Preventing and addressing the harm caused by sexual orientation and gender identity change efforts

A brief submitted to the Standing Committee on Health for the Committee's study of LGBTQ2 Health in Canada

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Summary

Sexual orientation and gender identity change efforts (SOGICE) are practices intended to change, reorient, shift, minimize, or suppress feelings of sexual attraction to members of the same sex or feelings of dissonance between one's biological sex assigned at birth and gender identity. While individuals may indicate that their experiences of sexual attraction or gender dysphoria are unwanted, and therefore consent to attempts to change them, it is often the case that the lack of self-acceptance is a consequence of internalized homophobia or transphobia connected to the projection of religious beliefs that label such experiences as sinful.

SOGICE are associated with numerous psychological and spiritual harms, including shame, poor self-esteem, self-hatred, depression, anxiety, problematic substance use, and suicide ideation, attempts, and death by suicide. Survivors of SOCICE report profound disruption in employment, personal finances, and relationships. Many survivors entered mixed-orientation marriages that ended in painful separation and divorce. As the narratives of survivors have become more easily accessible, SOGICE have been universally condemned by many professional bodies, including the Canadian Psychological Association.

Despite the clear evidence of harm and lack of support by respected credentialing bodies, SOGICE continue in Canada today, often in uncredentialled religious contexts. A conservative estimate suggests that as many as 20,000 sexual and gender minorities have been affected by these discredited practices. As long as these practices continue, vulnerable sexual and gender minority youth and adults will be harmed.

We therefore recommend: 1) a federal ban on SOGICE through the criminal code; 2) mounting a national education campaign to ensure that parents and vulnerable individuals understand the traumatic effects of SOGICE; 3) provision of resources to support the recovery of SOGICE survivors; 4) provision of resources to grassroots faith-based organizations to do the work of educating and holding religious leaders accountable to prevent the harm of SOCICE and 5) ensure that compulsory classes on sexuality, that include information about the harm of SOGICE, are introduced in all primary and secondary schools across the country.

Background

Generous Space Ministries became a Canadian corporation and received charitable status in 1985 under the name New Beginnings and later New Direction for Life Ministries of Canada. From 1985 until 2004, the organization employed therapists who practiced conversion therapy. The organization ran ex-gay support groups that encouraged sexual orientation and gender identity change efforts (SOGICE) until the mid 2000's. In those years, hundreds of sexual and gender minority individuals attempted to change their innate sexual orientation or address their gender dysphoria through spiritual and therapeutic means.

Executive Director, Wendy VanderWal Gritter, served as the Exodus regional representative for Canada from 2003 – 2006 and challenged the Exodus network discontinue SOGICE. In 2013, Exodus International finally shut down and acknowledged the ineffectiveness and harmful effects of SOGICE. VanderWal Gritter is the only Canadian to participate in the Former Ex-Gay

Leaders Alliance (FELA). Please see the Appendix at the end of this brief for a powerful statement from FELA.

Prompted by hearing the traumatic narratives of survivors of conversion therapy/ex-gay efforts, organizational leadership changed the focus of programming to self-acceptance and affirmation and began the painful work of acknowledging its responsibility in causing harm, extending apologies, offering support to SOGICE survivors, and engaging in the work of prevention of SOGICE.

In the last five years the organization has launched over 30 groups across Canada that connect LGBTQ2SIA+ people in community where their sexuality, gender, and spiritual journeys are fully affirmed. In the context of these communities, the organization engages with several generations of survivors of SOGICE.

After years of engaging the stories of survivors of SOGICE, we are convinced that we must do everything we can to ensure that vulnerable people are not subjected to attempted exorcisms, shame-inducing aversion techniques, implications of discredited psycho-analytic theories related to family dynamics, and pseudo-therapeutic practices that abuse an individual's autonomy by not allowing any consideration of self-acceptance and embrace of one's sexual orientation or gender identity as a valid and life-giving way to integrate faith, gender, and sexuality.

In addition to years of public apologies through media interviews, practicing restorative justice one-on-one with ex-gay survivors, offering ongoing pastoral care and peer support to survivors, consistently acknowledging and apologizing for participation in harmful practices in the ministry's past at current ministry events, and advocating within the Christian religious community to cease any spiritual or psycho-therapeutic practices for the purpose of SOGICE, the ministry has taken a stronger advocacy role in the last year. We challenged people to sign the federal petition presented this past February and wrote a letter to Prime Minister Justin Trudeau in support of the petition and seeking additional protections and reparations. We are currently preparing a national social media campaign that will invite religious leaders to sign a statement to "stop the harm" of SOGICE.

This brief is largely based on the experience of survivors within the Generous Space community and focuses on SOGICE within religious, most commonly Christian, contexts.

Problem statement

SOGICE, in religious contexts, are perpetrated by ordained and lay religious leaders with devastating consequences. The victims of such practices may be minors brought to religious leaders by parents. Other victims are vulnerable adults immersed in religious systems that make it very difficult to recognize the potential harm of the practices they submit to. Most of the perpetrators of these practices are not credentialled by any professional health associations. The religious bodies they are accountable to are, if not overtly supportive of such practices, complicit in such practices. Such practices are difficult to expose, difficult to prevent, and difficult to affect by legislation. In research from the U.S, more than 50% of SOGICE was practiced in religious

settings, by religious leaders, pastoral counselors, or other religious community members without any designated leadership or professional affiliations. Given the context of LGBTQ+ civil rights and higher levels of social acceptance and affirmation in the Canadian context, it is our contention that this percentage would actually be higher in Canada. Credentialled healthcare professionals are less likely to even consider offering SOGICE in Canada than in the U.S. and therefore, the majority of SOGICE experiences are within religious contexts. Despite the challenges in identifying the precise source, SOGICE continue to be experienced by vulnerable Canadians and contribute significantly to multiple health inequities—particularly relating to mental health and substance use—that burden sexual and gender minority[a] Canadians.

Research on exposure to SOGICE has identified the following negative health consequences:

- Suicide ideation, attempts, and death by suicide
- Anxiety
- Depression
- Poor self-esteem; self-hatred
- Problematic substance use
- Loneliness

In addition, survivors experience profound disruption in:

- Family relationships
- Faith commitments
- Connection to community

These multi-faceted health consequences may be experienced for many years beyond exposure to SOGICE and survivors may be unable to seek support due to ongoing religious expectations and the internalized shame and self-loathing.

One survivor wrote of his experience this way: *"After 5 years in the Generous Space community, I continue to experience visceral barriers to dating men. I still cringe when guys kiss each other in movies. Any effeminate affectations continue to cause deep revulsion in my heart and I now hate myself for my inability to get over my own homophobia. I found a man that I could love because of our shared faith, humour, outlook ... but this man's effeminate affectations caused me to feel involuntary revulsion and the "come hither/go away" experience of the man I was dating caused him to end it. I feel deeply alone and hopeless, fearing that I will not be able to love another man after 3 decades of hating the gay man I saw in the mirror every day. I can't stop checking myself, my posture, my gesticulating, my tone of voice, the speed of my speech when I speak, how I sit ... all of the rules of ex-gay ministry penetrated so deeply into my psyche that I notice myself noticing myself as a hangover from the constant self-vigilance of my formative years. I haven't found a cure for this hangover. I don't like being with myself. I can't befriend my worst enemy yet: the gay man that looks back at me from the mirror."*

[a] We define sexual minorities as those whose non-heterosexual identities, sexual behaviours, or romantic or sexual attractions make them susceptible to social stigma on the basis of their sexuality.[33] Gender minorities are defined as transgender and gender nonconforming people whose sex assigned at birth is different from their gender identity.[34]

Youth are particularly vulnerable to being compelled to participate in SOGICE, potentially against their will. Parents in religious systems may lack alternatives or adequate resources to support their sexual or gender minority children and may believe that SOGICE is the only appropriate response. SOGICE are inextricably linked to a lack of awareness of the harm, appropriate education about alternative responses, and structural supports available for sexual and gender minorities and their families.

Legislative Limitations

Currently in Canada, the provinces of Nova Scotia, Ontario, and Manitoba have legislation to control SOGICE specifically within healthcare. These laws are an important step toward preventing SOGICE in Canada, however, they are insufficient because they do not apply to SOGICE practiced in uncredentialed religious contexts. The present legal reality in Canada fails to provide comprehensive protection for sexual and gender minority youth and vulnerable adults.

Recommendations

Given that SOGICE continues to occur in Canada, contributing to high levels of depression, anxiety, problematic substance use, and suicide-related outcomes among vulnerable sexual and gender minorities, we recommend the following actions by the Canadian federal government, in the context of the Standing Committee on Health's Study of LGBTQ2 Health in Canada.

1. A federal ban of SOGICE through the Canadian Criminal Code.
    a. Such an amendment to the Criminal Code should take into account the diverse ways in which SOGICE are described, advertised, and defended. It will be attuned to ensure application to programs for those "struggling with unwanted same-sex attraction," "sexual healing" that is applied to sexual and gender minority individuals, programs based on discredited psycho-analytic theories of causation, and programs based largely on testimonies of supposedly-changed individuals.
    b. Such a ban should take care to clarify the distinction between SOGICE practices and services that affirm sexual and gender identity and support sexual and gender minorities in integrating their faith, gender, and sexuality.
    c. Because SOGICE is practiced in various settings and potentially advertised and delivered covertly, further provincial and municipal measures should be developed in addition to a federal ban.

2. Mount a national education campaign to ensure that youth, parents, and vulnerable individuals understand the traumatic effects of SOGICE.
    a. Given the difficulty in identifying specific sources of SOGICE, a national awareness and education campaign is crucial to prevent vulnerable individuals from submitting to SOGICE in contexts that have proven to be traumatic. (examples: attempts at exorcism, aversion techniques, accountability measures that isolate and shame, public shunning in religious contexts)

   b. We recommend that this campaign meaningfully involve the narratives of SOGICE survivors from ethnically and religiously diverse contexts.

3. Provision of resources to support the recovery of SOGICE survivors.
   a. As one of the primary faith-based providers of community and peer support for SOGICE survivors, Generous Space is keenly aware of the urgent need to identify specialized therapists, to create access to funding to support therapeutic services, and additional recovery programs.

4. Provision of resources to grassroots faith-based organizations to do the work of educating and holding religious leaders accountable to prevent the harm of SOCICE.
   a. Negotiating the tension between protection of vulnerable sexual and gender minorities and religious freedom requires that some of the work of prevention be accomplished by those inside religious communities.
   b. Organizations like Generous Space Ministries and the Canadian Coalition of Affirming Ministries have long-term relationships in the religious community (specifically Christian) in Canada and are well-positioned, but under-resourced, to educate and challenge clergy and lay leaders to cease SOGICE practices.

5. Ensure that compulsory classes on sexuality, that include information about the harm of SOGICE, are introduced in all primary and secondary schools across the country.
   a. The most vulnerable sexual and gender minority youth in religious contexts will have very little access to honest information about the harmful effects of SOGICE. It is crucial, therefore, that they receive scientifically sound, psychologically accurate information about sexual orientation, gender identity, and the inefficacy and harm of change efforts in their classrooms.

As many resilient SOGICE survivors demonstrate, integration of faith, gender, and sexuality in life-affirming and self-accepting ways results in positive health indicators. When sexual and gender minority individuals from restrictive religious contexts have access to affirming education and role models, many choose affirmative integration even at the cost of family and community rejection. Such individuals prove that awareness, education, support and resources can turn the tide and prevent the harm of SOGICE.

Religious liberty offers the freedom to believe and practice the tenants of one's faith. Religious liberty does not provide free reign to harm vulnerable individuals or remove their autonomy in making life-affirming decisions.

In solidarity with the thousands of SOGICE survivors in Canada, many of whom are still hidden and deeply struggling, and our own ongoing commitment to support survivors and educate, challenge, and hold accountable religious leaders, we urge federal action to eradicate the practice of SOGICE in Canada and tangibly contribute to the recovery of SOGICE survivors.

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Appendix
Statement from Former Ex-Gay Leaders Alliance (FELA)

Conversion Therapy, also known as “reparative therapy”, “ex-gay therapy,” or “sexual orientation change efforts” (SOCE), professes to help lesbian, gay, bisexual, and transgender people to change or overcome their sexual orientation or gender identity. The majority of those who practice this “therapy” often do so with little or no formal psychological training, operating instead from a strict religious perspective, believing homosexuality to be a “sin.”

At one time, we were not only deeply involved in these “ex-gay” programs — we were the founders, the leaders, and the promoters. Together, we represent more than half a century of experience, so few people are more knowledgeable about the ineffectiveness and harm of conversion therapy.

We know first-hand the terrible emotional and spiritual damage it can cause, especially for LGBTQ youth. We once believed that there was something morally wrong and psychologically “broken” about being LGBTQ. We know better now. We once believed that sexual orientation or gender identity were somehow chosen or could be changed. We know better now. We once thought it was impossible to embrace our sexual orientation or sexual identity as an intrinsic, healthy part of who we are and who we were created to be. We know better now.

Looking back, we were just believing (and sometimes teaching) what we had been taught—that our sexual orientation or gender identity needed mending. We grew up being told that being LGBTQ was disordered, sick, mentally ill, sinful, and displeasing to God. We grew up being told that loving, same-sex relationships were shallow, lust-driven, deceived, disordered, and impossible. We grew up with the repetitive message that LGBTQ people were not enough — not straight enough, not Christian enough, not manly or womanly enough, not faithful enough, not praying enough. Never, ever enough. “

“Toxic” probably sums it up best. That message is poison to the soul. Especially a child’s soul. It can take a lifetime to get rid of that old programming and replace it with healthy, non-toxic views of yourself. Recovery from conversion therapy is difficult at best. Some remain forever scarred, emotionally and spiritually. Conversion therapy reinforces internalized homophobia, anxiety, guilt and depression. It leads to self-loathing and emotional and psychological harm when change doesn’t happen. Regrettably, too many will choose suicide as a result of their sense of failure.

In light of this, we now stand united in our conviction that conversion therapy is not “therapy,” but is instead both ineffective and harmful. We align ourselves with every major mainstream professional medical and mental health organization in denouncing attempts to change sexual orientation or gender identity. We admonish parents to love and accept your LGBTQ children as they are. We beseech the church to accept, embrace, and affirm LGBTQ persons with full equality and inclusion. We stand for equal treatment under law, including the right to marry.

As former “ex-gay” leaders, having witnessed the incredible harm done to those who attempted to change their sexual orientation or gender identity, we join together in calling for a ban on conversion therapy. It is our firm belief that it is much more productive to support, counsel, and mentor LGBTQ individuals to embrace who they are in order to live happy, well-adjusted lives.