

New research documents the severity of LGBTQA+ conversion practices—and why faith matters in recovery

April 7 2021, by Timothy W. Jones, Jennifer Power and Tiffany Jones



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[New research](#) reveals the harms of religion-based LGBTQA+ conversion practices are more severe than previously thought. People who have been harmed by attempts to change or suppress their sexuality or gender identity are often left with chronic, complex trauma and face a long

journey of recovery.

This is also believed to be the first study anywhere in the world to include [mental health practitioners](#) and consider the effects of a wider range of [conversion](#) practices beyond formal "therapies."

It's been a long time since Australian and international [health](#) authorities [regarded](#) LGBTQA+ identities as mental illness needing a "cure."

Yet, at least one in ten LGBTQA+ Australians is still vulnerable to religion-based pressures to attempt to change or suppress their sexuality or gender identity. Such conversion practices have been reported in communities of almost all religious and cultural backgrounds.

This is why Australian states are gradually moving towards banning the practice. In February, Victoria [passed](#) a comprehensive law that would prohibit LGBTQA+ conversion practices in both healthcare and religious settings.

Other state laws are not going far enough. Last year, Queensland [passed](#) a narrowly focused law that prohibited health service providers from performing so-called conversion therapy.

However, research has shown formal "therapies" with registered health practitioners are only a small part of the harmful conversion practices experienced by LGBTQA+ people in [Australia](#), and [elsewhere](#).

What conversion practices include

Such [conversion practices](#) can include formal programs or therapies in both religious and healthcare environments. However, they more often involve informal processes, including pastoral care, interactions with religious or community leaders, and spiritual or cultural rituals.

In all of these practices, LGBTQA+ people are told they are "broken," "unacceptable" to God(s) and need to change or suppress their identities in order to be accepted.

Many LGBTQA+ people live in fear of the spiritual, emotional and social consequences of not being able to "heal" or "fix" themselves, which may include loss of faith, family and community.

Research to date has proven that conversion practices are ineffective and unethical. These practices [do not reorient a person's sexuality or gender identity](#).

Further, they are in breach of professional medical ethics.

How conversion therapies affect people

Until now, however, we have had only a limited understanding of the harms of conversion practices on LGBTQA+ people and what survivors need to recover and heal from these programs.

In research conducted in 2016 and 2020, we interviewed 35 survivors of conversion practices and 18 mental health practitioners. Our study had a significantly more diverse cohort of [survivor](#) participants than previous studies, including people from cultural and gender minority groups.

We found the harms experienced by survivors of both formal and informal conversion practices can be severe. Health practitioners described it as "chronic trauma" or a "complex trauma experience," with survivors having "the symptoms of PTSD [post-traumatic stress disorder]".

Many survivors described struggling with suicidal thoughts, major mental health issues, grief and loss, self-hatred and shame. As one

cisgender gay man, aged 40, recalled: "I nearly had a breakdown trying to keep repressing my sexuality [...] I was very, very mentally unwell for a significant time [...] I had been spiritually abused."

One counselor described the experience of conversion therapies as: "a life of being constantly bombarded with the message that you're not right or that you're broken or that you're flawed. And it has all the hallmarks of someone who's been to a war zone."

What type of support survivors need

After LGBTQA+ people undergo these types of conversion therapies, we found they have complex needs in recovery, dealing with such things as:

- grief, loss and religious trauma
- improving self care
- correcting misinformation about LGBTQA+ people and communities
- repairing and rebuilding their social support and community networks
- navigating their relationships with faith.

Professional mental health support is essential, participants explained. As one cisgender lesbian, age 50, told us, "If it hadn't been for my ability to access really good quality, professional counseling, I would have killed myself several times over by now."

Why recovery must include discussions of faith

Unfortunately, the LGBTQA+ people in our study experienced numerous barriers to seeking and accessing mental health support,

including:

- not being able to afford it
- mistrust of health professionals due to their experiences with conversion practices
- reluctance to disclose their involvement in conversion practices because of shame
- a lack of confidence in health practitioners' ability to deal with trauma at the intersection of religion, culture, sexuality and/or gender identity.

Strikingly, both survivors and health practitioners reported a reluctance to raise faith and spirituality in their recovery therapy. For example, one psychologist reflected, "A lot of the time, we don't ask about spirituality. They come in because they've got anxiety, depression. And we might ask [...] about suicidality, we ask about substance use, but we need to take it further and ask about their spirituality."

We ask about sex, which is really quite personal, and yet, a lot of time, I don't know, we're reluctant to ask about spirituality.

Many survivors reported negative experiences in recovery of counselors assuming that being LGBTQA+ and having religious faith were incompatible. One cisgender, 35-year-old gay man told us, "It's like, "Oh, great, you're out of that [...] You don't want any of that religious stuff. Let's help you to be a balanced secular person," rather than embracing the whole spectrum of faith and where you are."

And another transgender bisexual woman, aged 26, said, "My first psychiatrist [...] tried to convince me that being religious was delusional. I never went back to see her."

Such comments unhelpfully reinforce the false messages that

LGBTQA+ people are told in conversion practices—that being LGBTQA+ and having faith are incompatible.

All survivors needed help balancing the relationship between their LGBTQA+ identity and their faith, family and culture.

For some, healing did mean leaving faith. For others, it was finding a faith community that accepted their LGBTQA+ identity. And for others, it was about learning how to develop healthy boundaries that enabled them to navigate the different communities they belonged to.

How this research can help people

Our study has two main implications for supporting the recovery of people who have been harmed by LGBTQA+ conversion practices.

First, because our report details the severity and complexity of the trauma experienced by survivors, this can inform the very specific type of long-term care they will need in recovery.

Second, cultural and religious awareness are vital factors in supporting survivors' healing and recovery. Most survivors struggle to find mental health practitioners who appreciate their continuing connections to culture, faith and spirituality.

We recommend more training for health practitioners to be able to support survivors' recovery, including the integration of their spirituality and LGBTQA+ identity.

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