by state and non-state actors, and they come from various backgrounds.

A pastor from the state of Melaka claimed he was an “ex-trans woman” and labelled LGBT people as “sexually broken people.” The pastor also uses the ‘soft approach’ messaging, saying that his organisation does not force and expect people to change, but suggested that “being straight and ‘ex-gay’ is more enjoyable.”¹⁵⁸

Dubbed the “The Season of Recovery,” participants and church members were taught” how to “identify, deal and overcome with issues affecting them.” The four-stage programme aims to “transform” an individual through psychotherapy, abstaining from intimate relationships, and coercing participants together in a cisgender heteronormative relationship in hopes of marriage and becoming parents.¹⁵⁹

A transgender man participant shared his experience while he was in the programme, during which he experienced non-epileptic seizures, abandonment, social isolation, and behavioural conditioning. During his time in the programme, the transgender man was assigned with a partner with whom to build a Deep Platonic Relationship, but he also shared that the pastor would kiss him on the cheek, hold hands in public, and spend time with him. He was diagnosed with severe anxiety and depression after the programme.¹⁶⁰



Section 5:

Impact of Conversion Practices

In 2016, the World Psychiatric Association issued a statement that "[t]here is no sound scientific evidence that innate sexual orientation can be changed."¹⁶¹ Practices that purport to change an individual's sexual orientation or gender identity therefore lack any foundation in science or medicine and are unlikely to be effective. Instead, they are based on an antiquated misconception about the nature of sexual orientation and gender identity.

In 2019, the American Medical Association published a brief¹⁶² that conversion therapy may cause significant psychological distress. One study cited showed that 77% of participants who had undergone sexual orientation change efforts reported the following symptoms of long-term harm:

- Depression
- Anxiety
- Lowered self-esteem
- Internalised homophobia
- Self-blame
- Intrusive imagery
- Sexual dysfunction¹⁶³

Participants of the same study also reported effects of social and interpersonal harm, including alienation, loneliness, social isolation, interference with intimate relationships, and loss of social support.¹⁶⁴ There is a significant body of evidence showing that all forms of conversion practices can cause intense psychological pain and suffering, even leading to post-traumatic stress disorder.¹⁶⁵

All practices attempting conversion are inherently humiliating, demeaning, and discriminatory. The combined effects of feeling powerless and extreme

humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes.

Moreover, the Family Acceptance Project: San Francisco State University published in 2018 included 245 LGBT young adults between ages 21 and 25 who had been subjected to parent-initiated sexual orientation change efforts during adolescence. The study found, "Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%)."¹⁶⁶

As documented in these other reports, conversion practices in Malaysia often result in humiliating, degrading experiences at best, and violence at worst. In assessing impact, it is important to look at the impact on:

- LGBTIQ persons
- LGBTIQ human rights defenders (HRD)
- Parents and family members

5.1 IMPACT ON LGBTIQ PERSONS

5.1.1 Shame and Low Self-acceptance

A respondent from a Justice for Sisters study shared that media representation and coverage of trans people exacerbates the pressure by her family members for her to change:

“There are times when they (family members) read the papers, and when it comes to issues about mak nyah, they will call me and ask me to take care of myself, and not do unnecessary things. Family will remind me, they will say, ‘How long are you going to be like this?’ But I am firm with myself; this is who I am. These pressures are normal, but I understand that I cannot be like this forever. At some point I will change, but it will take time.”¹⁶⁷

A Malaysian LGBTI activist shared in an article the long-term impact of conversion practices he was subjected to as a young person:

“I was subjected to weekly chipping away of my sense of self, dignity, and wholeness. I was convinced that as I was incomplete, I was therefore lustful, shameful, irresponsible, lacking in self-control. Why couldn’t I control these terrible, dirty thoughts? I thought I was a monster, a vampire. Beware, don’t touch me...Up till today, I’m still trying to heal from these deep wounds. It was not my homosexuality that stunted my growth and my relationships, it was the church. It taught me some very unhealthy ways of relating to myself and others...When I was done sharing, one of these church leaders told me that when I said my happiest moment consisted of being told I was incomplete and needed to be straight, it broke her heart, that the church had reduced me to this. This to her was evidence of the harm the church did to me, that I became someone who would be happy for being told he’s not enough.”¹⁶⁸

5.1.2 Isolation and Mental Health Impact

The study also found that respondents who battled pressure to change developed mental health issues, namely depression and suicidal ideation:

Of late, I feel there is a tiny voice that says, ‘You are living a useless life. What is the purpose of you living? What for?’ The voices are there every now

and then, and it makes me ask myself, ‘Do people like me deserve to live in this world? Should I just die?’ When I think about death, I can’t imagine it. I don’t know what my life will be after I die. I experience depression and seek advice from my friends.”¹⁶⁹

5.1.3 Violation of Privacy and Its Impact on Access to Services

It is also clear from the case studies and examples that LGBTQ persons who disclose personal information when seeking medical services are referred to conversion practices or subjected to unnecessary and intrusive medical tests. In that sense, it not only violates privacy, but it also makes it challenging for people to seek services and widens the trust deficit. This encapsulates the findings of the CERIA study, which shows the correlation between lack of access to healthcare due to fear of prosecution because of criminalisation and the pressure to change.

A CASE STUDY REPORTED BY PLUSOS

Joseph’s parents are religious. He was always told that being gay is a sin, as he grew up in a Christian household. His family tells him to talk like a man, and that he must enjoy sports. His classmates also reinforce gender stereotypes and binary constructs by telling him that he talks like a girl, which makes him uncomfortable. His parents once asked a pastor to perform an exorcism and pray away the ‘bad spirit’ out of Joseph’s body. With no emotional support and no one to turn to, Joseph wants to leave his home. His only escape for now is music.

He is also bullied in school because of his sexual orientation. Combined, the discrimination he had experienced resulted in depression, insomnia, suicidal ideation and isolation.¹⁷⁰

5.2 IMPACT ON LGBTIQ HRD

LGBTIQ human rights defenders (HRD) face increased restrictions in the context of state-sponsored conversion practices, thus impacting human rights advocacy and the ability of HRD to carry out their work.

Human rights defenders who have raised concerns over the compliance of these programmes with human rights standards have been met with reprisals by state and non-state actors, including state-linked ex-LGBT groups. In 2019, a HRD faced backlash by conservative groups for describing the programme as amounting to "state sponsored violence."¹⁷¹ The HRD was called on to retract his statement and issue an apology for making allegedly baseless claims;¹⁷² he was also summoned by the police for an investigation.¹⁷³

In August 2020, another HRD faced reprisals by state and non-state actors for publishing content on conversion therapy in Malaysia, which included the *Mukhayyam* programme and other state-funded rehabilitation programmes via her social media accounts. Aside from online mobbing and harassment, at least four police reports were lodged against the HRD, including by JAKIM. JAKIM claimed the content was "... manipulative, malicious and seen as wanting to hinder and restrict the right to freedom of religion of Muslims in the LGBT community who want to lead a better life in line with the requirements of Islamic law."¹⁷⁴

Such heavy-handed responses by the state against criticism of their programmes effectively curbs objections raised by HRDs and has a chilling effect on freedom of expression.

5.3 IMPACT ON PARENTS AND FAMILY MEMBERS

Aleesha Farhana was a trans woman from Terengganu who died following a tragic attempt to seek legal gender recognition to facilitate continuing her education. Her attempt to seek a court order was widely reported in the

media, and her parents also became the centre of media attention on their parenting style and role in her gender identity. In an interview with Malay media, her parents expressed that they were stressed over accusations and comments by the public about how they were supportive of the late Aleesha's decision to seek legal gender recognition. In the interview, Aleesha's mother expresses complex emotions and vulnerability, as well as seeking clarification on medical questions that support Aleesha's claim to being herself—a girl.

"If death is the solution, take her life, but (before that) take my life and my husband's first because we are also part of the source of this problem... We are saddened by the accusations by some people, including the media, when they assume that we are going against God by supporting Aleesha's decision to change her name and gender marker in her identification card. The reality is we as a family have never supported their action and were very shocked when she medically transitioned to the extent that we didn't not accept her as our child... At that time we were in Mecca to perform our pilgrimage, and we were under the impression that she was working in Putrajaya. Because we were so angry, we burned all of her clothes and told her not to come back home anymore, but we know she frequently comes back, but she sleeps in her car and does not enter the house...her brother has cut her hair short, military style, but we still saw her as a woman, the only difference was that her hair was short....her medical results show that she has more female hormones than male hormones. Can this fact be used to support her application [to change her name and gender marker]? I hope this matter will be explained thoroughly and it is worth considering."¹⁷⁵

In Nur Sajat's case, a trans woman entrepreneur who successfully sought asylum in Australia after continuously being hounded by the Islamic departments, her parents were vilified, told to return to the right path and not be complicit in supporting their child's gender identity.

Some online users called on the government to take action against her mother for allowing her transgender daughter to perform *umrah*.¹⁷⁶ In one media interview, her sibling also expressed feeling burdened by attacks from online users and media sensationalism and clickbait culture, citing the negative impact on her children in school because of their association with a trans woman family member.¹⁷⁷

THE POWER OF SHAME ON LGBT PERSONS AND THEIR PARENTS

Damian* is a cisgender gay man. He experienced symptoms related to depression and anxiety, and visited a registered psychiatrist working in the private sector two years ago. During his assessment with the psychiatrist, he disclosed to the psychiatrist that he was gay.

After the assessment, the psychiatrist gave a pamphlet to Damian. The pamphlet contained information about a Christian conversion therapy support group. He said, "I'm a doctor, so I cannot tell you what is right or wrong. But I recommend you to this place and meet people in this support group. They face the same thing you do and want to change. They can change, so can you."

Damian did not go to conversion therapy as he did not believe his sexuality is a mental illness, and is at peace with it. "But what was horrible was that he went and spoke to my mum privately, who accompanied me to that session. He told her that I was gay because she was a bad parent, and that I picked it up because she allowed me too much access to the internet. While she is okay with me being gay, my mum still feels guilty until this day, as if my depression was her fault. It makes me angry and sad just thinking about it."

Source: Galen Centre, *What it Means to Suffer in Silence: Challenges to Mental Health Access Among LGBT People*.

5.4 IMPACT ON LGBTIQ REPRESENTATION

Conversion practices result in various long-term damaging impacts and human rights violations at the individual level. The Independent Forensic Expert Group, in a statement on Conversion Therapy, rightly summarised:

*All practices attempting conversion are inherently humiliating, demeaning and discriminatory. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes. The injury caused by practices of "conversion therapy" begins with the notion that an individual is sick, diseased, and abnormal due to their sexual orientation or gender identity and must therefore be treated. This starts a process of victimisation.*¹⁷⁸

Beyond the impacts on individuals and families, conversion practices reinforce the overall cis-heteronormative, patriarchal and/or binary gender ideology and has ripple effects on the overall representation of LGBTIQ persons and the community, as well as creating contestations over spaces and said representation.

The political opposition and some members of the public criticised the appointment of a transgender representative to the federal Ministry of Health's Country Coordinating Mechanism, a committee supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. A representative of the Pan-Malaysian Islamic Party (PAS) said the committee's transgender representative should come "from the ex-transgender group" who had "gone through a positive phase and returned to [the original path]," adding that "promotion of gender equality is not the culture here in Malaysia. We support the stand made by Deputy Prime Minister Datuk Seri Dr Wan Azizah, who has objected to the LGBT agenda and urged any agenda for the normalisation of LGBT to stop because it contradicts our religion and constitution."¹⁷⁹

Section 6:

Intersections with International Human Rights

The notion that conversion practices are a form of human rights violation is gaining credence as more evidence links them to discriminatory agenda specifically against LGBT people and the various long-term damaging impacts. Consequently, LGBTQ persons globally have mounted legal challenges over the provision of conversion practice services by health care providers in public and private institutions, aiming to dismantle some of the structures that facilitate ongoing conversion practices.

In 2014, an activist in China successfully sued a conversion clinic and received compensation after admitting himself to a private conversion clinic that advertised electroshock therapy. In 2017, another gay man sued a psychiatric hospital in Central China after being forcibly admitted by his wife and relatives to the hospital because of his sexual orientation; a court ordered the hospital to issue a public apology in local newspapers and pay 5,000 yuan in compensation.¹⁸⁰

Meanwhile, in the United States, in *Tingley v. Ferguson*, the court upheld precedence set in *Welch v. Brown*, rejecting the notion that the state conversion law infringes on the plaintiff's religious rights, as the law aims to protect LGBT youth from harms of conversion practices.¹⁸¹

... the object of the Conversion Law is not to infringe upon or restrict practices because of their religious motivation. Its object is to "protect the physical and psychological well-being of minors, including lesbian, gay, bisexual, and transgender youth [by] protecting minors against exposure to serious harms caused by conversion therapy." – 2018 Wash. Sess. Laws, ch 300 §1.

*The Conversion Law does not, either in practice or intent, regulate the way in which Plaintiff or anyone else practices their religion. Instead, it "regulates conduct only within the confines of the counselor-client relationship." Welch, 834 F.3d at 1044. Plaintiff is free to express and exercise his religious beliefs; he is merely prohibited from engaging in a specific type of conduct while acting as a counselor.*¹⁸²

In a court case in Costa Rica, the court ruled that the state's promotion of conversion practices violates the principles of equality and non-discrimination.¹⁸³ Such principles are upheld in multiple international standards of human rights to which countries—including Malaysia—have signed onto. Conversion practices are targeted specifically towards a group of people with the aim of changing their SOGIE, thereby presenting intersections with multiple axes of violations of their rights and freedoms.

6.1. NON-DISCRIMINATION

The principles of equality and non-discrimination are the most basic foundations to multiple international and regional treaties and standards. However, while international standards and the legal framework of Malaysia outline the accepted axes around which people may not be discriminated against—e.g. race, sex, religion, language, caste—the lack of specific SOGIE-affirming clauses provide a problematic gray area. Further, the accepted understanding of gender—and the conflation of sex and gender—through a binary lens excludes many LGBTIQ persons from being afforded rights and protections specific to their SOGIESC identity.

The very notion of conversion therapy is built on the idea that LGBT people are inferior, deviant, uninformed, immoral, etc; therefore, they should be changed, cured, rehabilitated or suppressed.¹⁸⁴ Conversion practices are underpinned by these layers of discrimination, as evidenced by a body of research that show a person's decision to change their gender expression, gender identity and sexual orientation correlates with marginalisation, isolation, misinformation—it is a harmful coping strategy in the absence of affirming support systems and adequate access to information and services.

The CEDAW Committee takes a broader, more holistic view, raising in its concluding observations their concerns over the discrimination by state and non-state actors exacerbated by the discriminatory laws and policies in Malaysia. Recognising the discrimination inherent in conversion practices, the committee recommended the government of Malaysia to “expedite measures to discontinue all policies and activities, which aim to “correct” or “rehabilitate LGBTI women.”¹⁸⁵

CEDAW CONCLUDING OBSERVATIONS ON MALAYSIA (2018)

Education

36. (e) Adopt anti-bullying policies based on alternative strategies to address bullying, such as counselling services and positive discipline, and undertake awareness-raising measures to foster equal rights for LGBTI students.

Lesbian, Bisexual and Transgender Women and Intersex Persons

48. The Committee recommends that the State party undertake awareness-raising measures to eliminate discrimination and negative stereotypes against lesbian, bisexual and transgender women and intersex persons. In particular, it recommends that the State party:

- a) Amend all laws which discriminate LGBTI women, including the provision of the Penal Code and Syariah laws that criminalise same-sex relations between women and cross-dressing;
- b) Apply a policy of zero-tolerance with regard to discrimination and violence against LGBTI women, including prosecuting and adequately punishing perpetrators;
- c) Expedite measures to discontinue all policies and activities, which aim to “correct” or “rehabilitate LGBTI women.

Women Human Rights Defenders

49. The Committee is concerned that women human rights defenders, in particular those advocating Muslim women's rights, the rights of lesbian, bisexual, transgender and intersex women, as well as for democratic reforms, have reportedly been subjected to arbitrary arrests, harassment and intimidation by State authorities as well as religious institutions, including through the adoption of fatwas against women's organisations working on the above mentioned issues.

50. The Committee recommends that the State party ensure that women human rights defenders can freely undertake their important work without fear or threat of arbitrary arrest, harassment or intimidation, including the issuance of fatwas by religious institutions, by fully guaranteeing their rights to freedom of expression, assembly and association. It also recommends that the State party provide capacity-building on women's rights and gender equality to law enforcement officials, members of the judiciary and members of religious institutions.

Source: CEDAW Concluding Observations, CEDAW/C/MYS/CO/3-5.

6.2 FREEDOM OF RELIGION OR BELIEF

In a 2017 report, the Special Rapporteur on freedom of religion or belief asserted that freedom of religion or belief and the right to equality are inextricably linked. Freedom of religion or belief should be seen as constituting a right to equality, which prohibits discrimination on the basis of religion or belief. He added that freedom to manifest religion or belief, however, does not give the power to marginalise, suppress or carry out violent acts against others and those in vulnerable situations, including women or LGBTI persons under the guise of manifesting their religion.¹⁸⁶

In his 2020 'Gender-based violence and discrimination in the name of religion or belief' report, the Special Rapporteur again noted "freedom of religion or belief and non-discrimination as two and mutually reinforcing rights" and that states have an obligation "to create enabling environments to advance the non-discrimination and freedom of religion of belief rights of women, girls and LGBT+ persons."¹⁸⁷

He further raises concern over a context that is very familiar in Malaysia:

*Religious interest groups are engaged in campaigns characterizing rights advocates working to combat gender-based discrimination as "immoral" actors, seeking to undermine society by espousing "a gender ideology" that is harmful to children, families, tradition and religion. Invoking religious tenets, as well as pseudoscience, such actors argue for the defence of traditional values rooted in interpretations of religious teachings about the social roles for men and women in accordance with their alleged naturally different physical and mental capacities, often calling upon Governments to enact discriminatory policies.*¹⁸⁸

Malaysia has a warped view on freedom of religion of LGBTQ persons: LGBTQ persons are unable to openly and freely practice their religion unless they conform to

the cisnormative and heteronormative standards of the state. It is important to note that the freedom of religion or belief includes the right to manifest one's religion or belief individually or collectively and in public or private, free from religious coercion, and freedom to adopt, change or renounce religion or belief.¹⁸⁹ The official government stance runs counter to the notions outlined above by the Special Rapporteur; in fact, the argument for freedom of religion or belief has been appropriated to uphold the government's standards and further their agenda.

In a statement, JAKIM noted that LGBTIQ human rights defenders are "wanting to hinder and restrict the right to freedom of religion of Muslims in the LGBT community who want to lead a better life in line with the requirements of Islamic law." In a 2022 Bernama interview, a JAKIM representative shared that the government agency adopts an 'acceptance with exception' approach in relation to LGBT persons, which they deem as a 'middle approach'. He asserted that JAKIM does not agree with LGBT acts, but they believe LGBT persons have a right to be guided and 'returned to the right path'.¹⁹⁰

Case in point: Nur Sajat, a trans woman influencer, was prosecuted under Section 10 of the Selangor state Syariah Criminal Offences (Selangor) Enactment, which penalises insulting Islam, for allegedly wearing a pink *abaya* and *hijab* at a charity event that she organised for a *tahfiz* school.¹⁹¹ In 2018, she received severe online violence, including state¹⁹² and non-state doxing and dissemination of her legal documents,¹⁹³ when she performed her *umrah* for the second time in Mecca while wearing women's prayer garbs.

The state ideology has trickled down and replicated amongst local actors, creating a homogenous understanding of LGBT persons and their marginalisation within religious communities. On a podcast, Ali* shared that the overwhelming anti-LGBT religious narratives, coupled with cis and heteronormativity in school and

marital pressures by his family, has made him afraid to be himself. In religious classes at school, he was told that unnatural sex and being LGBTQ is one of the big sins in Islam, and the solution is to confine the person until they repent. At the *surau*, he was told that the only solution to the LGBT issue is to kill them.

"... When I was in form 5, in Islam we learn about big sins. So one of the big sins is unnatural sex, like LGBT, and one of the punishments is to confine the person until they repent, so I become even more scared...I didn't ask for this, but is it there? And, then when it is there, we are blamed for it? And then, why must I be confined?"

"... I kept praying, in Islam, there's Zamzam water (holy water). So, I always say a prayer, 'Bismillahirrahmanirrahim, please make me straight, and to like women' and then I drink it but it's the same! I am not saying that God did not address my prayer, not that; I get the answer that God made you like this."

"... for now I don't think I need to confess to my parents. I love my parents. I say this as a gay Muslim. I still believe in my religion. I just take this as a challenge... At the same time, I accept who I am, at the same time I keep questioning, if I should be open about this, should I confess to my family that I am like this. There is a difference; I stopped pretending but I haven't confessed."⁹⁴

Certain religious teachings have, throughout the ages, been misused to cause deep pain and offence to those who are lesbian, gay, bisexual, transgender, queer and intersex. Recognising this history and the need to change, in December 2020, more than 400 religious leaders signed a declaration, led by Global Interfaith Commission on LGBT+ Lives initiative, calling for an end to and ban of harmful practices that seek to "change, suppress and erase a person's sexual orientation, gender identity and gender expression" or 'conversion

therapy',⁹⁵ echoing the call by the Independent Expert on SOGI. In the same declaration, the commission affirmed that "all human beings of all sexual orientations, gender identities and gender expressions are a precious part of creation and are part of the natural order," all equal under the God or Divine, and so we are all equal to one another and under the law.⁹⁶

6.3 FREEDOM FROM TORTURE AND ILL-TREATMENT

Conversion practices, which may involve shaming, punishment, nudity, rituals and more, subject LGBTQ persons to degrading and humiliating treatment in various settings. Some practices and methods that involve medical intervention and violence can amount to torture, as defined by international standards.

Many conversion practices provided in Malaysia can and do amount to torture, degrading and humiliating treatment. For example, conversion practices provided by an Islamic Medical Center involves being beaten in the buttocks to remove the devil, spraying chewed pepper in the person's eyes, among others.⁹⁷ Meanwhile, the pervasive state-funded conversion practices, which adopt a combination of psychotherapy and faith-based methods, focus on 'cause' of sexual orientation and gender identity as well as the notion of LGBTQ persons committing sins. This chips away at their self esteem and incites constant existential issues about themselves.

In a May 2018 report, the UN Independent Expert on Sexual Orientation and Gender Identity observed that:

"The violence reported against persons on the basis of their actual or perceived sexual orientation or gender identity also includes... so-called 'conversion therapy'. Considering the pain and suffering caused and the implicit discriminatory purpose and intent of these acts, they may constitute torture or other cruel, inhuman or degrading treatment or punishment in situation where a State official is involved, at least by acquiescence."⁹⁸

Torture and other forms of cruel, degrading treatment, inhuman or punishment are prohibited without exception under international human rights law.¹⁹⁹

Article 2 of the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states:

*Any act of torture or other cruel, inhuman or degrading treatment or punishment is an offence to human dignity and shall be condemned as a denial of the purposes of the Charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights.*²⁰⁰

This is further reflected in a 2015 report²⁰¹ and the Free and Equal handbook by OHCHR, which outlines five key state obligations in relation to LGBTIQ persons. In line with international human rights law, the state has an obligation to prevent torture against LGBTIQ persons, which includes, among others, elimination of so-called conversion practices. It recommends States take "necessary legislative, administrative and other measures to guarantee respect for the autonomy and physical and personal integrity of LGBT persons and prohibit the practice of 'conversion therapy' and other forced, involuntary or otherwise coercive or abusive treatments performed on them" and "ensure that health professionals and public officials receive training in respecting the human rights of LGBTI persons."²⁰²

6.4 RIGHT TO HEALTH

The World Health Organization's (WHO) preamble expressly states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."²⁰³

Article 25 of the Universal Declaration of Human Rights echoes the WHO preamble and states that everyone has the right to a standard of living adequate for their health and well-being. Rights to health are covered under several principles in the Yogyakarta Principle, namely Principle 17 on the right to the highest attainable standard of health and Principle 32 on the Right to bodily and mental integrity.

The right to health can be found in other human rights treaties, including CEDAW and CRC, which respectively safeguard the right to health under Article 12²⁰⁴ and 24.²⁰⁵

The Committee on Economic, Social and Cultural Rights found that regulations requiring that lesbian, gay, bisexual, transgender and intersex persons be treated as mental or psychiatric patients or requiring that they be "cured" by so-called "treatment" were a clear violation of their right to sexual and reproductive health.

*23. Non-discrimination, in the context of the right to sexual and reproductive health, also encompasses the right of all persons, including lesbian, gay, bisexual, transgender and intersex persons, to be fully respected for their sexual orientation, gender identity and intersex status. Criminalization of sex between consenting adults of the same gender or the expression of one's gender identity is a clear violation of human rights. Likewise, regulations requiring that lesbian, gay, bisexual transgender and intersex persons be treated as mental or psychiatric patients, or requiring that they be "cured" by so-called "treatment", are a clear violation of their right to sexual and reproductive health. State parties also have an obligation to combat homophobia and transphobia, which lead to discrimination, including violation of the right to sexual and reproductive health.*²⁰⁶

The Special Rapporteur on Right to Health raised concerns about the camps in Malaysia due to its “serious negative impact on the mental health and well-being of adolescents.”²⁰⁷ This builds on existing evidence as expressed by numerous professional associations in research by ILGA,²⁰⁸ that conversion therapies have been found to cause serious psychological harm, including treatment-related anxiety, confusion, anger, guilt, shame, low self-esteem, self-loathing and hopelessness to loss of social support, deteriorated relationships with family, social isolation, sexual dysfunction, depression, self-harm and suicidal ideation, all of which makes them inconsistent with the right to health and psychological integrity.

He added, “State-led programmes to identify, ‘expose,’ and punish LGBT adolescents contribute to a detrimental educational environment where the inherent dignity of the child is not respected and discrimination on basis of sexual orientation and gender identity is encouraged.”²⁰⁹

6.5 RIGHTS OF THE CHILD

Children and young people are particularly vulnerable to conversion practices because of, among others, their age, being cared for by parents and guardians, facing barriers in accessing affirming services and redress mechanisms, and often lacking autonomy and ability to provide free, prior and informed consent.

The CRC Malaysia report shows case studies of LGBTIQ students who are vulnerable to conversion practices in school. Young people in unsupportive homes and environments suffer further in isolation. The SUHAKAM transgender report notes that “the educational system lacks any redress mechanism which transgender children trust to discuss the unique challenges faced by them.”²¹⁰ Research shows that parents who subject their children to conversion practices hold religious beliefs that

deem sexual and gender diversity to be ‘immoral’ and incompatible with their religious tenets.²¹¹ However, research and anecdotal evidence also show that parents and family members are often ill-informed about the nature of sexual and gender diversity, the invalidity and ineffectiveness of those practices, and the significant and possibly lifelong injury that they will cause their children.²¹²

A Justice for Sisters study includes accounts from respondents whose family members were initially unsupportive of their gender identity and decision to transition, but they later came around. The respondents attributed the change in their family members to time, a sense of persistence and resilience in relation to their identity, formation of romantic relationships, and ability to secure decent employment, among others. The two latter factors suggest the respondents’ ability to overcome or navigate discrimination, find love and be independent are key factors. Based on the respondents sharing of their relationship with their family members, the study deduced that the family members may have a limited understanding of SOGIESC. The study noted that parents could be more accepting and the violence against their children could be prevented if they had increased access to information²¹³ and affirming services.

Article 2 of the CRC calls for application of the non-discrimination principles in relation to human rights of children. Article 3 expressly states that the state should be guided by the best interest of the child in all matters concerning children, be it welfare support, legislations, among others. Meanwhile, Article 6 of the CRC protects the right to life of all children.²¹⁴ It is important to note that the best interest of the children must be guided by evidence and rights-based to ensure the rights, wellbeing and dignity of the child is upheld. In particular, two elements should be taken into account: the right to identity and right to safety.²¹⁵

Section 7:

Global Good Practices

In recent years, there have been increased actions by state and non-state actors to address conversion practices. Most notably, more countries are introducing multiple forms of restrictions on the promotion and provision of conversion practices 'services'. These take the shape of:

1. Introduction of new legislation at the national, provincial or regional levels prohibiting conversion practices, such as in Malta,²¹⁶ states in the United States and provinces in Canada and Spain.

In addition to legislations banning conversion practices, additional legislations, policies and measures have been introduced to prohibit use of public funds for conversion practices. For example, the Prohibition of Medicaid Funding for Conversion Therapy Act²¹⁷ prohibits the use of Medicaid or public funds for provision of conversion practices.²¹⁸ In 2012, the Netherlands' Ministry of Health removed coverage conversion practices from its insurance package,^{219, 220} as there is no evidentiary basis for the costly continuation of the reimbursements.²²¹

2. Use of existing legislation under the Penal Code, anti-discrimination laws, child-protection laws, and anti-fraud laws. For example, some LGBTQ persons have used anti-fraud laws to seek legal recourse, as conversion practices are deemed as a 'deceptive practice,' given the harm and lack of efficacy of the 'therapy.' This is consistent with the Independent Forensic Expert Group's position on conversion practices.

Precedents from around the world can serve as inspiration: An amendment to the Chilean Domestic Violence Act was proposed in 2019 to expand the definition of domestic violence to include protection for LGBTQ persons experiencing conversion practices. The proposed amendments include:

"Any action, distinction, exclusion or restriction that implies an affectation of the rights of children or adolescents, developed by parents or by those who exercise their personal care, with the purpose of modifying the sexual orientation, identity and/or gender expression, whether or not based on grounds such as respect for morals, good customs and/or gender stereotypes, shall also constitute domestic violence."

"It shall also be considered especially as a situation of imminent risk the fact that a child or adolescent is affected in his or her rights because of his or her sexual orientation or gender identity and/or expression."²²²

A majority of legislation that prohibits conversion practices focus on protection of minors and vulnerable adults.²²³ For example, Germany through its Protection Against Conversion Treatments Act provides telephone and online counselling services for LGBTIQ persons affected by conversion practices and for their family members.²²⁴

Whereas in countries like Fiji, Uruguay, Samoa and Argentina, mental health laws and decrees are used to prohibit mental providers from providing 'conversion therapy'.²²⁵ In Victoria, Australia, the Health Complaint Commissioner is empowered to receive and investigate complaints and undertake inquiries. In 2018, the Commission undertook an inquiry on 'gay conversion therapy' pursuant to Section 103 of the Act, and recommended "introducing legislation to prohibit conversion therapy/practices, and supports for survivors of conversion therapy/practices, which may include resourcing for counselling/support services for those survivors."²²⁶

Non-state actors, from medical bodies and human rights groups to tech companies, have also contributed to addressing conversion practices. For example, many healthcare professionals, associations and bodies at national, regional and global levels have issued statements highlighting the harms of conversion practices. For example, in 1993, the American Academy of Pediatrics issued a statement highlighting the inefficacy of conversion practices; since then, many associations and bodies have issued similar statements.

There is support from both the Muslim world and within Southeast Asia: In 2013, the Lebanese Psychiatric Society issued a statement asserting that "altering sexual orientation is not an appropriate goal of psychiatric treatment," and Turkey's ethics code includes "Psychologists [shall not] use their knowledge as a tool for psychological pressure and [shall] avoid actions such as [...] forc[ing] clients into declaring, denying or changing their [...] sexual orientation [...]. Psychologists, if aware, [shall] try to prevent people from using their professional knowledge for [such] purposes."

Meanwhile, the Psychological Association of the Philippines (PAP) in 2011 stated that "Filipino psychologists should not discriminate against or demean persons based on actual or perceived [...] gender identity and sexual orientation. [...] [T]he PAP

resolves to support efforts to: [...] eliminate all forms of prejudice and discrimination against LGBTs in teaching, research, psychological interventions, assessment and other psychological programs."²²⁷

In July 2020, Facebook and Instagram announced a ban of conversion practices on its social media platforms given the fact that many conversion practices are promoted online.²²⁸ Case in point, in Malaysia, the government had introduced a self-help 'conversion' app for LGBTQ persons. The app provides resources and connects LGBTQ persons with ex-LGBT groups and service providers. In 2022, the app was removed by the Google Play Store for violating its policies, as an "... attempt to deceive users or enable dishonest behaviour including but not limited to apps which are determined to be functionally impossible." In 2019, the Google Play Store previously removed a U.S.-based conversion app that claimed the users could "pray away the gay."²²⁹

In the context of Malaysia, an introduction of an act prohibiting conversion practices could explicitly criminalise conversion practices and outline preventative measures in ending conversion practices among various state and non-state actors.

At the same time, the following existing laws can be used to provide protection and redress against conversion practices and unethical practices:

- **The Domestic Violence Act (1994)**²³⁰ and Child Act (2001)²³¹ can be invoked to provide protection to the affected person and to hold family members and guardians accountable against conversion practices. Meanwhile,
- The **Counsellors Act 1998** and the **Allied Health Professions Act 2016** can be used to seek redress in cases of conversion practices and unethical services by counsellors and clinical psychologists; and
- The **Penal Code Act 574** can be used in cases of conversion practices that cause hurt, confinement, criminal force and assault.

The Domestic Violence Act (DVA) protects a person within a familial household against

- a. A victim being wilfully or knowingly placed, or attempting to be placed, in fear of physical injury;
- b. Physical injury to the victim;
- c. Compelling the victim by force or threat to engage in any conduct or act, sexual or otherwise, from which the victim has a right to abstain;
- d. Confining or detaining the victim against the victim's will; or
- e. Mischief or destruction or damage to property to cause distress or annoyance to the victim.

Section 17 of the Child Act, on the other hand, outlines the meaning of a child in need of care and protection; 17 (1) identifies an array of situations where a child is in need of protection. Examples include contexts where the child has had or is at substantive risk of physical, emotional and sexual abuse by parents, guardian or extended family members; or where conflict between the child and his parent or guardian are seriously disrupted, resulting in emotional neglect or abuse by their parent or guardian. In such cases, where there are reasonable grounds and it is in the best interest of the child, a child can be moved into temporary custody by the Welfare Department or police officers.²³²

As illustrated in previous sections, cases of conversion practices by family members involve substantial risk and actual emotional and physical violence, withdrawal of support and neglect, and intimidation, among others forms of violence towards LGBTQ persons. LGBTQ persons, often having less power in these relationships, are compelled to engage in acts—for example, exorcism, therapy, or rituals—that they do not consent to or are pressured into consenting.

Using the existing legal frameworks, children and anyone experiencing conversion practices by family members may use the Child Act and DVA to seek a protection order against the perpetrator, although the use of these laws will require training of police and welfare officers, as well

as guidelines or standard operating procedures to ensure a survivor-centred and non-punitive response.

The **Counsellors Act 1998** can also be used to establish protection and complaint mechanisms for LGBTIQ persons who experience conversion practices by counsellors. The Act regulates counsellors and related practices, by the creation of the Malaysian Counsellors Advisory Council and the Board of Counsellors.²³³ The Board, as outlined in Section 12 of the Act, can:

- Oversee provision of counselling services;
- Regulate training of counsellors and determined the types and levels of counselling that can be made available;
- Determine the standards of counselling training programs; and
- Make recommendations to the government in relation to the standard of counselling services
- Register counsellors and make them qualified.

Meanwhile, Section 36 provides the board disciplinary authority over all registered counsellors in Malaysia. The Board is allowed to establish an Investigation Committee to investigate complaints against a registered counsellor under Section 36(2). Some of the grounds for complaints include corruption, fraud, dishonesty or moral turpitude, among others. The committee Section 40(2) has the power to impose disciplinary punishments in the form of a fine, suspension, removal from registered counsellor from the counsellors' registry.

Similarly, the **Allied Health Professions Act 2016**, which covers a range of health professionals, including clinical psychologists, regulates the ethics and professional conduct of registered practitioners, among others. Section 17 of the Act stipulates that all allied health practitioners are required to register with the Malaysian Allied Health Professions Council under the Act. The Act, through Sections 25 and 26, provides disciplinary authority and power to investigate complaints or information received against a registered practitioner.



Artwork: Zariq Rosita-Hanif. IG and FB – @kertasapel.

Grounds for complaints include, among others, allegations of serious professional misconduct in accordance with the code of ethics, professional conduct and other guidelines and directives by the council. Based on its findings, the Council could order suspension of registration, removal of registered practitioners from its Register, among others.²³⁵

In cases where violence is involved, the following sections in the **Penal Code** could be applied:

- Section 319–325 on hurt and grievous hurt;
- Section 339 and 344 on wrongful restraint and confinement; and
- Section 349–352 on criminal force and assault.

Section 8:

Recommendations

These recommendations are geared for state actors and other stakeholders towards ending all forms of SOGIE-change efforts aimed at LGBTQ persons. The implementation of these recommendations will contribute towards the implementation of the CEDAW concluding observations and some of the noted SOGIESC-related UPR recommendations.

- **Address evidence gaps in relation to LGBTIQ persons to inform evidence- and rights-based policy reforms.**

- Undertake a national research project or survey on discrimination, violence and marginalisation experienced by LGBTIQ persons in Malaysia.
- Undertake a comprehensive rights-based assessment of the state-funded anti-LGBT programmes and activities, including its increased impact and vulnerability on certain populations to conversion practices, such as children, prisoners and those in detention, and those in the B40 income group.

> *Relevant stakeholders: SUHAKAM; Ministry of Health; Ministry of Finance; Ministry of Women, Family and Community Development*

- **Strengthen legal protections against conversion practices in relation to LGBTQ persons.**

- In line with Article 5 and 8 of the Federal Constitution and international human rights law, make a statement of commitment in relation to ending conversion practices in Malaysia, including by not supporting and endorsing, financially or otherwise, any form of efforts to change SOGIE, rehabilitation, and conversion practices.
- Introduction of a new act that explicitly prohibits conversion practices and outlines protection measures for persons facing conversion practices.
- Use existing legal frameworks under the Domestic Violence Act and the Child Act to provide protection for victims of conversion practices.
- Strengthen existing complaint mechanisms of SUHAKAM, Ministry of Health, and the Malaysian Medical Association. In order to facilitate complaints, complaint mechanisms must include conversion therapy, conversion practices and SOGIE-change efforts as an area of discrimination for which people can seek redress.
- Enact a comprehensive anti-discrimination law.
- Ratify the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), International Covenant on Civil and Political Rights (ICCPR), and International Covenant on Economic, Social and Cultural Rights (ICESCR) and its optional protocols.

> *Relevant stakeholders: SUHAKAM, Ministry of Health, Attorney General's Chambers, Legal Affairs Division (BHEUU)*

- **Remove legal barriers and criminalisation of LGBTQ persons.**

- Repeal federal and state laws that criminalise persons on the basis of SOGIESC and consensual sex between adults of diverse gender identities.
- Allow legal gender recognition for trans and gender-diverse people based on self determination.
- Introduce a Gender Affirming Act to allow legal recognition of transgender and gender-diverse persons in Malaysia based on self-determination. Malta, Pakistan, and Argentina are some examples of countries with affirming gender identity laws.
- > *Relevant stakeholders: SUHAKAM; Ministry of Health; Ministry of Women, Family and Community Development; Attorney General's Chambers, Legal Affairs Division (BHEUU)*

- **Establish adequate, accessible and survivor-centred protections for LGBTQ persons who have experienced conversion practices.**

- Divest current spending on anti-LGBTIQ programmes and reallocate the funds toward establishing LGBTIQ-affirming services, training of government staff on diversity and inclusion, and activities related to SOGIESC awareness raising.
- Ensure LGBTIQ-affirming services in the national health care system.
- Revise and/or develop guidelines for healthcare providers on providing LGBTIQ-affirming healthcare services.

- Adequately train health care providers, social workers and other related practitioners on the harms produced by conversion practices and introduce SOGIESC-affirming service provision.
- Revise gender categories. In the absence of legal gender recognition, add additional columns for gender pronouns and name, if different from name in legal documents, in government forms to improve data collection and analyses.
- > *Relevant stakeholders: SUHAKAM; Ministry of Health; Ministry of Women, Family and Community Development; Ministry of Finance; JAKIM; Malaysian Medical Association; healthcare and other service providers*

- **Correct misinformation and increase access to accurate and affirming information in relation to SOGIESC and LGBTIQ persons.**

- Develop LGBTIQ-affirming resources for LGBTIQ persons, parents and family, religious groups, and other members of their communities.
- Undertake SOGIESC-public awareness campaigns that provide positive and affirming narratives rather than negative misinformation.
- Training of government agencies, in particular JAKIM and state Islamic departments, on freedom of religion, human rights, gender and intersectionality, guided by the Faith4rights toolkit.
- > *Relevant stakeholders: SUHAKAM; Ministry of Health; Ministry of Women, Family and Community Development; Malaysian Communications and Multimedia Commission (MCMC)*

Appendices

APPENDIX A: INTEGRATION OF ISLAMIC PSYCHO SPIRITUAL METHODS IN STATE-SUPPORTED LGBTQ PROGRAMMES

TPSI COMPONENT	PERTUBUHAN USRAH FITRAH (supported by MAIS) or known as Rumah Usrah Fitrah, which functions as guidance centre for trans people	T-FITRAH (supported by the Dungun District Islamic Department)	PERSATUAN INSAF PAHANG (supported by Islamic Council in Pahang)
THERAPY COMPONENT	<p>Akidah Focuses on five key elements, which includes belief in:</p> <ul style="list-style-type: none"> > God > Quran > Rasul > Doomsday > Qada' and Qadar event <p>Ibadah Implementation of prayers five times a day.</p> <p>Akhlak Zikir activities, reinforcement of shame in carrying out activities that are forbidden by Islam and integration of ethics of <i>hijrah</i> or life as someone on the <i>hijrah</i> pathway or journey.</p>	<p>Akidah Focuses on two key elements, which includes belief in:</p> <ul style="list-style-type: none"> > Quran with the support of teachers appointed by the Dungun district Islamic Department. > Doomsday is integrated in the Quranic classes. <p>The paper notes that this programme is not that successful as the trans women in Dungun were not interested in participating in the programmes. Similarly, their programme in Kuala Terengganu also was not successful.</p> <p>Ibadah Implementation of prayers five times a day.</p> <p>Akhlak Ethics of co-existing in a community, gender expression or attire, zikir, being independent, upholding self dignity, advising each other and overseeing their shameful behaviour or practices.</p>	<p>The TPSI elements are integrated through:</p> <ul style="list-style-type: none"> > The <i>Mukhayyam Ibadah</i> programme > Weekly Quranic recital classes <p>Akidah Focuses on key elements, which includes belief in:</p> <ul style="list-style-type: none"> > God and their nature > Angels > Rasul > Doomsday and the Qada and Qadar event <p>Ibadah Implementation of prayers five times a day and covering <i>aurat</i>.</p> <p>Akhlak Covers 11 elements including how to co-exist in society, gender expression and attire, <i>zikir</i>, upholding self dignity, being independent, shame in carrying out bad things, advising each other, and respecting parents.</p>
PROCESS OF THERAPY	<p>Riyadah al-nafs Observed through the housing provided by MAIS for its trainees (trans and LGBTQ persons). MAIS covers their cost of stay and this allows the trainees to undergo activities by MAIS.</p> <p>Mujahadah al-nafs MAIS staff and ex-LGBT participants guide trans women from controlling their bad behaviour and integrating good behaviour.</p> <p>Muraqabah al-nafs The residents are monitored by the staff. By placing them in the centre, the residents can be monitored, their immoral activities can be prevented and their gender expression can be suppressed.</p>	<p>Unclear as the Quranic classes are held on a weekly basis and hosted by a trans woman in the community.</p>	<p>The <i>Mukhayyam Ibadah</i> programme integrates all three components of Riyadah al-nafs, Mujahadah al-nafs and Muraqabah al-nafs.</p> <p>Riyadah al-nafs This component is not integrated in the online classes based on recommendation by stakeholder in the therapy support component. The Quranic recital classes online are overseen by a religious teacher appointed by the Pahang Islamic Department.</p> <p>Mujahadah al-nafs Takes place through Quranic recital classes twice a week over two hours. The Pahang Islamic Department provides a RM 30 attendance allowance made at the end of the month to ensure participation of the participants online or offline.</p>

APPENDIX A: INTEGRATION OF ISLAMIC PSYCHO SPIRITUAL METHODS IN STATE-SUPPORTED LGBTQ PROGRAMMES

TPSI COMPONENT	PERTUBUHAN USRAH FITRAH	T-FITRAH	PERSATUAN INSAF PAHANG
			<p>The paper notes that the Quranic recital classes have the 'biggest therapy treatment effect', given the nature of the Quran as a remedy to "human illness from sins, spiritual diseases and ignorance."</p> <p>Muraqabah al-nafs The participants are required to wear decent and syarak complaint attire during the Quranic classes. However, the paper notes this is more challenging when classes are done online.</p>
<p>THERAPY SUPPORT</p>	<p>Receives institutional support from MAIS, which has full oversight of the centre.</p> <p>Murabbi support from MAIS officers to facilitate the Fardhu Ain and Quranic classes.</p> <p>Peer support, where fellow ex-trans or LGBT participants supporting others and in providing inputs for programmes.</p>	<p>Receives institutional support from the Dungun District Islamic Department.</p> <p>Murabbi support from a religious teacher. The Islamic Department believes that these classes have had an impact on reduction of immoral activities among trans women in Dungun.</p> <p>Peer support comes from trans women who have stable employment. There is an assumption that trans women in Dungun are less involved in sex work as opposed to other places.</p> <p>Family. The paper notes that several trans women are entered into marriages as cisgender heterosexual persons and have children through the marriage. They note that trans women from urban areas move back to their hometown in Dungun to repent and commence their hijrah journey. The 'family acceptance or support' allows them to detransition.</p> <p>Society. The paper notes that the immense pressure by society forces trans women to not express themselves as women. The paper adds that the 'cooperation by the trans women community in upholding their family name and societal sensitivity reduces the pressure that they face'. Trans women also advise each other to avoid expressing themselves as a woman to avoid societal stigma and discrimination.</p>	<p>Receives institutional support from the Pahang Islamic Department, which funds the teachers, participants allowance and house rental for the activity centre.</p> <p>Murabbi support from lecturers from the University of Science Islam Malaysia (USIM), Pahang Malaysia University (UMP) and the International Islamic University Malaysia (UIAM) and the Pahang state and district Islamic Departments. The role of the murabbi is streamlined with the PIP Dakwah Squaq.</p> <p>Peer support comes from PIP members and others who have detransitioned.</p> <p>The paper notes that given the trans women scepticism over religious persons and society who tend to pressure them to change, the support by fellow trans women is critical.</p>

APPENDIX B:

CHILD ACT: MEANING OF CHILD IN NEED OF CARE AND PROTECTION²³⁷

Part V

Children in Need of Care and Protection

Chapter 1

General

Meaning of child in need of care and protection

17. (1) A child is in need of care and protection if—

- (a) the child has been or there is **substantial risk that the child will be physically injured or emotionally injured or sexually abused by his parent or guardian or a relative;**
- (b) the child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused and **his parent or guardian, knowing of such injury or abuse or risk, has not protected or is unlikely to protect the child from such injury or abuse;**
- (c) the parent or guardian of the child—
 - (i) is unfit, or has neglected, or is unable, to exercise; or
 - (ii) has acted negligently in exercising, proper supervision and control over the child;
- (d) the parent or guardian of the child has neglected or is unwilling to provide for him adequate care, food, clothing and shelter;
- (e) the child—
 - (i) has no parent or guardian; or
 - (ii) has been abandoned by his parent or guardian and after reasonable inquiries the parent or guardian cannot be found,;
- (f) the child needs to be examined, investigated or treated—
 - (i) for the purpose of restoring or preserving his health; and
 - (ii) his parent or guardian neglects or refuses to have him so examined, investigated or treated;
- (g) the child behaves in a manner that is, or is likely to be, harmful to himself or to any other person and his parent or guardian is unable

or unwilling to take necessary measures to remedy the situation or the remedial measures taken by the parent or guardian fail;

- (h) (Deleted by Act A1511);
- (i) the child is a person in respect of whom any of the offences specified in the First Schedule or any offence of the nature described in sections 31, 32 and 33 has been or is suspected to have been committed and his parent or guardian—
 - (i) is the person who committed such offence or is suspected to have committed such offence; or
 - (ii) has not protected or is unlikely to protect him from such offence;
- (j) the child is—
 - (i) a member of the same household as the child referred to in paragraph (i); or
 - (ii) a member the same household as the person who has been convicted of the offence referred to in paragraph (i), and appears to be in danger of the commission upon or in respect of him of a similar offence and his parent or guardian—
 - (aa) is the person who committed or is suspected to have committed the offence;
 - (bb) is the person who is convicted of such offence; or
 - (cc) is unable or unwilling to protect him from such offence;
- (k) the child is allowed to be on any street, premises or place for the purposes of—
 - (i) begging or receiving alms, whether or not there is any pretence of singing, playing, performing or offering anything for sale;
 - (ii) carrying out illegal hawking, illegal lotteries, gambling or other illegal activities detrimental to the health and welfare of the child; or
 - (iii) carrying out any other illegal activities.

- (2) For the purposes of this Part, a child is—
- (a) physically injured if there is substantial and observable injury to any part of the child's body as a result of the non-accidental application of force or an agent to the child's body that is evidenced by, amongst other things, a laceration, a contusion, an abrasion, a scar, a fracture or other bone injury, a dislocation, a sprain, haemorrhaging, the rupture of a viscus, a burn, a scald, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth;
 - (b) emotionally injured if there is substantial and observable impairment of the child's mental

- or emotional functioning that is evidenced by, amongst other things, a mental or behavioural disorder, including anxiety, depression, withdrawal, aggression or delayed development;
- (c) sexually abused if he has taken part, whether as a participant or an observer, in any activity which is sexual in nature for the purposes of—
 - (i) any pornographic, obscene or indecent material, photograph, recording, film, videotape or performance; or
 - (ii) sexual exploitation by any person for that person's or another person's sexual gratification.

APPENDIX C:

SECTION ON DOMESTIC VIOLENCE ACT 1994 ACT 521²³⁸

Preliminary

Short title and application

1. (1) This Act may be cited as the Domestic Violence Act 1994. (2) This Act shall apply **to all persons in Malaysia.**

Interpretation

2. In this Act, unless the context otherwise requires--
 "alternative residence" means the premises or accommodation which the victim is or has been compelled to seek or move into as a result of domestic violence;

"child" means a person below the age of eighteen years who is living as a member of the offender's family or of the family of the offender's spouse or former spouse, as the case may be;

[...]

"domestic violence" means the commission of any of the following acts:

- (a) wilfully or knowingly placing, or attempting to place, the victim in fear of physical injury;**

- (b) causing physical injury to the victim by such act which is known or ought to have been known would result in physical injury;
- (c) compelling the victim by force or threat to engage in any conduct or act, sexual or otherwise, from which the victim has a right to abstain;**
- (d) confining or detaining the victim against the victim's will; or**
- (e) causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to the victim, by a person against--
 - (i) his or her spouse;
 - (ii) his or her former spouse;
 - (iii) a child;
 - (iv) an incapacitated adult; or
 - (v) any other member of the family;

"enforcement officer" means a police officer or a welfare officer from the Department of Social Welfare;

"incapacitated adult" means a person who is wholly or partially incapacitated or infirm, by reason of physical or mental disability or ill-health or old age, who is living as a member of the offender's family;

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HIDDEN BEHIND THE RIGHT PATH:
UNTANGLING MALAYSIA'S "SOFT APPROACH" TO LGBTQ REHABILITATION



Justice for Sisters is a human rights group working towards meaningful protection, promotion, and fulfilment of human rights of lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+) and gender diverse persons in Malaysia.

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