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Engaging Mental Health Service Providers to Recognize and Support Conversion Practice Survivors Through Their Journey to Recovery

Joel R. Anderson, *Australian Research Centre in Sex, Health, & Society, La Trobe University, and School of Behavioural and Health Sciences, Australian Catholic University*
Timothy W. Jones, *School of Humanities and Social Sciences, La Trobe University*
Jennifer Power, *Australian Research Centre in Sex, Health, & Society, La Trobe University*
Tiffany M. Jones, *School of Education, Macquarie University*
Nathan Despott, *Australian Research Centre in Sex, Health, & Society, The Brave Network, La Trobe University*
Maria Pallotta-Chiarolli, *Deakin University and Australian GLBTIQ Multicultural Council*
Percy Gurtler, *Australian Research Centre in Sex, Health, & Society La Trobe University*

Conversion practices include a range of efforts that attempt to change or suppress LGBTQA+ individuals' sexual or gender identity. Formal versions of these practices are occurring less frequently in Western settings, yet informal versions and the ideology underpinning them continue to cause psychological and spiritual harm to people who are subjected to them. As evidence for the harmful nature of conversion practices increases, and some governments and professional bodies are responding with measures that restrict their use, there is a growing need for the mental health sector to be engaged with these issues so that practitioners are appropriately prepared to recognize and support survivors in ways that are effective and affirming of sexual and gender diversity. In this paper, we review the state of the evidence concerning associated harms and their lack of efficacy in changing sexuality or gender identity, and highlight the changing nature of research in this space to focus on the negative impacts of conversion practices on survivors. We then discuss the evidence around mental health practitioners' knowledge and support capacity for conversion practices survivors. We close by commenting on specific features of therapeutic practices that can guide practitioners as they support survivors through the recovery process.

Conversion practices refer to a broad range of interventions that aim to change the sexual or gender identity of individuals who identify as part of the LGBTQA+ community (or who otherwise have nonheterosexual and noncisgender orientations). The desired outcomes of these practices are shifts towards cisgender and heterosexual identification (Glassgold, 2022; Haldeman, 1994), and they are based on an assemblage of moral, political, and pseudoscientific notions or claims (increasingly regarded as "conversion ideology"; Csabs et al., 2020), which posit that gender diversity and deviation from heterosexuality are the result of a "sexual brokenness" that can be "fixed" or "cured." (Jones, Jones, et al., 2021). The overarching goal of these practices is to facilitate identity and behavioral change, which can be achieved through sustained engagement with conversion practices until the individual is deemed "healed." Conversion practices may also aim to suppress an individual's LGBTQIA+ identity, which can involve denying, rejecting, or preventing expression of their diverse sexual orientation or gender identity altogether (Despott et al., 2022).

In this commentary, we review and assess the current state of the research exploring the harmful impacts of so-called conversion practices, with respect to effect on a person's experience of gender and sexuality and

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harm caused. We then present a summary of evidence of research about mental health practitioners' knowledge and perceptions of conversion practice survivors and their capacity to provide affirming care during their recovery. We then engage specifically with how the mental health sector could harness aspects of their therapeutic practices to support survivors as they engage with the recovery process. We aim to emphasize points for consideration for workers in the mental health care sector who may (knowingly or not) be working with survivors of conversion practices and would benefit from knowledge on how to best assist these individuals in their recovery.

Conversion Practices: Evidence of Their (Non–)Efficacy and the Nature of Relevant Research

Conversion practices take a range of forms. There is a prevailing assumption that conversion practices are primarily associated with formal conversion programs that are administered by faith-based organizations. These programs can take the form of group or one-to-one therapy or counseling, camps, or support groups. These formal practices are often the focus of media discussions surrounding conversion practices and are rooted in an historical legacy of viewing sexual minority identities and same-sex behaviors as pathologies. However, these formal conversion practices are becoming less prevalent, particularly in the context of formal practices targeting a person's sexual orientation (Adamson et al., 2020). This is likely because they are increasingly viewed as socially unacceptable and are subject to legal and ethical regulation. Instead, conversion practices are more commonly taking place in informal religious, faith-affiliated, or community-mediated settings. These can include pastoral care and support groups and interactions with religious leaders or family and friends, and also in faith-affiliated schools (Jones, 2020; Jones, Jones, et al., 2021). Practices also occur within secular cultural contexts, such as in healthcare or human services contexts. These can include traditional forms of therapy (e.g., psychotherapies) designed to change or suppress gender or sexuality, but also extends to less overt practices such as prohibiting or unnecessarily delaying gender-affirming health care (Gurtler, 2022; Wang et al., 2023). In most of these healthcare manifestations, conversion practices also contravene core regulatory ethical guidelines relating to professional competence and informed consent (including those put forth by the American Psychological Association, the American Medical Association, the World Health Organization, Amnesty International, etc.).

A large body of literature has explored the efficacy of conversion practices, and together they document that there is no substantial long-term evidence that conversion practices achieve their goals of sexual orientation/attraction or identity change or suppression (American Psychiatric Association, 2009; Anderson & Holland, 2015; Blosnich et al., 2020; Chan et al., 2022; Glassgold, 2022; UK Government Equalities Office, 2018). It is worth noting that a small series of studies have concluded otherwise; however, these have methodological limitations, such as biased and selective recruitment methods (e.g., Nicolosi et al., 2000) and problematic approaches to analysis (Sullins, 2022), which limits the internal validity and the generalizability of results. It is also likely that these studies reported sexuality or gender change, but were likely measuring sexuality or gender suppression (which participants in these studies likely felt obliged to report, akin to coercion). The lack of rigor in these studies has resulted in their dismissal for consideration in the debate around conversion practices efficacy (see Anderson & Holland, 2015; Glassgold & Haldeman, 2023; Goodyear et al., 2023; Meyer & Blosnich, 2022). In addition, there is a range of often-overlooked qualitative evidence from researchers in the field with lived experience which reveals with no uncertainty the lack of change resulting from their participation in conversion practices (Csabs et al., 2020; Venn-Brown, 2013, 2014; see also Jones et al., 2022).

Since the efficacy of conversion practices is typically no longer considered a question worthy of continued investigation, the literature on conversion practices now typically focuses on explorations of the impacts. For instance, Przeworski et al. (2021) conducted a systematic review which revealed that same-sex attracted people who had been exposed to conversion practices reported adverse mental health effects, including increased suicidality, depressive symptomology, and self-hatred. Importantly, the impacts of conversion practices span wider than simple impacts to mental health. Findings from the review also indicate that conversion practices exposure had negative impacts on a range of other factors including family dysfunction, the perpetuation of harmful stereotypes, and internalized homophobia (Przeworski et al., 2021). This review did not look at the impacts of conversion practices on trans or gender diverse people, however other researchers have argued that factors particular to gender identity conversion practices bring additional mental health burdens (Gurtler, 2022; Wang et al., 2023).

A mixed-methods systematic review and meta-analysis of the impacts of conversion practices was recently conducted. This comprised the synthesis of data from almost 90,000 participants across 36 studies

who had been exposed to a variety of (mostly formal) conversion practices (Anderson, Drury, et al., 2023). Unsurprisingly, the evidence overwhelmingly showed that conversion practices are harmful. Being exposed to conversion practices had nearly universally negative impacts on outcomes including depression, anxiety disorders, drug use, self-harm, and suicidality (a summary of the meta-analysed odds ratios is presented in Table 1). Specifically, negative outcomes were reported in all the quantitative research as well as the majority of qualitative literature—a limited amount of evidence from the qualitative research discussed that exposure to conversion practices resulted in some factors that are positive, including increases in self-love and personal growth; however, these occurred following the reports of trauma caused by the exposure. Taken together, the literature shows that attempts to change or suppress sexual orientation or gender identity are not only unsuccessful but also cause harmful and long-term impacts to individuals' mental and emotional well-being.

Existing Mental Health Sector Knowledge and Support Capacity for Conversion Practice Survivors

A burgeoning trend in the literature has seen researchers shifting their attention towards recovery for survivors of conversion practices. In part, this research has involved work with survivors who commonly report needing support from the mental health sector to deal with a range of mental health and well-being impacts (Haldeman, 2004; Jones, Power, & Jones, 2022; Przeworski, Peterson, & Piedra, 2021; Schlosz, 2020). Some of these are common to survivors from a range of traumatic events, such as grief associated with the impairment of relationships (with family, faith community, etc.), sex and relationship issues, complex trauma, and posttraumatic stress. Others of these are specific to those surviving conversion practices including religious trauma, deep shame and guilt about sexuality and gender identity. Beyond recovery needs focusing on mental health, the literature also commonly reports broader well-being and social impacts that the mental health sector could play a role in facilitating recovery. For instance, survivors have reported struggles with recovering from the impact that conversion practices has had on their civic participation, ability to study and work, integration of their faith or religion with their sexuality and/or gender, and heightened sexual risk taking (Csabs et al., 2020; Jones, 2020; Jones, Power, & Jones, 2022; Przeworski, Peterson, & Piedra, 2021; Schlosz, 2020).

Survivor-based reports about recovery share a common narrative—that recovery is complicated, ongoing, and multifaceted and requires substantial support. Typically, participants in the literature report receiving support from other survivors and from friends (and sometimes family), which was beneficial. However, participants also frequently report that their recovery process benefited from having structured and formal supports in place—on the proviso that these were supports that were affirming of their sexuality and/or gender identity (Csabs et al., 2020; Dromer et al., 2022; Jones et al., 2021). A recent narrative synthesis on the literature reporting research with survivors about their conversion practices recovery (Jones et al., 2021) revealed a relatively small body of literature that contained several consistently emerging themes. These included: the need for survivors to restore trust in the mental health sector; specialized support for grief and loss of relationships and ties to family, community, and faith; reeducation around sexuality and gender identity to correct narratives learned during exposure to conversion practices; assistance needed to establish and foster affirming social networks; intimacy and sexual dysfunction support; repair to self-concept, and; support in the integration of sexuality/gender identities with spirituality (e.g., Haldeman, 1994; Lutes & McDonough, 2012; Schlosz, 2020; Schroeder & Shidlo, 2002). Each of these themes is clearly relevant for a wide range of mental health service providers and others working in the mental health sector if they were working with clients who are conversion practice survivors.

Table 1
Summary of the Meta-Analysed Effects Using Odds Ratios (from Anderson, Drury, et al., 2023; Anderson, Power, et al., 2023)

Impact	Odds Ratio [95% CI]	$N_{exposed}$	$N_{non\text{-}exposed}$	*p*
Anxiety	2.49 [1.81, 3.17]	497	6,991	<.001
Alcohol Use	1.11 [1.04, 1.18]	26,971	26,258	.011
Depression	2.47 [2.01, 2.94]	1,457	18,122	<.001
Drug Use	1.56 [1.09, 2.03]	26,932	25,532	<.001
Self-Harm	1.71 [0.30, 3.13]	346	6,300	.018
Suicide Attempt	2.70 [2.02, 3.32]	27,311	49,521	<.001
Suicide Ideation	2.29 [1.71, 2.90]	27,323	49,713	<.001
Suicide Planning	1.80 [1.14, 2.47]	1,425	11,505	<.001

The other part of the literature on recovery for survivors of conversion practices has involved work with practitioners from the mental health sector. This is a smaller body of literature still, which has typically focused on practitioner knowledge about conversion practices and their capacity to work with survivors in trauma-informed and affirming ways. In Australia, researchers have conducted a series of interviews with mental health practitioners working in a variety of clinical modalities, and with various levels of experience in working with clients who are conversion practice survivors (Anderson, Power, et al., 2023; Jones et al., 2021). The data revealed very clearly that practitioners who did not knowingly have experience working with survivors had a very limited understanding of conversion practices. They were reliant on inaccurate media portrayals and stereotyped assumptions, and in addition had an underdeveloped understanding of the impacts caused by conversion practices. Conversely, practitioners with significant experience working with survivors had advanced knowledge of the nature and scope of contemporary conversion practices (that aligned with those reported by survivors), had a nuanced understanding of the depth and severity of harms caused by exposure to these practices, and understood the need for affirmative and sustained levels of support to guide recovery.

The Australian research findings align with qualitative findings from Canada that reported participants value educated and informed mental health practitioners in their recovery process—more specifically, there were reports that experienced and affirming health professionals were able to facilitate recovery in their clients by helping with processing their trauma and overcoming other difficulties related to exposure to conversion practices (Dromer et al., 2022). Both teams of researchers found that well-resourced peer-support is beneficial to some survivors. Finally, there is evidence in the literature about the importance of having trauma-informed support available for survivors (see Power et al., 2022). This aligns with practitioner-researchers who have extensive experience in working with survivors who have argued for the importance of client work that focuses on grief (to deal with the loss of family, friends, and/or community) and interpersonal relationships during recovery (Haldeman, 1994, 2004; Horner, 2010).

Points for Consideration by Mental Health Practitioners When Working With Clients

Any discussion of conversion practices with mental health practitioners must be grounded in the knowledge that most mental health professional organizations have issued statements vehemently opposing conversion therapy (see above). This is based on the combination of knowledge that the goal of "conversion" is not achieved and instead typically leads to significant psychological distress (and of particular concern is elevated rates of depression, anxiety, and suicidal ideation (Anderson, Drury, et al., 2023; Jones, Power, et al., 2021; Przeworski, Peterson, & Piedra, 2021). However, despite being a global issue, a range of factors (such as nonadherence to ethical codes for nonregistration disciplines, legislation variation between jurisdictions, etc.) mean that various formal and informal conversion practices continue to be enacted around the world (Alempijevic et al., 2020; Anderson, Drury, et al., 2023; Glassgold, 2022; Wang et al., 2023). Thus, the underlying aim of this paper is to engage with practitioners working in the mental health sector, to empower them to be informed about how to identify clients who might be conversion practices survivors (or participants), how to become educated on the topic, and how to recognize the limits of their practice when helping survivors through recovery.

The literature clearly demonstrates the need for competent practitioners who have specific skills in working with conversion practice survivors. Some evidence-based nonacademic outputs have begun to emerge, which have been generated from lived experience data provided by survivors, advocates, and mental health care practitioners. For instance, researchers have developed guidelines to help mental health care workers (Despott et al., 2022) and pastoral care providers (Jones et al., 2023) to triage survivor clients to assist their short-term goals, and to determine if they have capacity to work with these clients themselves and when to refer them to a practitioner with specialist skills and knowledge in this area. In addition, there is a substantial evidence base on trauma-informed practice for mental health care practitioners who are working with LGBTQA+ clients (Cottrell et al., 2023; Livingston et al., 2020; McCormick et al., 2018). However, there is little research directly exploring treatment efficacy and acceptability in the case of treating trauma for survivors of conversion practices (despite there being an urgent and obvious need; see Power et al., 2022). Below, we discuss some issues for consideration in supporting survivors through recovery, yet we caution that these are based on a broad evidence base (and not on evidence specific to survivors).

In regards to choice of modality, we suggest that practitioners consider the specific components of their therapeutic approaches of choice. For instance, most talk-therapies rely on memory and recall, which has the potential to be retraumatizing for survivors

(Duckworth & Follette, 2012). Instead, therapeutic modalities that rely on challenging cognitions about their experiences might be more beneficial. For instance, cognitive behavioral therapies are likely to be effective in this space, because this can involve reframing emotions and thoughts about the conversion practice events (rather than minimizing the experiences; see Cohen et al., 2000). Similarly, approaches that focus on looking at factors of the client's experience that are in their control (such as Acceptance and Commitment Therapy and other acceptance-based approaches) or that rely on bringing clients into a cognizant state about their own bodies (such as touch therapies) could be useful in desensitizing heightened and reactive emotional responses to their memories of conversion practices involvement (e.g., if triggered unexpectedly; see Chambers et al., 2009; Neacsiu et al., 2014).

Finally, certain therapeutic approaches can be used with clients to allow them to practice how they might take control of their responses to memories of conversion practices. For instance, Meditation-Based Stress-Reduction Therapies could be practiced by clients to recognise heightened emotional states, such as panic attacks, and take control of them through mindful breath work, and recognising that they are not in the same position or environment that they were in during their conversion practice experience (e.g., Fjorback & Walach, 2012; Sharma & Rush, 2014). The common thread through this discussion is that practitioners should aim for therapeutic practices that empower survivors with new strategies for coping, rather than minimising the experience, so that they are equipped to manage their trauma history in a safe and effective manner (Hammoud-Beckett, 2022; Power et al., 2022).

Concluding Remarks

Taken together, the literature shows that conversion practices are unsuccessful in changing sexuality or gender identity, and instead cause deep and prolonged harm. This paper serves as a call for the mental health sector to engage with the growing evidence base about survivor recovery. We encourage practitioners to become educated on these issues so that they can recognize and support conversion practice survivors through their journey to recovery. The literature shows that structured and affirming support processes are an important aspect of healing and recovery for conversion practice survivors. In addition to the therapeutic benefits of accessing such services, these services provide survivors with a safe space to heal, while providing the appropriate tools to do so. While the evidence on psychosocial interventions available to this population are scarce (Horner, 2010; Jones et al., 2021), we call for practitioners to engage in evidence-based practice that is affirming and trauma-informed in order to ensure that survivors receive the tailored support needed for effective recovery.

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Address correspondence to Joel R. Anderson, Australian Research Centre in Sex, Health, & Society, La Trobe University, Building NR6, Bundoora Campus, Victoria 3086, Australia. e-mail: joel.anderson@latrobe.edu.au.

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