

# Better understanding of the scope and nature of LGBTQA+ religious conversion practices will support recovery

Both formal and informal conversion practices can be traumatic for LGBTQA+ people who are exposed to them

Australian states and territories have recently moved to ban practices aimed at changing or suppressing the sexuality or gender identity of lesbian, gay, bisexual, transgender, queer, asexual or gender and sexually diverse (LGBTQA+) people, often referred to as “conversion practices” (Box 1).<sup>1-5</sup> This legislative trend mirrors global recognition of the harms caused by conversion practices (Box 1)<sup>6-9</sup> and is supported by the 2021 Australian Medical Association’s position statement on *LGBTQIA+ health*, which calls on state and territory governments to “ban coercive ‘conversion’ practices”.<sup>10</sup> The Australian Psychological Society<sup>11</sup> and the Royal Australian and New Zealand College of Psychiatrists<sup>12</sup> have also issued position statements stating that sexual or gender orientation change efforts of any kind are harmful and are not supported by these organisations. While it is difficult to estimate the number of people affected by conversion practices in Australia, international research has suggested that up to 14% of people who identify as LGBTQA+ have had some exposure to conversion practices.<sup>13</sup>

Recent research has shown that conversion practices are poorly understood in Australia and that health workers would benefit from training to improve their care of survivors.<sup>14</sup>

One reason for confusion relates to unclear definitions of conversion practices. Until recently, it was common to refer to such practices as “conversion therapy” or “reparative therapy”. The term “therapy” implies formal therapeutic practices or interventions. This is one form of conversion practices, which may involve cognitive behavioural therapy, psychoanalytic treatment based on beliefs that homosexuality or gender diversity is the result of a disordered upbringing, aversion therapy aimed at cognitive or sensory retraining, hormonal therapy or use of natural medicines aimed at altering sexual attractions, structured faith-based programs that use prayer, or group-based treatment similar to 12-step programs (Box 2).<sup>9,17,18</sup> Although less common in Australia, formal conversion practices may take place in institutional settings, including counselling rooms; clinics, hospitals<sup>9</sup> or community facilities; faith settings, such as churches and mosques; and in homes. Religious, medical or mental health practitioners may be involved in these forms of conversion therapy.<sup>9,17</sup>

For people unfamiliar with conversion practices, formal interventions such as those described above are often imagined to constitute the majority of interventions. In part, this is because film or television depictions of conversion practices often involve medical treatment or counselling programs

reminiscent of 1960s-style psychological aversion therapy.<sup>14</sup> However, in Australia, conversion practices are most often unstructured and informal.<sup>14,19</sup> This may include LGBTQA+ people being repeatedly told by friends, family or faith leaders and communities that they are in some way damaged but can be helped, fixed or saved. It may also involve informal discussions or pastoral care meetings set up to teach, encourage or support LGBTQA+ people to change or suppress their sexuality or gender identity or to conceal their gender. Examples of formal and informal conversion practices are presented in Box 2.<sup>14,15,19,20</sup> For people who identify as asexual, conversion practices may involve pressure to express heterosexual attraction or pursue conventional heterosexual marriage.<sup>14</sup>

In response, many LGBTQA+ people seek out or initiate conversion practices of their own accord.<sup>14</sup> Almost always, these efforts are underpinned by promotion of ideologies that position non-heterosexual or gender diverse identities or attractions as the product of damage, neglect, deviance or undesirable social or spiritual influence (sometimes referred to as “sexual brokenness”).<sup>15</sup> LGBTQA+ people have often received the message that their sexuality or gender identity is unacceptable, that they are failing themselves, their family or faith, and that they may be rejected by their family or community if they cannot identify the source of their brokenness, be healed, or change.<sup>14,16,18,19</sup>

Both formal and informal conversion practices can be highly traumatic for LGBTQA+ people who are exposed to them.<sup>14,19</sup> Survivors may experience complex trauma or post-traumatic stress disorder and many report poor mental health, suicidality and ongoing feelings of shame, grief and loss.<sup>13,20</sup> There is no evidence that conversion practices in any form are effective at changing sexuality or gender identity,<sup>9,12,18,20</sup> although they may convince some people to conceal their sexuality or gender identity, which can contribute to further mental health harms.<sup>17</sup>

Lack of general awareness about the informal nature of most conversion practices can make it difficult for survivors to access appropriate medical or psychological care. Many LGBTQA+ people assume conversion practices involve formal therapy. As such, survivors themselves may not recognise, or have language to explain, their experiences. Mental health practitioners, or general practitioners conducting mental health assessments, may similarly find it difficult to recognise informal conversion practices as significant or related to a patient’s presenting

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doi: 10.5694/mja2.51441

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symptoms of trauma.<sup>14,20</sup> Recent Australian research has also indicated that practitioners may not routinely include questions about religion in patient or client assessments and may not feel comfortable asking patients and clients about their religious background. This may be a further barrier for survivors in accessing support.<sup>14</sup>

When patients and clients disclose experiences of conversion practices, they should be supported to seek trauma-informed mental health services and support for grief and loss, which may be associated with loss of family, community or spirituality.<sup>14,21</sup> It is important for practitioners to validate sexual and gender diversity alongside spirituality and religion, as many survivors struggle to reconcile these two aspects of their life and identity in ways that do not undermine their sense of self or connection to others.<sup>14,21</sup> This approach is affirmed by the Royal Australian and New Zealand College of Psychiatrists’

position statement *Sexual orientation change efforts*, which states:

People distressed by their sexual orientation should be assisted with treatment approaches that involve acceptance, support, and identity exploration, and aim to reduce the stigma associated with alternative sexual identities, and demonstrate respect for the person’s religious, spiritual and/or cultural beliefs.<sup>12</sup>

With respect to legislative responses, the informal nature of many conversion practices, and the fact that survivors may have self-initiated some aspects of their conversion experiences, means a ban based on penalties for people delivering therapy may not adequately address the problem.<sup>16</sup> Legislative and regulatory responses to conversion practices will therefore be most effective if they are enacted alongside a comprehensive civil response. Such responses may include investment in public

**1 Legislation pertaining to conversion practices in Australian states and territories and selected international jurisdictions**

State/territory	Abstract of legislation as of December 2021
Australian Capital Territory (ACT) <sup>3</sup>	The <i>Sexuality and Gender Identity Conversion Practices Act 2020</i> (enacted 2021) bans “sexuality or gender identity conversion practice” defined as “a treatment or other practice the purpose, or purported purpose, of which is to change a person’s sexuality or gender identity”. The bill also allows for civil penalties, including allowing the ACT Civil and Administrative Tribunal powers to order redress and compensation
Northern Territory	No specific laws
New South Wales	No specific laws
Queensland <sup>4</sup>	The <i>Health Legislation Amendment Act 2019</i> (enacted 2020) includes provisions prohibiting “conversion therapy,” defined as “a treatment or other practice” (paid or unpaid) by a health care provider “that attempts to change or suppress a person’s sexual orientation or gender identity”
South Australia	No specific laws
Tasmania	No specific laws. In 2020, the Tasmanian Law Reform Institute conducted an inquiry into sexual orientation and gender identity conversion practices. <sup>2</sup> No bill is currently proposed
Western Australia	No specific laws
Victoria <sup>5</sup>	The <i>Change or Suppression (Conversion) Practices Prohibition Act 2021</i> denounces and prohibits practices that seek to change or suppress a person’s sexual orientation or gender identity. The Act includes a civil response scheme established within the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) to support survivors and empower the VEOHRC to investigate and respond to reports of change or suppression practices. The Act prohibits conversion practices performed by any person on any person, grounded in intent, regardless of the age of either party, as well as advertising or inducing a person to participate in conversion practices

**International examples**

Canada <sup>6</sup>	The <i>Act to Amend the Criminal Code (Conversion Therapy) 2021</i> defines “conversion therapy” as “a practice, treatment or service designed to change a person’s sexual orientation to heterosexual; change a person’s gender identity to cisgender ... [or] to repress or reduce non-heterosexual attraction or sexual behaviour”. Amendments to the criminal code (2021) make it an offence to cause another person to undergo conversion practices, or to profit from, or advertise, conversion practices
Germany <sup>7</sup>	The <i>Act to Protect against Conversion Treatments 2020</i> prohibits “conversion treatments” defined as “all treatments of humans that result in the change or suppression of sexual orientation or self-perceived gender identity”. The act outlaws these practices for any person aged under 18 years or non-consenting adults
Malta <sup>8</sup>	The <i>Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act 2015</i> defines “conversion practices” as “any treatment, practice or sustained effort that aims to change, repress and, or eliminate a person’s sexual orientation, gender identity and, or gender expression”. The Act outlaws these practices being performed on any vulnerable person, regardless of consent, or any person who was not consenting

## 2 Conversion ideology and formal and informal conversion practices

### Details

Conversion ideology	All conversion practices (formal or informal) are underpinned by ideology which asserts that all humans are innately cisgender* and capable of growing into heterosexual adults. Therefore, people who do not experience heterosexual attraction or identify as the gender they were assigned at birth are said to have experienced some form of damage, neglect or abuse, or been exposed to inappropriate influence, which has misaligned or stunted their gender or sexual development (referred to as “gender brokenness” or “sexual brokenness”). Conversion ideology asserts that spiritual or psychological interventions can change, fix or heal an individual’s sexual attraction or gender identity. Conversion ideology may be presented in religious education or sermons <sup>15</sup>
Forms of conversion practices	
Aversion therapy	Medical or psychological interventions designed to produce an aversion to homosexual attraction or diverse gender expression. Historically undertaken in regulated, secular health services <sup>16</sup>
Prayer ministry	Prayer groups or programs designed specifically with the goal of suppressing or changing people’s sexuality or gender identity. Sometimes prayer ministry involves other spiritual practices addressing the perceived spiritual causes of gender identity or sexuality, including fasting and exorcism of perceived demonic influence. In some cases, informal prayer groups are initiated or run by LGBTQA+ people as part of self-initiated attempts to change or suppress their gender identity or sexuality <sup>14-16</sup>
Individual counselling or therapeutic approaches	Individual counselling undertaken with the specific goal of suppressing or changing a person’s sexuality or gender identity. Often conversion therapy is directed toward addressing perceived causes of sexual or gender identity, which may include a focus on childhood trauma, family relationships, or other events that may have influenced gender development or caused “sexual brokenness”. This type of counselling may also include hypnosis or cognitive and behavioural support for abstinence or changing sexual attraction or gendered behaviour <sup>15,16</sup>
Group programs	Designed with similar goals to individual counselling but conducted in groups, with a group or peer-based approach to supporting people to change behaviour or attraction (often draws on a model similar to Alcoholics Anonymous’ 12-Step program with peer support). Sometimes delivered through religious non-profit organisations <sup>16</sup>
Pastoral care	Guidance offered by a religious leader or person in a position of power within a faith community via formal or informal discussions in which advice or messages are framed by conversion ideology with the intention of inducing a person to seek support for changing or suppressing their sexual or gender identity <sup>15,16</sup>
Conferences and rallies	Gatherings to celebrate individuals who have successfully undertaken conversion practices, to promote conversion ideology or the efficacy of conversion practices and encourage participation <sup>15,16</sup>
Online interactive coursework and mentoring programs	Programs that offer information about conversion practices, advice and one-on-one mentoring <sup>15</sup>
Self-directed conversion efforts	An individual’s self-initiated engagement with any of the above practices along with private prayer time, self-denial or attempts to form practices or habits which accord with heterosexual or cisgender identity <sup>14-16</sup>

LGBTQA+ = lesbian, gay, bisexual, transgender, queer, asexual or gender and sexually diverse. \* The term “cisgender” refers to a person whose gender identity aligns with the sex they were assigned at birth or their biological sex. ◆

education and peer-based support, along with mechanisms to investigate and respond to complaints or allegations of conversion practices outside of the criminal system in ways that are appropriate for affected survivors.<sup>14,16</sup>

As part of a comprehensive civil response, training for medical and mental health practitioners will be important given that increased public attention on these issues will likely lead more survivors to seek support. It is significant that the Australian Medical Association, the Australian Psychological Society and the Royal Australian and New Zealand College of Psychiatrists have issued statements against conversion practices. These could be further supported by provision of more information for members about the scope and nature of conversion practices and ideology, details of appropriate referral pathways, and support for training.

Conversion practices, both formal and informal, cause significant mental health harms. As evidence and understanding of these harms increase and governments enact responses, there is a need for the health sector to be engaged with these issues so that practitioners are appropriately prepared to recognise, support and respect survivors in ways that are affirming of sexual and gender diversity.

**Acknowledgements:** This project is funded by the Victorian Government and the Australian Research Council (LP1901008657). Funding was provided to conduct research activities designed and implemented by the research team; it covered salary for research support staff and project costs. Our research project is supported by a community advisory board which provides feedback and insight. Open access publishing facilitated by La Trobe University, as part of the Wiley - La Trobe University agreement via the Council of Australian University Librarians.

**Competing interests:** No relevant disclosures.

**Provenance:** Not commissioned; externally peer reviewed. ■

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