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Mental Health Practitioners' Knowledge of LGBTQA+ Conversion Practices and Their Perceptions of Impacts on Survivors

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ABSTRACT

The aims of this study were to identify Australian mental health practitioners' knowledge of what LGBTQA+ conversion practices are and their perceptions of impacts on survivors. We interviewed 18 mental health workers from a range of clinical modalities who were practicing in Australia. We used reflexive thematic analytic techniques to identify themes that characterized Australian mental health practitioners' knowledge of LGBTQA+ conversion practices and perceptions of the impacts of such practices on survivors. Practitioners' understandings of what constitutes LGBTQA+ conversion practices were varied and derived from a range of sources, and practitioners' perceptions of the impacts that conversion practices had on survivors ranged from undeveloped to nuanced. Generalist and specialist practitioners provided vastly different responses. We identified the following four themes: (1) inexperienced practitioners' understandings were limited and reliant on stereotypes about conversion practices; (2) specialist practitioners' understandings were refined and match experiences reported by survivors; (3) generalist practitioners emphasized specific and undeveloped negative impacts; (4) specialist practitioners were aware of deeper harms and the need for sustained support. These themes may be translated into strategies to facilitate improved services offered by practitioners, which may assist survivors in managing and coping with the trauma associated with exposure to these practices.

KEYWORDS

Conversion practices; conversion therapy; LGBTQ; affirmative care; qualitative interviews

Conversion practices refers to efforts that try to change the sexual or gender minority identity of people who are lesbian, gay, bisexual, transgender, queer, asexual or another sexual or gender minority (LGBTQA+) These practices typically have the goal of "converting" the individual in question into some

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who is cisgender and heterosexual (i.e., identity/orientation change) or denying/suppressing their sexuality or gender identity (i.e., identity suppression; Alempijevic et al., 2020; Tozer & Hayes, 2004). Underlying these practices are conversion ideologies or beliefs about the origins of sexual orientation and gender diversity. These typically involve beliefs that gender diversity and deviation from heterosexuality result from a sexual "brokenness," and thus that there is the option to be "fixed" or "cured" (Anderson et al., 2023; Csabs et al., 2020). In the past, these practices have been referred to using a range of terms including sexual orientation and gender identity change efforts (SOGICE), reparative therapy, re-alignment therapy, and conversion therapy (Anderson & Holland, 2015). Although these terms allude to having a remedial intent, there is little evidence of their therapeutic benefit, or their efficacy in changing sexual orientation of gender identity, and so academics, advocates, and survivors instead argue for the use of the term "conversion practices" (Despott et al., 2021; T. Jones et al., 2021; Power et al., 2022).

The question of whether sexuality and gender identity can be changed has been the center of political and academic discourse for several decades. As a result, research in this space has focussed on the efficacy of formal conversion practices (including group programs and individual counseling). In 2009, an APA Task Force was called together with the aim of establishing the validity of conversion practices in terms of their efficacy in changing sexual orientation (it is worth highlighting that at this point, conversion practices targeting gender identity were not yet part of the discourse). The task force concluded that practices attempting to convert sexual orientation are both ineffective in achieving their goal and psychologically harmful to those participating in them (American Psychological Association [APA], 2009).

We recently conducted a systematic review and meta-analysis of the impacts of conversion practices on participants of conversion practices, and found overwhelming evidence to support this claim (Anderson et al., 2024, see also Anderson et al., 2023, and Pzreworski et al., 2021). 2023, Across 15 studies (n = 88,129), exposure to conversion practices was consistently associated with higher odds of impaired mental health, wellbeing (e.g., loneliness) and identity (e.g., internalized homophobia).[1] A range of qualitative evidence ratifies these quantitative findings. Research centering the voices of survivors has revealed a complex range of impacts including psychological and wellbeing (Morrow & Beckstead, 2004), moral trauma and spiritual harm (T. W. Jones et al., 2022), identity-based impacts (Flentje et al., 2014), and strain or breakdown to family and other relationships (Venn-Brown, 2014).

Taken together, it is clear that practices intended to change or suppress an individual's sexual orientation or gender identity are harmful and have complex impacts on survivors. Although there is a burgeoning body of literature on the impacts of conversion practices, little is known about how to best support survivors in their recovery (Green et al., 2020; Power et al., 2022). In our previous

research on the support needs of survivors, we have centered the voices of survivors in a discourse about what they perceive as being useful from practitioners (Jones et al., 2022). In this paper, we switch our focus to the voices of mental health practitioners as the individuals providing the support. Specifically, we are interested in understanding the experiences of knowledge that mental health practitioners have about the nature and scope of conversion practices and their perceptions of the impacts that these practices have on survivors.

Method

Participants

Participants included 18 mental health practitioners, from a range of professional backgrounds and practices with training in a range of counseling professions, including psychology ($n = 9$), counseling ($n = 6$), Alcohol and other drug counseling ($n = 2$), social work ($n = 1$), narrative therapy ($n = 1$), family therapy ($n = 1$), psychotherapy ($n = 1$), and occupational therapy ($n = 1$). All participants were LGBTQA+ affirming in their practice, and many self-identified as LGBTQA+. Participants included eight cisgender men, eight cisgender women, one non-binary person, and one trans woman. People with current religious practice were half the sample ($n = 9$, 50%), and there were fewer people with formal religious or theological training ($n = 6$, 33%). A speculative reason for this is a self-selection bias; practitioners with a personal history or interest in this project or topic were inclined to volunteer to participate.

We used a version of a purposeful sampling technique to get as much professional diversity in our sample as possible (e.g., level of experience with sample, number of years practicing, range of discipline backgrounds, etc.). To achieve this, the sample were recruited using a variety of convenience sampling methods including snowballing techniques, word of mouth, and referral from our research project's steering committee. More specifically, we recruited generalist practitioners through advertisements to (e.g., psychology bulletin boards) and invitations sent to LGBTQA+ health services who circulated to appropriate staff. In this group, practitioners either had no knowledge or experience of conversion practices or had some experience. In addition, we recruited experienced practitioners through invitations sent to the pool of mental health practitioners known to our partner organizations and steering committee (see acknowledgments) as being experienced and skilled at supporting survivors of conversion practices. Each group contained relatively even numbers of gender identities and participants who identified as sexual minorities (vs. heterosexuals). Of note, the experienced practitioner group tended to have had a higher level of training and had more tenure in the fields that the generalist practitioner group.

Procedure

Institutional ethical approval was obtained from the La Trobe University Human Research Ethics Committee before commencement of the study. Interested mental health practitioners self-selected into the study in response to advertisements that were circulated as part of the above-described recruitment strategy. The research team organized participants into four focus groups. Groups were organized according to the degree of practitioner experience supporting SOGICE survivors (i.e., two groups of generalist practitioners and two groups of specialist practitioners). This division was made *a priori* to best reveal likely gaps in knowledge for practitioners new to supporting survivors, as well as the factors that led to the best support of survivors in experienced practitioners. These focus groups were then facilitated by members of the research team. The questions used to guide the discussions were designed to elicit the practitioners' knowledge of the nature and impact of conversion practices, and their perceptions of how they impacted survivors.

Analytic approach

We adopted a Grounded Theory approach to analyze the focus group data. A formal coding frame was not used to allow an approach to data analysis that enabled openness to themes that were not previously identified (Braun & Clarke, 2006; Charmaz, 2006; Kenny & Fourie, 2015). As such, we adopted for an inductive approach to analyses, however we acknowledge that the research team were familiar with themes that were already identified in the literature.

The analysis of the data was iterative in nature, but followed the bases of reflexive thematic analyses (e.g., Braun & Clarke, 2006, 2019). This involved the research team individually familiarizing themselves with the transcripts from the focus groups, and then meeting to discuss overlapping observations of the data and to identify core themes. Next, researchers independently coded the data line by line to identify themes. Themes were identified as important if they were stressed as significant by participants, were recurrent within one particular interview or across several interviews, or if they were significant to a group of participants (e.g., people from a particular religious background). These themes were then reviewed and ratified by the research team as a process of cross-checking interpretation of the data.

Results

Following the analytical strategy detailed above, four meaningful themes were identified: (1) generalist practitioners' understandings were limited and reliant

on stereotypes; (2) specialist practitioners' understandings were refined and match experiences reported by survivors; (3) generalist practitioners emphasized specific and undeveloped negative impacts; (4) specialist practitioners were aware of deeper harms and the need for sustained support. Each of these themes is described and evidenced by participant quotes below.

Research question 1: Knowledge - practitioners' understandings of what constitutes LGBTQA+ conversion practices and ideologies were varied

The first theme depicts a large range of knowledge which came from a variety of sources within the sample, which differed by level of experience of working with survivors of conversion practices. Specialist practitioners' descriptions of LGBTQA+ conversion practices and ideologies reflected descriptions of survivors in the literature. Practitioners described working with survivors who had been taught that they were damaged or broken and explained the traumatic impact that exposure to conversion ideology or participation in practices had on survivors. In contrast, inexperienced practitioners described a general awareness of conversion practices and ideology; often this information was gleaned from popular culture or media. The gap between the limited understanding generalist practitioners had of conversion practices or ideology, and the insight of experienced practitioners, highlights areas and topics to focus on in training and education for mental health professionals.

Theme 1.1. Generalist practitioners' understandings were limited and reliant on stereotypes

In the generalist practitioner focus groups, there was a basic understanding of the intent of conversion practices, as one practitioner articulated: "*you know that stereotypical thing of pray the gay away, and that claim is that it is possible to pray the gay away, or if you can't pray the gay away, the promise is that you can abstain from sexuality*" [GP3]. When elaborating on this stereotype, practitioners who had not supported clients who had experienced conversion practices drew heavily on popular culture representations of conversion practices, produced in international context: "*I don't think I've worked with any clients who've directly experienced it, so a lot of my knowledge comes from pop culture, movies, Boy Erased*" [GP2].

They also frequently did not differentiate wider experiences of discrimination based on LGBTQA+ characteristics from conversion attempts:

> religious frameworks have a really problematic understanding or approach to sexuality in general. So often, so much of what young people are exposed to is about control, abstinence of any sexual desire of sorts . . . That applies across the range then including the LGBTI identity and desires and all the other things wrapped up in that [GP1].

In instances where practitioners did discuss *conversion* practices, they often emphasised historical medical malpractice and formal religious "ex-gay" programs. There was limited understanding of conversion practices that were informal, or the ways in which conversion ideologies compelled many survivors to seek out conversion practices in ways that are equally traumatic to formal "ex-gay" practices.

There was also limited understanding among practitioners about the extent to which conversion practices existed in Australia or the Asia Pacific region. Rather, it was viewed as a practice associated with evangelical churches in America: "*I suppose I probably had the idea almost that . . . [this is] something that really happened in America . . . I was just shocked* [*to learn it happened in Australia]. I just made this assumption that it didn't exist in Australia."* [GP6].

Theme 1.2 Specialist practitioners' understandings were refined and match experiences reported by survivors

Health practitioners who were experienced working with survivors were able to offer nuanced explanations of the breadth and nature of LGBTQA+ conversion practices. These explanations reflected accounts that have been documented by survivors in the literature. Practitioners noted that many conversion practices melded religious concepts and the language or practices of psychology and psychiatry to become a type of pseudoscience. This often drew on outdated psychoanalytic concepts to examine the causes or source of damage or brokenness or to "correct" broken sexuality:

> I think that [conversion practices are] setting up that belief inside of someone that, first of all, it's a sin . . . But it's also that 1950s, 60s idea that it's still a disorder because it isn't what God wants. So even though psychology has moved on, it still has this sort of 1960s/50s psychological feel to it . . . [SP1]

Experienced practitioners described the ways conversion survivors are often taught that they have been deceived by the devil, "the culture," or liberal Christians about LGBTQA+ people being healthy and normal. As this practitioner described:

> Most common one is that they've been deceived by the devil or evil or something like that. Or I have heard people say oh, my family member is saying I've been deceived by you [the counsellor]. Then not far behind that is you've been deceived but you can be healed. Inherent in that message that you can be healed is that there's something wrong with you or that you're broken . . . [SP2].

Specialized practitioners also had a refined understanding of where conversion ideology and practice might occur. Often, compliance with efforts to suppress or "cure" a person's is a condition of membership of the family or religious community. Many practitioners spoke about how informal conversion practices were often located within, or encouraged by, families and communities that also provide love and support:

> A young person growing up in the setting I was involved in, would hear these messages of harm and toxicity in regards to "they are broken," "they are sinful" [. . .] in their home, in the school, and in the church setting. So every space of belonging is giving the same message over and over again [SP3].

Additionally, there was an awareness of the changing nature of conversion practices away from formal institutions or professions, which are increasingly prohibited by professional codes of ethics and the law, toward informal practices:

> A lot of it is family based. So less and less now I get people that have gone through formal programmes, that's eased off as the programmes have disappeared. But there's still that ideology in families and in some churches as well [SP2].

While the informal LGBTQA+ conversion messaging may be subtle, it was also described as persistent, clear, and brutal:

> The thing about the conversion message is that it was really, really clearly defined. And so, it was a really strong linear message, not nuanced, it was the same message. You cannot be anything other than heterosexual. You cannot, you cannot, you must not, you won't . . . it really hammered people consistently . . . it brought people to their knees [SP4].

Alignment with LGBTQA+ conversion ideas can be a condition of family or group membership. Accepting your LGBTQA+ characteristics, and rejecting LGBTQA+ conversion ideology, can lead to rejection from family and community: *It's a bit like an exile. But then when you're exiled, you're exiled alone. You're not even exiled into a funky community that welcomes you. It seems to me that people get exiled into lonely places*' [SP3]. Survivors who maintain faith, despite rejection from their religious community, face particular challenges because of a common hostility to religion within queer communities:

> So therefore they don't find a community within their spiritual community, their religious community, and then they can also be rejected because of their faith, be rejected by their queer community, who have had negative experiences of spirituality and religiosity (. . .) they can be part of neither community [SP1].

Finally, experienced therapists working with clients from multicultural and multifaith communities confirmed that the experiences of their clients were similar to those of survivors in Anglo-Christian Australia, but with extra dimensions. LGBTQA+ characteristics are presented not just as a form of brokenness that can be cured, but also as a foreign, Western imposition on the culture and religion of the community. As one practitioner said of their work in the Muslim community:

> This is not different to the experiences of people from a western context . . . that sexuality could be cured, that it is a test from God. So, those are the kinds of messages that are perpetrated in, particularly, my community. What else are the common messages?

> I think, predominantly, it would be that this is a western construct, or they've had an evil eye, or there's a djinn [evil spirit] . . . there's this idea if it can be fixed. Because it's this notion of cause and effect and if you're able to see the right practitioner, they'll be able to help you [SP6].

Research question 2: Impacts - practitioners' perceptions of the impacts of conversion practices ranged from undeveloped to nuanced

Practitioners were asked about their perceptions of the impact of LGBTQA+ conversion practices on survivors' lives. All health practitioners perceived negative impacts from engagement with conversion practices. Again, differences existed between specialist and generalized practitioners.

Theme 2.1 generalist practitioners emphasised specific and undeveloped negative impacts

Generalist mental health practitioners had perceptions of the impact of conversion practices that were relatively limited in scope. Two key impact areas were raised consistently: tensions between sexuality and gender identity and religion and disconnection from family. They recognized the challenges of resolving tensions between a client's gender and sexuality and the expectations of their religious community and family:

> A lot of the damage that's been done, is because of teachings say directly from the bible, then those teachings are being adopted by the direct family members or the church community that results in rejection of both either their gender and/or their sexuality [GP3].

This challenge was particularly impactful for clients who wanted to retain faith, or membership of their religious community, and a participant who had worked with a couple of people who have been exposed to conversion practices reflected on a repeated sense of how SOGIECE *"gives them this tension around their connection to their religion"* [GP1]. However the majority of the participant's clients reportedly wanted to stay connected to that religion, so that the support work centered on *'trying to deal with the tension of that experience, which was very harmful for them, then trying to reframe their understanding of their faith in a way that allows them to have their sexuality or their gender'* [GP2]. Participants like MP5 there for consider this tension of identity duality *"the stand-out harm. . ., that they shouldn't be able to practice that particular religion because of who they are"* [GP5].

Generalists also identified the challenges faced by LGBTIQ+ clients with families who could not accept their sexuality and gender. Three practitioners in these focus groups spoke of some of their experiences:

> I think other issues would be really toxic family structure, where it's just impossible for that child, or teenager, or adult to go back into that family environment. That's very difficult. Sometimes there is no resolution, other than that full cut off away from the family. That can obviously be extra traumatic as well [GP3].

While religion was often present in these discussions, there were also cultural considerations for the clients and their families:

> That reminds me of clients from the Middle East, particularly places like Saudi Arabia, where culture is more important than religion, or religion is an arm of culture, and some find reconciliation in being able to be selectively out, and selectively not out, and as the most appropriate honourable way to live. They can find true reconciliation in that, because to tell their parents would actually put their lives at risk [GP7].

While generalist practitioners described a broad understanding of the impact of conversion practices, there was a notable absence of descriptions of trauma. Only those who had experience supporting survivors of conversion practices linked the experiences of difficulties reconciling faith and family to trauma: "*Whoever the spiritual leader is, is using their power and control to disempower the other person [. . .] a lot of the result of the abuse and use of power and coercion is trauma"* [GP1].

Theme 2.2 Specialist practitioners were aware of deeper harms and the need for sustained support

Specialist practitioners described the impact of engagement in LGBTQA+ conversion practices in several ways. They articulated spiritual harm, and grief at impaired relationships with families and communities; factors which are exacerbated by membership of a minority culture. However, in contrast to general practitioners, the most commonly discussed impact was complex trauma. Specialist practitioners emphasized that most survivors they had worked with needed support to manage the long-term effects of complex trauma. They were less focused on reconciling faith with gender or sexuality and more focused on the ways in which trauma can undermine an individual's sense of who they are, their development of self and confidence in their own judgment and self-worth, as these practitioners described:

> What I find with survivors is that they've really learnt not to trust their own feelings and instincts. They've been taught that their feelings are wrong and that the way that they think about the world and the way that they think about themselves is wrong, as well. So I find a lot of survivors have a lot of difficulty trusting themselves and trusting their version of events, trusting their memory. It's a form of, basically, a complex trauma experience [SP2].

Specialist practitioners were also able to articulate clearly the importance of religion and spirituality to clients with religious backgrounds, and the spiritual harms of conversion practices. The impact of being taught to think of your gender, sexuality and faith as incommensurable was described in quite profound terms. One practitioner described the faltering journeys of clients trying to reconcile these core elements of their selves:

> these are people coming in searching for faith communities that could affirm [them]. And some of them even asking permission, am I allowed to be a Christian? That was really common. Am I allowed to be a Christian if I'm gay? Am I allowed to love God if I'm gay? Does God love me because I'm gay. Therefore, that means God hates me [SP3].

Specialist practitioners described the range of ways that families and religious communities can respond when one of their members affirms their LGBTQA+ gender or sexuality. This can range from total rejection and exclusion, to partial, or "lip service," acceptance, to affirming transformation alongside the LGBTQA+ person. In almost all cases there is a profound, and sometimes complex, experience of loss and grief:

> One of the things that we have to factor into all this is that there is always a significant level of grief in this journey. So even if someone steps out of a conversion programme, says no, I'm happy with who I am and my expression of spirituality and all that sort of stuff. Even if they're really good with all of that, there is still quite enormous amounts of grief that they carry. Grief over lost relationships, grief over lost beliefs, grief over certainty from the past, grief over lost community [SP2].

Describing this type of experience, practitioners noted how survivors' families were also negatively affected by conversion ideology and practices:

> I think of families and parents in these experiences as well as being victims, themselves, of conversion ideologies and practices. They've been subject to the exact same brainwashing. It's just that they're not LGBT themselves. And when you're brainwashed, or when you've been taught something your whole life, you never question it until you've got a reason to [SP2].

Experienced practitioners described differences in impact related to diversity in the religious and ethnic backgrounds of their clients. Membership of a minority ethnic community could compound religious and cultural pressures to engage in conversion practices. Experienced practitioners described certain cultural standards around honor and shame, what it means to be a "good child," and family expectations to marry:

> We have a strong script around honour and not meeting the expectations of what it means to be a son or a daughter, those constructs, all those constructs that are inherited have come into question. Feeling not worthy and just a shameful blot on the family's reputation . . . There's a lot of isolation, there's a lot of degradation, there's a lot of, it's horrible, it's really horrible. It's really the worthlessness, the not meeting the expectation of what it means to be a good child' [SP1].

Membership of minority community can also impact on survivor's capacity to seek professional help:

> People who are coming from a very strong faith identity may actually find it very challenging to seek help and support outside of their community. It might be one of the very reasons why it's important to, but there can be a real clash, there, of belief systems [SP3].

Discussion

Previous research has postulated that understanding the nature of contemporary conversion practices can assist healthcare providers to support survivors in their recovery (Power et al., 2022). In line with this claim, we conducted focus groups with both generalist and specialized culturally and faith diverse Australian mental health practitioners to understand the knowledge that they have around contemporary conversion practices and their perceptions of the impacts that these practices have on survivors.

Practitioners had some knowledge of the nature of conversion practices, although (unsurprisingly) this knowledge varied based on the levels of experience that the practitioner had working with survivors. Experienced practitioners referred both to "formal conversion practices" as well as "informal conversion practices." Their descriptions accorded with those reported by survivors, emphasizing the recent predominance of informal practices that teach LGBTIQA+ people that they are damaged or broken, but that this can be healed if the correct practices and mind-set are adhered to (Andrade & Redondo, 2022). In contrast, less experienced practitioners referred to stereotypical versions of formal practices as seen in media. Similarly, there was considerable variation between practitioners in these groups in their perception of the nature and depth of psychological impact and trauma related to experiences of LGBTQA+ conversion ideology and practice. The implications of this finding are clear—clients who are survivors of conversion practices should be treated by experienced practitioners, where possible, and that there is a need for specialist training to assist inexperienced practitioners to identify and manage the symptoms associated with moral injury or religious trauma.

This research has identified practitioners' knowledge of the nature and impacts of conversion practices, and in doing so has highlighted potential gaps in practitioner knowledge. For instance, practitioners referred almost exclusively to Christian settings and attempts to change gay or lesbian people to heterosexual. There was a marked absence of discussions around multicultural or multifaith experiences of conversion, of conversion in secular settings, or of attempts to change or suppress gender identity to cisgender. This reflects the wider literature on conversion attempts, which continues to be focussed on survivors accounts of sexual orientation-based conversion practices. Taken together, from both the client and practitioner's perspectives that is a dearth of evidence about gender identity conversion attempts, and conversion practices that occur in secular settings (Anderson et al., 2023; Wright et al., 2018). As such, research in this space could focus on developing nuanced understandings of the gaps in practitioner knowledge to inform the development of training and new interventions for clinicians working with survivors.

Interestingly, the generalist practitioners seemed to be unaware of their lack of knowledge, or the ways in which their knowledge was limited. This is important to note since this lack of knowledge suggests that they will not be able to support their clients through recovery effectively, but moreover there's the likelihood that they might cause harm (Power et al., 2022). These harms could include (among other things) an impeded ability to provide effective and culturally sensitive support, an inability to recognize triggers, misunderstanding of the clients' religious traumas and moral injuries and might result in the ineffective treatment and the provision of incomplete advice.

Concluding remarks

We have presented evidence that a nuanced understanding of both the nature of conversion practices and the range of impacts can help practitioners formulate best-practice responses to working with conversion practice survivors. First, it is vital to actively seek training about working with survivors in order to ensure the competent provision of support during recovery, of or to self-educate around related issues (in order to avoid placing the burden of education the practitioner onto the client). Second, it is imperative to seek guidance or support through working with such clients, including having adequate supervision or seeking consultation from colleagues with experience with this population. Third, develop cultural competence around cultural or religious beliefs and practices that have informed the ideologies underpinning the clients' experiences, and understanding that there is large diversity in these ideologies both between and within religious and cultural communities. Improving practitioner knowledge can help them when working with survivors to ensure they are addressing the full range of exposure to conversion practices that has been experienced by their client.

Based on the findings of this and other research, we have developed a series of evidence-based resources to support clinicians (Despott et al., 2022) and pastoral care providers (Jones et al., 2023) who are working with survivors of conversion practices.

Note

1. Of note, only two of these studies focussed on the impact of gender identity conversion attempts (Bohlman et al., 2021; Heiden-Rootes et al., 2021), which reported impacts including increased risk of anxiety disorders, suicide ideation, suicide attempts, psychological distress, depression, and substance use. The remainder for on the impacts of sexual orientation conversion attempts.

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We are supported in our work through an advisory committee comprised of range of relevant stakeholders, including survivors of LGBTQ+ conversion practices and practitioners from a range of disciplines who work with them (e.g., psychology, social work, pastoral care, etc.). The committee provide feedback and guidance on the strategic direction of the project and its outputs.

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Data availability statement

The data and materials used in this study can be accessed by contacting the corresponding author.

Research team

The team for this project is comprised of a range of interdisciplinary academics, authors, and activists. We have a variety of lived experience relevant to the project, including being exposed to, participating in, and surviving conversion practices). We also have extensive research expertise into religious experiences and conversion practices for LGBTQA+ individuals. In addition, all but one member of the team are LGBTQA+ identified, with the remaining member being an ally and active researcher in this space for several decades.

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