Social Science & Medicine 305 (2022) 115040

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Religious trauma and moral injury from LGBTQA+ conversion practices

Timothy W. Jones [a,*], Jennifer Power [a], Tiffany M. Jones [b,1]

[a] La Trobe University, Australia
[b] Macquarie University, Australia

ARTICLE INFO

Keywords:
Sexuality
Gender identity
Religion
Conversion therapy
Moral injury
Spiritual health

ABSTRACT

Religion-based LGBTQA + conversion practices frame all people as potential heterosexuals whose gender aligns with their birth sex (in a cisgender binary model of male and female sexes). Deviation from this heterosexual cisgender social identity model is cast as curable 'sexual brokenness'. However, research shows conversion practices are harmful, and particularly associated with increased experiences of abuse, mental health diagnoses, and suicidality. This paper explores their contribution to the particular harms of moral injury and religious trauma, drawing firstly on the foundational moral injury literature to offer a unique conceptual framework of spiritual harm and moral injury, and secondly on a rare qualitative 2016–2021 study of the spiritual harms reported in semi-structured interviews of 42 survivors of LGBTQA + change and suppression practices in Australia. The paper examines the survivors' support needs around the nature and extent of religious trauma and moral injury, to inform services working towards supporting their recovery from such experiences and their resolution of conflicts deeply bound in their sense of self and belonging. It argues that impairment of conversion survivors' relationships with religious communities, and religious self-concepts, point to the need for additional improvements in pastoral practice.

1. Introduction

Religion-based LGBTQA + conversion practices are grounded in the pseudo-scientific conviction that all people are born with the potential to develop heterosexual attraction and identity, with a gender identity that accords with that assigned to them at birth (cisgender) (Csabs et al., 2020).[2] Proponents of LGBTQA + conversion practices view LGBTQA + people as suffering from 'sexual brokenness' that can be cured (eg Cowen, 2016; Keane, 2001). This ideology of 'sexual brokenness' usually conflates and confuses differences between sexual orientation and gender identity, seeing any diversity in these attributes as having a common aetiology and 'treatment' (Kinitz et al., 2021). Full membership and participation in faith communities can be dependent on LGBTQA + people of faith committing to chastity and seeking 'healing' for their 'sexual brokenness'. The ideology that informs LGBTQA + conversion practices thus posits that LGBTQA + subjectivity and spiritual belonging are incommensurable. This has led to the development of cultures that promote and engage in various practices directed at changing or supressing LGBTQA + sexual orientations and gender identities (Bishop, 2019; Waidzunas, 2015). Providers of conversion practices have often been internationally networked, and informed by remarkably similar ideological assumptions (GPAHE, 2022a). Consequently, the types of conversion practices offered in different religious and geographical settings are quite similar (Horne and McGinley, 2022).

There is agreement in the literature and many professional codes of ethics that these practices do not work, and can cause significant trauma and harm to mental health (Alempijevic et al., 2020; APA, 2009; APS, 2010; Cornell University, 2017). Despite this, sectors of almost all religious traditions have yet to abandon these practices.

This paper draws on social research with 42 survivors of LGBTQA +

* Corresponding author.
E-mail addresses: t.jones@latrobe.edu.au (T.W. Jones), jennifer.power@latrobe.edu.au (J. Power), tiffany.jones@mq.edu.au (T.M. Jones).

[1] We are grateful to all study participants. This project is funded by the Victorian Government and the Australian Research Council (LP190100865) and conducted in partnership with the Brave Network and AGMC, the Australian LGBTIQA + Multicultural Council. The research team includes Joel Anderson, Maria Pallotta-Chiarolli, Nathan Despott and Percy Gurtler.

[2] 'LGBTQA + conversion practices' is used here to refer to religion-based efforts to change and/or suppress the gender identity and sexual orientation of lesbian, gay, bisexual, trans, non-binary, queer, asexual and other gender and sexual minority people. Religion based practices have not included forced medical interventions on people born with intersex variations, hence this paper's focus on LGBTQA + but not "I" conversion practices. Although, of course, some people with intersex variations are also LGBTQA+ and have been subject to religious LGBTQA + conversion practices.

https://doi.org/10.1016/j.socscimed.2022.115040
Received 22 December 2021; Received in revised form 28 March 2022; Accepted 12 May 2022
Available online 17 May 2022

conversion practices in Australia. It analyses their life history narratives to document experiences of spiritual harm. It proposes that a focus on LGBTQA + people's spiritual agency—and the moral injury and religious trauma associated with LGBTQA + conversion practices—may open productive understandings of survivors' spiritual harms and paths of recovery.

2. Moral injury and religious trauma

The focus of existing research on the harms of conversion practices has been on general mental health impacts. There has been insufficient attention to the spiritual harms attendant to LGBTQA + conversion practices. Following McPhillips (2018, p.234), we use spiritual harm to refer to damage to the spiritual dimensions of self-identity; to the ability to construct existential meaning; to a person's relationship to the divine and/or their religious community; and to a person's ability to develop spiritually. Religious trauma and moral injury are the terms most commonly used in psychological literature to describe types of spiritual harm.

Religious trauma and moral injury are interlinked categories, both addressing different aspects of spiritual harm or 'soul' distress (Carey et al., 2016; Kopacz et al., 2017). The literature on religious trauma has largely focussed on abuse, control and coercion in religious contexts, and has been brought into sharper attention in the context of enhanced scrutiny and supervision of clergy in the wake of clerical child sexual abuse crises (Oakley and Humphreys, 2018; Knight et al., 2019; Peterson, 2017). Winell (2012) proposed the existence of Religious Trauma Syndrome to describe the experiences of people disaffiliating from authoritarian and dogmatic religious systems. It has been particularly applied to the experiences of people leaving fundamentalist religious groupings, cults and new religious movements. Like moral injury, religious trauma shares many symptoms with Post Traumatic Stress Disorder [PTSD] and Complex PTSD. Stone (2013) describes religious trauma as 'pervasive psychological damage resulting from religious messages, beliefs, and experiences' (324). Unlike trauma related to acute incidents, 'religious trauma generally accrues gradually through long-term exposure to messages that undermine mental health' (Stone, 2013, 325). Though symptoms vary, it can include interpersonal, emotional and cognitive difficulties (Winell, 1993). Religious trauma is useful to describe the coercive, controlling and abusive elements of religion-based LGBTQA + conversion practices, and especially the gradual accrual of undermining messages. However, it may not be adequate to describe the complexity of LGBTQA + people's agency, or complicity, in their participation in conversion efforts.

Moral injury has a more established literature than religious trauma. It has been extensively used to describe moral distress experienced by military personal, health care workers, police and emergency services workers, and in child protective services (Nakashima and Lettini, 2012). It is defined as the moral anguish caused by 'perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations' (Litz et al., 2009, 700). Shay (2011) describes three criteria for moral injury: an act that violates what is considered right, that the violator is the self, and that the act occurs in a high stakes situation. Distinguished from, but closely related to, PTSD, moral injury focuses on symptoms related to guilt, shame, anger and disgust (Farnsworth, 2014).

We argue that the concept of moral injury is applicable to the case of LGBTQA + people subject to LGBTQA + conversion ideology and practices. In this context, the moral injuries can be occasioned when a person's own sexual and gender subjectivity transgresses their deeply held moral beliefs and expectations and, being forced to choose between core parts of themselves, they attempt to change or suppress their sexual orientation or gender identity in an attempt to maintain their beliefs (Cerbone and Danzer 2017; Jennings, 2018). This moral distress is perhaps more complex than typical applications of moral injury because it may include existential distress as well as distress caused by both perpetrating and witnessing profound moral failure. Moral injury useful captures the complex subjective experience of complicity – however coerced, limited or strategic – in particular psychological injuries (Pallotta-Chiarolli and Pease, 2014). We posit that religious trauma and moral injury are useful conceptual tools to understand the nature and implications of this forced moral and spiritual rupture.

3. Scope and impact of LGBTQA + conversion practices

Scholarship on the scope, nature and impact of conversion practices is currently limited, although there have been a number of studies published in the last four years. Before this, research had largely been confined to psychological studies of effectiveness of LGBTQA + conversion practices (Beckstead, 2012; Serovich et al., 2008). A smaller body of social and cultural research exists on specific 'ex-gay', 'reparative therapy', 'Sexual Orientation Change Efforts', or other LGBTQA + conversion movements (Bishop, 2019; Waidzunas, 2015). A series of population surveys have shown the widespread prevalence of conversion practices in various jurisdictions. A UK survey found that 7% of LGBTQA + British adults had been advised to undertake conversion practices, with 2% having undertaken them. These figures rise to between 13% and 44% for particular minority populations (UK Government Equalities Office, 2018, 83–94). In studies in other global north contexts, around 8% of respondents had experienced formal conversion practices (Blosnich et al., 2020; Hurren, 2020; Jones et al., 2018; Ozanne Foundation, 2018; Salway et al., 2020; Trevor Project, 2020). Civil society organisation investigations have demonstrated that conversion practices are present at similar or higher rates around the globe (Bishop, 2019; Bothe, 2020; UN IESOGI, 2020). They have shown that the nature of conversion practices is common across religious traditions: predominantly a very similar range of religion-based spiritual or pastoral practices. Global variations in conversion practices correlate more closely to variations in legal, medical, social and cultural acceptance of gender and sexual diversity rather than to religious difference. Movements promoting conversion practices are highly networked globally, operating across boundaries of religious difference (GPAHE, 2022a, 2022b; Horne and McGinley, 2022; Plante, 2022).

Recent scholarship has begun to demonstrate the impact of LGBTQA + conversion practices on people who experience them. Studies have shown heightened suicidality, increased drug and alcohol use, increased risk of homelessness, poor mental health and poor economic participation among people who have experienced conversion practices (Blosnich et al., 2020; Goodyear et al., 2021; Green et al., 2020; Salway et al., 2020). Studies of young people who have experienced conversion practices have shown negative impacts on identity formation and family relationships (Green et al., 2020; Jones et al., 2021a, 2021b; Ryan et al., 2020). Streed et al. (2019) note that many 'survivors of conversion therapy will need treatment for post-traumatic stress disorder and post-religious trauma' (p.502). In a recent Australian study, Australian LGBTQ + youth aged 14–21 years who were exposed to conversion practices were around four-and-a-half times more likely to have experienced homophobic physical and verbal harassment than those who did not, and three times more likely to have experienced sexual harassment (Jones et al., 2021a, 2021b). They were also at least one-and-a-half times more likely to have a mental health diagnosis, and three times more likely to have PTSD diagnoses. They were also at increased risk of homelessness, particularly on the basis of being LGBTQ+. Berg et al. (2016) note that the trauma from religion-based conversion practices is distinct from and compounds already established trauma related to heteronormativity, transphobia and homophobia. In addition to these harms, Schlosz (2020) identified further negative impacts: anger as a response to deceptive claims and mistreatment; grief at loss of time, opportunity, and youth; increased sense of shame; escalation of high-risk sexual behaviour; and impairment of self-concept due to iatrogenic counselling practices.

Existing studies highlight the negative wellbeing and poor economic

outcomes associated with conversion practices, and there are reports of physically abusive spiritual conversion practices, including ritualised beatings (Bishop A 2019; Bothe J 2020; UN IESOGI, 2020). Few studies have yet discussed the *spiritual impacts* on people who have undergone LGBTQA + conversion practices, nor is this literature connected to discussions of moral injury. This may in part be due to the prevalence of survey research in the field used to establish correlations and measure outcomes, however more complex concepts of moral injury may demand a qualitative approach. We seek to fill this gap by undertaking qualitative analysis of life history interviews with people who have experiences LGBTQA + conversion practices. Drawing on the insights of religious trauma and moral injury literature, our aims are to enhance understanding of the spiritual harms experienced by survivors of LGBTQA + change and suppression practices, improve understandings of survivors' support needs around the nature and extent of religious trauma and moral injury, and to inform services working towards supporting their recovery from such experiences.

4. Methods

The project team brought together researchers with diverse positionalities, including: people with recent migrant and established settler backgrounds, LGBTQA + people and cisgender straight allies, people with and without lived experience of LGBTQA + conversion practices, people of faith, people who once had faith, and people who have never been part of a faith group. The research was conducted in partnership with survivor groups who advocate for legal, social, and cultural reforms to enhance the health and equity outcomes for LGBTQA + people of faith. It is from the standpoint of our diverse positionalities, in a socially engaged research partnership, that we seek to enhance understandings of the complex intersection between religion and LGBTQA + health and wellbeing and mobilise these understandings to support improved spiritual and psychological care for LGBTQA + people.

This paper reports on analyses of references to spiritual harm in data from three sets of interviews with 42 LGBTQA + people in Australia, of which 29 participated in one-on-one interviews and 15 in two group interviews (two participants did both a one-one-one and group interview). Interviews were conducted between 2016 and 2021 using a semi-structured interview (see Table 2) format that asked participants to describe their past and current religious experiences and connections, experiences with religious conversion practices or exposure to conversion ideologies, and the impact that this exposure has had on their past and current life, including their mental health and wellbeing. Ethics approval was obtained from the La Trobe University's (Human Ethics IDs: 16-003; HEC19384) and Macquarie University's (52020790617585) human research ethics committees.

Participants were recruited through advertisements posted on social media and circulated through LGBTQA + support groups. Participants were eligible for inclusion if they: normally lived in Australia; had experiences of LGBTQA + conversion practices (either in Australia or overseas); and were confident that they could manage any discomfort or distress that might arise from sharing their recollections of these experiences. Participants were excluded if, during a pre-interview screening conversation, they did not express confidence in their capacity to manage experiences of distress in an interview. Judgements on participants' capacity to consent and manage the emotional challenge of the interview were made in discussion with multiple members of the research team.

Interviews were conducted in English by members of the research team. They took place in offices at a university campus, in an online video call, or at a partner organisation or community space, depending on the participant's preference and the public health conditions pertaining at the time (interview locations in 2020–21 were impacted by COVID-19 public health regulations). Taking advantage of the diverse positionalities within the research team, the interviewer was selected in discussion with the participant and research team on the basis of who was most likely to help the participant feel culturally safe to share their story. Participants could discontinue or withdraw from interviews at any point and were provided with a list of support services they could utilise if required. Following interview, participants were contacted by a member of the research team, including members with survivor peer support experience, to ensure post-interview experiences were being sufficiently supported. Approximately 80 people with experiences of conversion practices expressed interest in participating in the research, and 44 were accepted for inclusion. Two people who were accepted for inclusion subsequently cancelled the interview. Interviews were recorded and transcribed verbatim and participants had the option of reviewing their transcript.

While no coding frame was used, researchers were attuned to themes identified in the literature reviewed above on both (a) conversion ideology and practices and (b) religious trauma and moral injury including abusive religious practices, participant's sense of loss, rejection or alienation from their faith or their family and community, and the emotional or mental health impact of this. Within this general framework, a process of inductive thematic analysis was undertaken drawing from Braun and Clarke's approach to reflexive coding which involves phases of: familiarisation with the data, coding, theme development, review and further development of themes, and refining themes (Holton, 2010; Braun and Clarke, 2006 & 2021). All team members reviewed the data. One researcher undertook the first round of coding, paying attention to emphasis and repetition of topics as well as contradictions or tensions in the text (within and between each participant's narrative). Codes were grouped and collapsed into broad themes relating to 1) experiences of conversion practices and 2) religious trauma and moral injury. Themes related to the experience of conversion practices included processes by which ideology was imposed and internalised, self-initiation of practices, and challenging or rejecting ideologies. Themes relating to moral injury included grief, loss, shame, rejection, feeling unsafe, sense of non-belonging, damage to sense of self in relation to faith, questioning faith, reconciling faith, sexuality and gender identity. These themes were further refined through research team discussions. To ensure rigour, a process of constant comparison was used, whereby researchers revised interview data that had previously been analysed as new ideas or themes emerged (Charmaz, 2006).

The sets of interviews with LGBTQA + people who had experienced conversion practices were analysed for this paper (Table 1) are:

1. 15 life-history interviews with survivors of conversion practices conducted in 2016. Participants were recruited through advertisements on social media.
2. 14 life-history interviews conducted in 2020–2021 with survivors whose sexuality or gender identity, cultural background or religion were not represented in the 2016 cohort. These interviews increased the representation of people from minority cultural and faith groups and minority gender identities. They were purposively recruited through invitations distributed to multicultural and multifaith LGBTQA + organisations.
3. Group interviews held in 2020 with 15 survivors focussed on their experiences of recovery from the impact of conversion practices. Two participants in the group interviews had earlier provided a life history interview. Participants in group interviews were recruited through invitations distributed through four LGBTQA + community and support groups.

To protect the identity of participants, their ethnicity and religion are, where possible, not linked to age, sexuality or gender when attributed to quotations presented in this paper. This was a condition for our inclusion of their data. Participants from smaller minority groups required this level of anonymity for their protection. Many also expressed concern that their participation in the research should not contribute towards the stigmatisation of their communities. This degree of deidentification necessarily deemphasises some aspects of religious

Table 1
Participant characteristics (N = 42).

	2016 Life History Interview Survivor Characteristics (*n* = 15)	2020-21 Life History Interview Survivor Characteristics (*n* = 14)	2020 Group Interview Survivor Characteristics (*n* = 15)
Sexuality	gay (9); lesbian (3); bisexual (2); other (1)	gay (4); bisexual (3); lesbian (4); queer (4)	gay (6); bisexual (4); lesbian (3); asexual (2); pansexual (2)
Gender	cisgender male (9); cisgender female (3); non-binary/gender queer (3); transgender female (1); transgender male (1)	cisgender male (6); cisgender female (4); transgender female (2); transgender male (1); non-binary (1)	cisgender male (8); cisgender female (4); non-binary/gender queer (2); transgender female (1)
Religion	Protestant Christian (13); Jewish (1); Buddhist (1)	Protestant Christian (5); Orthodox Christian (2); Jewish (2); Muslim (2); Roman Catholic (1); Maronite Christian (1); Druze (1); Mormon/LDS (1)	Protestant Christian (15)
Ethnicity	Anglo-Australian (13); South-East Asian (1); Mediterranean (1)	Anglo-Australian (4); Middle-Eastern Australian (3); European (2); South-East Asian (2); North African (1); East African (1); East Asian (1)	Anglo-Australian (11); Anglo/European (2); Anglo/Maori (1); European (1)
Age	20s (3); 30s (5); 40s (4); 50s (3)	20s (8); 30s (3); 40s (1); 50s (2)	20s (6); 30s (5); 40s (2); 50s (2)

Table 2
Interview schedule.

Interview topics	Notes for interviewer
Part 1. Consent procedures	
Participants are reminded of the purpose of the study and that they are able to cease or suspend the interview at any time or elect not to respond to any questions. Support information and materials are provided. Consent to proceed is affirmed	
Part 2. Background	
Participant is asked why they are interested in contributing to this research, and sharing their story.	
Participant is asked to give an outline of their life story, with a focus of their experiences of attempts to change or suppress their sexuality or gender identity.	For underlined text, the interviewer is advised to use language used by the participant – conversion therapy/conversion practices/ex-gay movement et. As much as possible, the interviewer is encouraged to allow the participant to tell the story in their own words, with their natural flow, providing minimal prompts or interjections, while noting key events/incidents/relationships related to conversion practices.
Part 3. Cross checking	
The interviewer asks the participant's permission to return to any points in their narrative that were unclear, or light on detail, regarding their experiences of conversion practices (what, who, where, when) or on the impacts of those practices.	The interviewer is encouraged to allow for silence and to give the participant time to reflect and tell their story. The interviewer is encouraged to restate what they heard as the major features of the participant's experiences and the most significant impacts those experiences had on their lives).
Part 3. Closing	
Participants are asked if they have anything else that they think we should know about their experiences.	The interviewer should check in with the participant to ensure their wellbeing at the conclusion of the interview.

and cultural difference. However, in the context of the systemic discrimination experienced by minority religious and cultural groups in Australia, this shift in emphasis usefully focuses analysis on problematic *practices* and their impacts on LGBTQA + people, and avoids problematizing minority religious or cultural communities.

5. Results

The majority of participants had experienced conversion practices in Australia. Three participants described practices that had occurred in countries of origin prior to their migration to Australia. Five people, including white Christian and minority culture participants, described travelling internationally to experience conversion practices. Spiritual practices—such as prayer, scripture reading, pastoral counselling, pilgrimage and spiritual deliverance or exorcism—were the most common types of LGBTQA + conversion practice reported by our participants. Other conversion practices reported included formal psychological counselling, peer support groups, 'ex-gay' programs, coerced heterosexual marriage and rape. While a third of survivors participating in our research had engaged in formal 'therapy' with a registered psychologist or counsellor, every participant had experienced one or more forms of spiritual conversion practice. The health impacts reported by participants were marked. All experienced significant impacts on their mental health, such as major anxiety and depression, with most reporting experiences of suicidal ideation. Recovering from conversion practices took many years, and many suffered ongoing problems with mental health, relationships, sexuality, sexual function and spirituality. In terms of the spiritual harm outlined in participants' narratives, three main themes emerged, which are explored in depth below: negative experiences of spiritual practices; grief at impairment of relationship with religious community; damage to spiritual self-concept, meaning and experience.

5.1. Negative experiences of spiritual practices

Participants reported differing impacts from spiritual practices. All of the impacts described in this theme align with the phenomenon of religious trauma as described by Winell (2012) and Stone (2013). Shame, strongly associated with accounts of moral injury, was more present in the narratives of participants who had internalised conversion ideology and been more complicit in their experiences of conversion practices. Participants who had been tricked or coerced into engaging in conversion practices were more likely to express outrage at their traumatic experiences.

Many participants did not report having had strong trauma responses to their experiences of spiritual conversion practices themselves. For people who had grown up in religious communities where prayer, bible study, fasting, pilgrimage and spiritual deliverance (exorcism) were normal parts of their religious life, the impact of explicitly spiritual elements in their LGBTQA + conversion efforts was not distinguished from other practices, such as counselling. Some participants described having public or private prayer sessions dedicated to sexuality or gender identity change or suppression. Participants spoke about being more disturbed by the way that they, as LGBTQA + people, were described in the prayers, than by the prayers themselves. Others downplayed the impact of exorcisms, describing them as odd, kooky, novel or embarrassing. One participant (cisgender, gay, 40s) described having regular deliverance from the spirit of homosexuality for almost 30 years. He remembered that:

> I felt like I was being exorcised of something. I felt – oh, oh, good, something is happening. Ah, thank goodness, something is coming out of me. I'll be different. Yay, I'll be different.

Rather than describing exorcisms as especially traumatic, they were emblematic of his regret at the length of time he had struggled with religious conflict over his sexual identity. Some participants appeared

embarrassed or uncomfortable when relating memories of having involuntary 'physical manifestations' during exorcisms, such as coughing, or 'writhing and screaming and gnashing on the floor'. This discomfort seemed to be more related to the disjunction of describing and reframing these intimate religious experiences in the context of a secular research project.

Shame had been an integral feature of many participants' experiences of conversion ideology and practices. One participant (non-binary bisexual, 20s) first encountered conversion ideology at the age of 15, after joining a religious youth group and expressing their feelings towards women to a 'safe mentor/youth leader'. They were quickly admitted to a 'secretive, shameful space' in the form of a 'women's purity-focused group, (with people) who had queer sexualities', suggesting 'I'm not pure, that whole purity culture thing'. A woman (cisgender lesbian, 50s) who had been out for a couple of years, recounted that how controlling messaging around conversion ideology and practices could be introduced increasingly over time:

> as time goes on the culture in a church definitely cemented that 'this is wrong' or 'those feelings; you've got to hide them, you've got to work on them, get the healing'.

Further, conversion practices could be kept secret from young people's parents through the use of shame to invoke secrecy, as one non-binary asexual person (20s) commented: 'I was going through this whole process without my main parental figure knowing, it was a terrible culture of shame and secretiveness'.

Contrastingly, several participants described being induced or coerced by family members, religious leaders, or counsellors into receiving spiritual practices. One participant (cisgender, lesbian, 30s) described being panicked and horrified at being tricked by her aunt into drinking holy water that had been blessed by a Muslim sheikh in an attempt to exorcise the "demon" of homosexuality. Another (cisgender, gay, 40s) was profoundly disturbed when his Christian counsellor suggested that she could come to his home to bless it and exorcise the demons that she perceived to be there and influencing his sexual desires. After this, he was 'petrified at being alone in that house'. Another (cisgender, lesbian, 30s) reported being coerced into seeing a priest for an exorcism, which outraged her, and she stormed out half-way through. Participants who were obviously coerced or tricked into conversion practices expressed stronger trauma responses to their experiences than other participants. They did not, however, express the same degree of shame or moral distress as participants who had internalised the ideology of LGBTQA + conversion and who consequently had been more complicit in their experiences.

5.1.1. Grief at impairment of relationship with religious community

Disruption to a person's religious or spiritual belonging is a key element of religious trauma as described by Winnell (2012). Grief over impairment or loss of relationship with their spiritual community was present in most participants' narratives. For the majority of participants, involvement in religious community was an important part of their lives, both in terms of the time committed to it and its emotional centrality. One participant (cisgender, gay, 30s) related how 'everything I did was about God, everything was about church … so much of my 20s was just about, you know, going to church groups all the time, going to prayer meetings, going to Christian groups'. A significant number were very active, and a number had held leadership positions, in their community. As another participant reflected:

> It actually meant a lot me and I think that's why it was hard to give up. I went to camps and towards the end of it I was going to leadership training groups and things like that, so I was getting quite involved. Towards the end, I was going to church two or three times a week. (cisgender, gay, 50s)

In this way, religious, social and cultural belonging were densely interconnected for almost all participants.

All participants described being surrounded by explicit and implicit messaging that cisgender heterosexuality was the only 'right' or 'pure' way to live in their community. The discovery or exploration of non-heteronormative or non-cisgender aspects of self imperilled their security of belonging in the community. One Muslim participant, for example, recalled being told: 'Haram to be gay, haram to be a Trans, haram, haram, haram and you have to change otherwise you go to hell'. When participants disclosed their struggle with sexuality or gender identity to a faith leader or peer, some did so to seek assistance in becoming straight or cisgender. Others were confused about the incongruence between their sense of self and what they were being taught, and most of these were encouraged or coerced into LGBTQA + change or suppression practices. One young woman recounted an experience with her pastor, who:

> said that I would need to see preferably a Christian psychologist or a counsellor who could address my history and my childhood. And eventually it might change, but to be prepared to live a celibate life, and that in sacrificing my sexual orientation, my identity … that suffering would bring me closer to Christ (transgender, queer, 20s)

She was 'gobsmacked' by this ultimatum, and eventually walked away: 'I was so, so traumatised, I lost my faith. I walked away. I actually stopped attending church altogether. I stopped believing'. The consequences of this departure were severe: 'I had a mental health breakdown obviously at the same time. It was really, really bad. And I became so isolated inwardly and so filled with pain, and loss, and grief because I had left my family and tried to build another one. And then I'd lost them as well.'

Impairment to safety and belonging in spiritual community manifested in various ways. One asexual participant (non-binary, 20s) reported at once feeling 'extra holy' that they did not feel tempted by sexual sin, but also lacking, in that they did not feel called to heterosexual marriage, which was expected of them. Only one participant (cisgender, gay, 20s) was not encouraged to engage in conversion practices by his religious leader, but nonetheless felt that he had to suppress his sexual orientation from his explicitly homophobic congregation. All participants who accepted their LGBTQA + sense of self were either explicitly excluded from their original religious community when they came out, chose not to come out to their religious and/or cultural community, or felt that they had to leave before they could come out. All participants who described having had a rich spiritual life in a non-LGBTQA + affirming religious community expressed deep sorrow, grief and often bitterness when describing the limitation, impairment or end of their relationship with that community. As one participant (cisgender, gay, 50s) recalled, 'I lost all my friends … it was an absolute wrenching of everything … I remember thinking, I feel like I'm grieving. I'm grieving for all my lost beliefs, my lost friendships'. Reflecting on his loss of friendships, community and culture, another concluded: 'That was, by far, one of the most traumatic periods of my life' (cisgender, gay, 50s). The religious trauma associated with impairment of spiritual belonging was palpable in all participants' narratives.

5.2. Damage to spiritual self-concept, meaning and experience

Damage to participants' spiritual self-concept, meaning and experience was the area in which the interaction between religious trauma and moral injury became most clear. Distinct from the theme of their grief at the impairment or loss of relation with their religious community, this damage was reported by the majority of participants. Only a minority did not discuss a strong spiritual sense of self, and exclusively discussed experiences of religious coercion. Discussing damage to their spiritual sense of self or relationship with god/God was commonly the part of the interview where survivor participants expressed the most emotion. Many were moved to tears. Spirituality was described as being as integrally core to a person's identity as their gender and sexuality; 'it's just built in' (cigender, gay, 30s). LGBTQA + conversion ideology and

practices introduced a conflict between these core elements of self. One participant described it as being 'in the middle of this battle in my head between my faith and my sexuality' (transgender, queer, 20s). Another described it as 'a subtle, twisted, painful, long-term thing … this slow burning trauma of being in a church community that you went into, and feeling like you can't leave; feeling like there's something wrong with you' (cisgender, gay, 30s). The effects of this conflict were described as profound: 'I felt like I was the most sick, abnormal, twisted nut person on the planet' (cisgender, gay, 50s); 'At a really fundamental level [conversion practices] twisted my capacity … the ability for me to know who I am' (cisgender, gay, 40s).

The majority of survivor participants had sought out and engaged in conversion practices themselves, expressing (spiritual) agency in seeking to reconcile core elements of their subjectivity. Some did so privately, engaging in spiritual conversion practices such as solo prayer and fasting without telling anyone else. One person (cisgender, gay, 50s) was 'so ashamed' of being gay: 'I didn't feel I could talk to anyone in church about it, so I just did it [prayed and fasted] myself'. Others looked for information about conversion practices on the internet, and engaged in online conversion practices. One participant (cisgender, gay 30s) related how, as a teenager: 'I … was sort of searching online for people who … who maybe were in a similar situation to me'. He found a US-based 'online forum for people who were my age and up to the late 20s who were same-sex attracted'. Meeting 'other people who thought similarly was actually really edifying and really exciting'. He participated in online conversion practices for five years. While in the US on a university break, he related how he 'snuck down' to a residential ex-gay program he'd been referred to through the forum. Others sought help from their religious leaders, who either engaged in attempts to reorient them, or referred them on to trusted figures within the community known to provide conversion practices. One Orthodox Christian participant, for example, spoke of being referred to two GPs and a psychiatrist from the same minority cultural and religious background who offered different types of conversion practices.

In all cases where participants initiated engagement with conversion practices, they sought out conversion practices because their emerging sense of their sexuality and/or gender identity transgressed deep moral beliefs that they had internalised. As one participant expressed:

> I was just so … I couldn't handle the two in my head – the God and the gay. I didn't know what to do with them, because I still believed in God so fervently, and the brand of God that I'd grown up with couldn't handle the gay. I remember feeling like I couldn't juggle. I felt them both burning a hole in my head. (cisgender, gay, 30s)

By engaging in efforts to resolve the conflict by attempting to change or suppress their gender or sexuality, they perpetrated harms against themselves. One participant (cisgender, gay, 20s) likened it to self-harm, saying it was as though he was being asked 'to basically harm himself and stab himself'. Another said: 'you would seek those services out. It's almost like a twisted version of service-seeking behaviour' (cisgender, gay, 30s).

The relationship between religious trauma and moral injury became clear when participants reflected on their agency in conversion practices. Many survivor participants became distressed when discussing having spent years of their lives, their youth, their sexual peak, in trying to be other than they were: 'I kind of think … what a waste! If it had been … energy that had been directed in a … you know [other direction]. That's kind of particularly … biting at me' (cisgender, gay, 40s). Another described the 'what-ifs': 'if I'd let myself [enter that] secure and good relationship, it would've been good for me. And adult me would have been a better person for it … maybe I wouldn't have had as much mental health problems' (cisgender, bisexual woman, 30s). They held grief at their own complicity in participation in LGBTQA + conversion practices in tension with their resentment at family and religious leaders for coercing them into those practices.

6. Discussion

The experiences of participants in this study illustrates the nature and range of spiritual harms associated with LGBTQA + conversion practices. Three themes were identified in the stories of survivors of conversion practices and mental health practitioners supporting their recovery: 1) harm from spiritual practices; 2) harm from impairment of relationship with spiritual community; and 3) harm to spiritual self-concept, meaning and experience. The experiences grouped in the first two themes were described by participants in varying degrees as spiritual coercion, control and abuse: forms of religious trauma leading to spiritual harm. In the experiences grouped in the third theme, people's own agency in seeking out and participating in conversion practices were more prominent, showing the relationship between religious trauma and moral injury. The most severe degree of spiritual harm was evident when participants discussed harm to spiritual self-concept and meaning. The findings starkly illuminate the impact of contexts where religious institutional power discriminates against LGBTQA + identities. These contexts produced a profound and distressing conflict between two aspects of identity that were deeply bound with people's sense of self and social belonging. These contexts, which posited LGBTQA + status and institutional, religious and social belonging as incommensurable, put participants in a seemingly impossible situation: with no apparent path for them to exercise agency that did not involve spiritual harm. The range of traumatic religious experiences produced in these contexts were similar for all participants, regardless of age, gender identity, sexuality or cultural background. The experience of moral injury, however, was related to a participant's internalisation of conversion ideology and resulting complicity in their experience of spiritual and psychological harm.

Cultural background and socio-political context were factors that contributed to, and shaped, participants' complicity in conversion practices and experiences of moral injury. Participants from minority ethnic and religious backgrounds reported a few key differences to participants from white Christian backgrounds in their experiences of, and responses to, conversion practices. Significantly, participants from minority culture backgrounds were more likely to experience explicit coercion related to conversion practices. Some were threatened with more severe versions of conversion practices and described stronger religious trauma responses to their experiences. Perhaps relatedly, they also displayed a greater incidence and strength of resistance to both the ideology underpinning conversion practices and the practices themselves. Once they had come to terms with their sexuality and/or gender identity, they were more likely to be strategic about whether to come out to their families and religious or cultural communities. In their navigation of this complex socio-political terrain, maintaining connections to their original faith and ethnic community was usually a high priority for these participants, who had more limited contexts for alternative religious and ethnic belonging, and for whom identity and spiritual practice was often more collective than the individualised religious experience of most white Christian participants. Strategically, many chose to only disclose their LGBTQA + status in limited contexts where they were confident that they would be supported, rather than coming out to everyone as was typical for white Christian participants.

Participants' sense of their complicity in, or resistance to, LGBTQA+ conversion practices was thus a key factor in degree and type of spiritual harms they described. Cultural context was a significant factor in participants' experiences of threat, coercion and resistance. Importantly, while participants from minority religious and cultural backgrounds shared many experiences of religious trauma in common with the whole sample, the higher incidence of explicit coercion and resistance in this group was negatively associated with the symptoms of moral injury.

These findings have implications for people working in mental health professions and in spiritual care.

6.1. Mental health workers

The findings make a contribution towards the growing interest in addressing spirituality and religion in health care, adding weight to the call for more acknowledgement of the importance of religion and spirituality in the lives of LGBTQA + people (McCann et al., 2020). Academic psychiatry has long suffered from blind-spots and prejudices related to religion and spirituality. These have recently been countered by post-secular, inclusive, but frequently overly sanguine, approaches to religion. As Brooks (2020) recently noted, clinicians receive 'little to no training on the exigencies of religious disenchantment' or other forms of religious trauma (p.194). McCann et al. (2020) recommend that practitioners working with LGBTQA + clients 'demonstrate awareness, respect and sensitivity to peoples' spiritual experiences and beliefs' (p.840). When doing so, 'clinicians should be aware of the potential benefits *and the harm* of religious, spiritual and secular world views' (p.840 emphasis added). As this research has shown, the dynamics of religious trauma and moral injury experienced by survivors of LGBTQA + conversion practices are complex. Nuanced and culturally sensitive understandings are needed to support LGBTQA + people who have experienced spiritual harms (Hammoud-Beckett, 2007).

Existing literature on the recovery of survivors of religious LGBTQA + conversion practices stresses the importance of facilitating the integration of clients' sexuality and gender identity with their faith or faith history (Gonsoriek, 2004; Haldeman, 2002, 2004). When supporting survivors, Morrow (2003) recommends helping professionals to: evaluate the extent of religious trauma; honour losses engendered by religious oppression; address the impact of religion as a tool for social injustice; and develop a list of religious and spiritual resources to share with clients. She stresses the importance of honouring client self-determination with regard to religious belief, rather than assuming or imposing personal religious or secular attitudes. From the perspective of recent work on Healing Centred Engagement, attending to survivors' sense of agency in their experience of religious trauma and moral injury may usefully point to their agency in healing (Ginwright, 2018). Further exploration of moral injury and religious trauma could thus be productive in understanding experiences of spiritual harm from LGBTQA + conversion practices and inform strategies for supporting recovery that acknowledge—rather than ignore or downplay—a place for spirituality in their ongoing wellbeing.

6.2. Spiritual care providers

The themes identified in this study have clear implications for spiritual health care providers. Spiritual or religious LGBTQA + conversion practices which cause harm must be ended. Harm from impairment in relationship with religious community and in religious self-concept point to the need for additional improvements in spiritual care giving. For individuals who have a strong faith commitment, spiritual support in the resolution of identity conflict related to sexuality, gender identity and faith may be needed. This may particularly be the case for individuals in conservative religious contexts. Rosik et al. (2021) found that 'health-enhancing resolution of religious and sexuality conflicts among sexual minorities can occur … among conservatively religious sexual minority persons who seek to remain in their faith communities' (p.14). How this was achieved by individuals in their study is not known and needs to be a focus of further research.

Gender identity and sexuality are the area in which pastoral care workers in Australia are least confident in providing spiritual care. In 2017, 63% of Australian clergy and pastoral workers reported feeling inadequately equipped to provide providing care and counselling in this area, more than for any other pastoral issue (AIFC, 2017). Given that all religious communities will include LGBTQA + members, religious workers need to be better equipped to provide safe and appropriate pastoral support to LGBTQA + people. Best and Weerakoon (2021), who studied experiences of gender incongruity in Christian churches, found that many respondents were rejected by their congregations, despite wanting to maintain faith, and were left alone to deal with their theological and identity questions. Many of their respondents were also 'frustrated at the amount of misinformation they found in churches, which they believed made their situation even harder than it should have been' (p.10). Best and Weerakoon identified addressing this knowledge deficit in religious organisations as a matter needing attention, and also that churches 'need to be more gracious and empathetic in their care' of those struggling to integrate their identity (p.14). This study's findings about the nature and range of moral injury, religious trauma and spiritual harm experienced by LGBTQA + people in religious contexts highlights the urgency of this need.

7. Limitations

Some limitations of this study should be noted. A significant proportion of the sample were recruited from survivor support groups and retained involvement in organised religion. The time spent in professional psychological therapy and peer support prior to interview mean that they may have been further along in recovery and more articulate about their experiences than other survivors (Dickinson, 2021). Engaging in peer support groups may indicate that these individuals had experienced more harm than other LGBTQA + people with experience of change or suppression practices. Their involvement in these groups may also mean that they were more highly motivated to improve the care of survivors and the pastoral practices of non-LGBTQA + affirming religious organisations. Without further research, it is not known to what extent their experiences of spiritual harm and recovery were generalisable.

8. Conclusion

Around the world there is a growing interest in curbing the harms occasioned by attempts to change or suppress LGBTQA + individuals' sexual orientations and gender identities. While rates of mental ill-health attendant to LGBTQA + conversion practices have been well documented in quantitative studies, the spiritual impacts of these practices have received less attention. This paper showed that these spiritual harms can be equally severe and worthy of attention by professionals. In order to support survivors of these practices in their recovery, mental health and spiritual care workers need to attend to critical social and cultural factors, particularly the religious histories and spiritual needs of LGBTQA + clients. For mental health workers, this requires more active engagement with clients' religious experiences than is common in Australia. For spiritual care providers, this requires being equipped to provide support in the areas of sexuality and gender identity, an area that few in Australia are currently competent. A focus on LGBTQA + people's spiritual agency and the moral injury and religious trauma associated with LGBTQA + conversion practices may open productive dialogue about survivors' spiritual harms and paths of recovery.

Credit author statement

Timothy W. Jones: Conceptualization, Investigation, Formal analysis, Writing – original draft, Project administration, Funding acquisition **Jennifer Power:** Conceptualization, Methodology, Investigation, Writing – review & editing **Tiffany M. Jones:** Conceptualization, Methodology, Investigation, Writing – review & editing.

Declaration of competing interest

None.

References

Alempijevic, D., Beriashvili, R., Beynon, J., Birmanns, B., Brasholt, M., Cohen, J., Duque, M., Duterte, P., van Es, A., Fernando, R., Fincanci, S.K., Hamzeh, S., Hansen, S.H., Hardi, L., Heisler, M., Iacopino, V., Leth, P.M., Lin, J., Louahlia, S., Viera, D.N., 2020. Statement on conversion therapy. J. Forensic Legal Med. 72, 101930. https://doi.org/10.1016/j.jflm.2020.101930.

APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009. Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. American Psychological Association, Washington, DC.

Australian Institute of Family Counselling [AIFC], 2017. Get Equipped: Responding to the Growing Mental Health Needs in Our Churches and Communities. Australian Institute of Family Counselling Report.

Australian Psychological Society, 2010. Ethical Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients. Australian Psychological Society, Melbourne.

Beckstead, A.L., 2012. Can we change sexual orientation? Arch. Sex. Behav. 41, 121–134.

Berg, R., Munthe-Kaas, H., Ross, M., 2016. Internalized homonegativity: a systematic mapping review of empirical research. J. Homosex. 63 (4), 541–558.

Best, M., Weerakoon, P., 2021. The experience of gender incongruity in the christian church: a qualitative study. J. Relig. Health. https://doi.org/10.1007/s10943-021-01281-y.

Bishop, A., 2019. Harmful Treatment: the Global Reach of So-Called Conversion Therapy. OutRight Action International, New York.

Blosnich, J.R., Henderson, E.R., Coulter, R.W.S., Goldbach, J.T., Meyer, I.H., 2020. Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016-2018. Am. J. Publ. Health 110 (7), E1–E1030.

Bothe, J., 2020. It's Torture, Not Therapy: A Global Overview of Conversion Therapy: Practices, Perpetrators, and the Role of States. International Rehabilitation Council for Torture Victims (IRCT).

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qual. Res. Psychol. 3 (2), 77–101.

Braun, V., Clarke, V., 2021. Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. Counsell. Psychother. Res. J. 21, 37–47.

Brooks, E.M., 2020. The disenchanted self: anthropological notes of existential distress and ontological insecurity among ex-mormons in Utah. Cult. Med. Psychiatr. 44 (194), 193–213. https://doi.org/10.1007/s11013-019-09646-5.

Carey, L.B., Hodgson, T.J., Krikheli, L., Soh, R.Y., Armour, A.R., Singh, T.K., Impiombato, C.G., 2016. Moral injury, spiritual care and the role of chaplains: an exploratory scoping review of literature and resources. J. Relig. Health 55 (4), 1218–1245.

Cerbone, A., Danzer, G., 2017. The case of abel: religion as boon and bane for a catholic gay man. J. Clin. Psychol. 73 (8), 985–991.

Charmaz, K., 2006. Constructing Grounded Theory: A Practical Guide through Qualitative Analysis. Sage.

Cornell University, 2017. What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm? Ithaca. In: What We Know Project, Center for the Study of Inequality. Cornell University, December.

Cowen, S., 2016. Homosexuality, Marriage and Society. Connor Court, Redland Bay.

Csabs, C., Despott, N., Morel, B., Brodel, A., Johnson, R., 2020. SOGICE survivor statement. Sydney and Melbourne: Brave. In: SOGICE Survivors, Equal Voices & MGA Counselling.

Dickinson, S., 2021. Post-traumatic growth in the twenty-first century: how current trends may threaten our ability to grow after trauma. J. Posit. Psychol. 16 (4), 503–511. https://doi.org/10.1080/17439760.2020.1752782.

Farnsworth, J., 2014. The role of moral emotions in military trauma: implications for the study and treatment of moral injury. Rev. Gen. Psychol. 18 (4), 249–262.

Green, A.E., Price-Feeney, M., Dorison, S.H., Pick, C.J., 2020. Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. Am. J. Publ. Health 110 (8), 1221–1227. https://doi.org/10.2105/AJPH.2020.305701.

Ginwright, S., 2018. The future of healing: shifting from trauma informed care to healing centred engagement. Medium 1. June. https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c. (Accessed 2 December 2020).

Global Project Against Hate and Extremism [GPAHE], 2022a. Conversion Therapy Online: the Ecosystem. The Global Project Against Hate and Extremism, Montgomery, AL.

Global Project Against Hate and Extremism [GPAHE], 2022b. Conversion Therapy Online: the Players. The Global Project Against Hate and Extremism, Montgomery, AL.

Goodyear, T., Kinitz, T., Dromer, E., Gesink, D., Ferlatte, O., Knight, R., Salway, T., 2021. They want you to kill your inner queer but somehow leave the human alive": delineating the impacts of sexual orientation and gender identity and expression change efforts. J. Sex. Res. https://doi.org/10.1080/00224499.2021.1910616.

Gonsoriek, J., 2004. Reflections from the conversion therapy battlefield. Counsel. Psychol. 32 (5), 750–759.

Haldeman, D.C., 2002. Therapeutic antidotes: helping gay and bisexual men recover from conversion therapies. J. Gay Lesb. Psychother. 5 (3–4), 117–130.

Haldeman, D., 2004. When sexual and religious orientation collide: considerations in working with conflicted same-sex attracted male clients. Counsel. Psychol. 32 (5), 691–715.

Hammoud-Beckett, S., 2007. Azima ila Hayati - an invitation in to my life: narrative conversations about sexual identity. Int. J. Narrat. Therap. Commun. Work 1, 29–39.

Holton, J., 2010. The coding process and its challenges, grounded theory review. Int. J. 9 (1), 21–40.

Horne, S., McGinley, M., 2022. Sexual orientation change efforts and gender identity change efforts in international contexts: global exports, local commodities. In: Haldeman, D. (Ed.), The Case against Conversion "Therapy": Evidence, Ethics and Alternatives. American Psychological Association. https://doi.org/10.1037/0000266-000.

Hurren, K., 2020. Ending Efforts to Change Sexual Orientation, Gender Identity & Gender Expression. Community-based research centre, Vancouver.

Jennings, M., 2018. Impossible subjects: LGBTIQ experiences in Australian pentecostal-charismatic churches. Religions 9 (2), 53–68.

Jones, T., Power, J., Hill, A.O., Despott, N., Carmen, M., Jones, T.W., Anderson, J., Bourne, A., 2021a. Religious conversion practices and LGBTQA+ youth. Sex. Res. Soc. Pol. https://doi.org/10.1007/s13178-021-00615-5.

Jones, T.W., Brown, A., Carnie, L., Fletcher, G., Leonard, W., 2018. Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia. GLHV@ARCSHS and the Human Rights Law Centre, Melbourne.

Jones, T.W., Jones, T.M., Power, J., Despott, N., Pallotta-Chiarolli, M., 2021b. Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Keane, C., 2001. What Some of You Were: Stories about Christians and Homosexuality. Matthias Media, Sydney.

Kinitz, D.J., Salway, T., Dromer, E., et al., 2021. The scope and nature of sexual orientation and gender identity and expression change efforts: a systematic review protocol. Syst. Rev. 10, 14. https://doi.org/10.1186/s13643-020-01563-8.

Knight, A., Wilson, E., Ward, D., Nice, L., 2019. Examining religious disaffiliation through a family systems lens: implications for treatment. J. Couple & Relatsh. Ther. 18 (2), 170–187, 03 April.

Kopacz, M.S., Ducharme, C., Ani, D., Atlig, A., 2017. Towards a faith-based understanding of moral injury. J. Past. Care Counsel., December 71 (4), 217–219.

Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., Maguen, S., 2009. Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. Clin. Psychol. Rev. 29 (8), 695–706.

McCann, E., Donohue, G., Timmins, F., 2020. An exploration of the relationship between spirituality, religion and mental health among youth who identify as LGBT+: a systematic literature review. J. Relig. Health 59, 828–844.

McPhillips, K., 2018. Soul murder": investigating spiritual trauma at the royal commission. J. Aust. Stud. 42 (2), 231–242. https://doi.org/10.1080/14443058.2018.1458329.

Morrow, D.F., 2003. Cast into the wilderness: the impact of institutionalized religion on lesbians. J. Lesb. Stud. 7 (4), 109–123. https://doi.org/10.1300/J155v07n04_07, 119-20.

Nakashima, R., Lettini, G., 2012. Soul Repair: Recovering from Moral Injury after War. Beacon Press, Boston.

Oakley, L., Humphreys, J., 2018. Understanding spiritual abuse in christian communities. https://thirtyoneeight.org/media/2185/spiritualabusesummarydocument.pdf. (Accessed 16 March 2022).

Ozanne Foundation, 2018. National faith and sexuality survey. https://ozanne.foundation/faith-sexuality-survey-2018/. (Accessed 10 November 2020).

Pallotta-Chiarolli, M., Pease, B., 2014. Recognition, resistance and reconstruction: an introduction to subjectivities and social justice. In: Pallotta-Chiarolli, M., Pease, B. (Eds.), The Politics of Recognition and Social Justice: Transforming Subjectivities and New Forms of Resistance. Routledge, London, pp. 1–23.

Peterson, B.N., 2017. Religious Estrangement and Return in the Experience of Queer Persons. PhD. Pastoral Theology, Garrett-Evangelical Theological Seminary, Evanston Illinois.

Plante, T., 2022. The role of religion in sexual orientation change efforts and gender identity change efforts. In: Haldeman, D. (Ed.), The Case against Conversion "Therapy": Evidence, Ethics and Alternatives. American Psychological Association. https://doi.org/10.1037/0000266-000.

Rosik, C.H., Lefevor, G.T., McGraw, J.S., Beckstead, A.L., 2021. Is conservative religiousness inherently associated with poorer health for sexual minorities? J. Relig. Health. https://doi.org/10.1007/s10943-021-01289-4.

Ryan, C., Toomey, R.B., Diaz, R.M., Russell, S.T., 2020. Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment. J. Homosex. 67 (2), 159–173.

Salway, T., Ferlatte, O., Gesink, D., Lachowsky, N.J., 2020. Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. Can. J. Psychiatr. July 65 (7), 502–509.

Schlosz, D.J., 2020. The Impact of Reparative Therapy on Gay Identity Development. PhD, Counselling. The University of Texas at San Antonio.

Serovich, J., Craft, S., Toviessi, P., Gangamma, R., McDowell, T., Grafsky, E., 2008. A systematic review of the research base on sexual reorientation therapies. J. Marital Fam. Ther. 34 (2), 227–238.

Shay, J., 2011. Casualties, daedalus. J. Am. Acad. Arts Sci. 140 (3), 179–188.

Stone, A., 2013. Thou shalt not: treating religious trauma and spiritual harm with combined therapy. Group 37 (4), 323–337, 1 December.

Streed, C.G., Anderson, J., Babits, C., Ferguson, M.A., 2019. Changing medical practice, not patients - putting an end to conversion therapy. N. Engl. J. Med. 381 (6), 500–502.

The Trevor Project, 2020. National Survey on LGBTQ Youth Mental Health. https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf. (Accessed 16 March 2022).

UK Government Equalities Office, 2018. National LGBT Survey: Research Report (Manchester).
UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity [UN IESOGI], 2020. Practices of So-Called "Conversion Therapy". A/HRC/44/53.
Waidzunas, T., 2015. The Straight Line: How the Fringe Science of Ex-gay Therapy Reoriented Sexuality. University of Minnesota Press, Minneapolis, MN.
Winell, M., 1993. Leaving the Fold: A Guide for Former Fundamentalists and Others Leaving Their Religion. Apocryphile Press, Berkeley, CA.
Winell, M., 2012. Recovery from Harmful Religion: Religious Trauma Syndrome. Retrieved from. http://marlenewinell.net.