



## Submission to the Canadian Government for its intervention into LGBTQA+ Conversion Practices / SOGICE / SOGIECE

Produced by: Brave Network and SOGICE Survivors

### Summary

- We strongly encourage the Canadian Government to adopt the definitions and categories of recommendation in the SOGICE Survivor Statement ([www.sogicesurvivors.com.au](http://www.sogicesurvivors.com.au)).
- We acknowledge the outstanding preamble text in Bill C-6 and recommend a combination of Maltese, Canadian and ACT clauses.
- While some countries have opted for 'first step' responses, usually in the form of legislation banning formal practices performed on minors, it has become clear that these first steps will most likely not be followed by imminent second steps.
- Brave Network and SOGICE Survivors recommend the prohibition of inducement or referrals whereby a person (practitioner) induces another person to participate in conversion practices or refers another person (LGBTQA+ person) to a third party (another practitioner, professional, body, or program) for the purpose of conversion practices. Peers *who are not practitioners* should not be covered, as many peers are themselves victim-recipients of conversion practices.
- Any legislative intervention that does not address **unpaid conversion practices delivered to adults in religious and informal contexts** will utterly fail to address the bulk of conversion practices.
- While receiving payment for delivery of services is indeed profiting from crime, a lack of payment does not automatically deem a conversion practice to be unharmed. As such, both paid and unpaid practices must be in scope of legislation, although penalties may differ.
- It is in the interest of the state to intervene in instances of therapeutic fraud, **even if those instances occur in informal spaces and are unpaid**. The government must clearly define pastoral care and its protected attributes to address its problematic overlap with aspects of counselling and psychology, and recognise **that unpaid informal practices in pastoral care contexts often display all the hallmarks – and generate the same level of harm – as paid conversion practices that are administered by regulated professionals using recognised modalities**. Therefore, prohibitions on advertising must include advertising of unpaid services, not just paid services.

- Conversion practices legislation can provide substantial protection for trans people currently at risk of exposure to medical malpractice, eg. unnecessary delays in prescribing hormones, or failure to refer to confident/competent professionals. This protection is specifically in the form of legislative enforcement of national medical and psychological codes of ethics, for example, the Australian Psychological Society (APS) Code of Ethics and its clauses regarding referrals.

We recommend penalties for a failure to refer, whereby a formal practitioner (eg. health professional) fails to refer an LGBTQA+ person to a suitably qualified and confident LGBTQA-affirming professional for support,

- The primary form of ‘redress’ consistently sought by Australian survivors is psychological and medical support for recovery and clinical support, rather than ‘compensation’ through a civil process.
- Harm to development of self is common to most survivors. Survivors have often experienced prolonged exposure to conversion ideology. Navigating and debunking conversion ideology, processing trauma, navigating grief relating to loss of religious or family connections, and separating pseudoscience from science (and pseudoscience from faith and theology) are common elements of survivors’ experiences.
- It is important for survivor supporters to enquire as to *what survivors are recovering from*. Viewing recovery as merely a matter of supporting a survivor to process their exposure to a combination of homonegativity and isolated traumatic episodes would not recognise the survivor’s significant experiences of grief, complex trauma, profound internal faith conflict, damage to self-concept, internalisation of deeply damaging ideology, and deeply entrenched patterns of acquiescence.

## Partners

**The Brave Network** ([www.thebravenetwork.org](http://www.thebravenetwork.org)) is Australia’s peer-led support and advocacy group for LGBTQIA+ people of faith, allies, and survivors of conversion practices. Brave hosts monthly meetings in central Melbourne and national online meetings. The group supports LGBTQIA+ people of faith to tell their stories in media, churches and public events. The primary focus of Brave Network is ensuring the wellbeing of LGBTQIA+ people of faith, regardless of their faith journey. Brave Network is fully affirming of LGBTQIA+ inclusive theology and is both sex positive and faith positive. Brave is a non-incorporated entity that led by a steering group and auspiced by Thorne Harbour Health.

**SOGICE Survivors** is a group of survivors of Sexual Orientation and Gender Identity Change Efforts, otherwise known as LGBTQA+ Conversion practices. They are the primary writers of the SOGICE Survivor Statement ([www.sogicesurvivors.com.au](http://www.sogicesurvivors.com.au)), a document that calls on the Australian Government to join a growing number of jurisdictions across the world by intervening to stop the LGBTQA+ Conversion movement from harming LGBTQA+ Australians. It is endorsed by a long list of community leaders and organisations, including Amnesty International Australia, Thorne Harbour Health, Equality Australia, ACON, and Rainbow Health Victoria.

## Acknowledgements

The Brave Network and SOGICE Survivors acknowledge that this submission was written on the unceded lands of the Wurundjeri and Bunurong peoples of the Kulin Nation and the Gadigal people of the Eora Nation. We pay our respects to their elders past, present and emerging.

SOGICE Survivors and Brave Network champion the Darlington Statement as the primary Australian, Aotearoa/NZ and international consensus statement of intersex self-advocates. SOGICE Survivors and Brave Network also celebrates Malta's Gender Identity, Gender Expression and Sex Characteristics Act 2015 and it's world first protection of intersex infants and children from non-consensual medical interventions. This legislation was complemented by conversion practices protections in Malta the following year. Australian conversion practices survivor self-advocates fully support the establishment of similar parallel legislation protecting intersex people. For more information about the SOGICE Survivor Statement's use of 'LGBTQA+ Conversion Practices' (i.e. minus the 'I'), view the FAQ section of [www.sogicesurvivors.com.au](http://www.sogicesurvivors.com.au).

This submission has been informed by:

- The SOGICE Survivor Statement: A detailed policy document outlining a definition of LGBTQA+ conversion ideology, the conversion practices that result from the ideology, and recommendations for preventing the spread of both conversion ideology and practices. [www.sogicesurvivors.com.au](http://www.sogicesurvivors.com.au)
- Preventing Harm, Promoting Justice: A report developed by the Victorian Government, Human Rights Law Centre and La Trobe University (Melbourne) in 2018. It was initiated through the work of Brave Network Melbourne and guided by survivors at some points. It investigated a narrow range of mostly historical, formal practices and suggested a range of interventions.
- Joint Thorne Harbour Health / Brave Network / SOGICE Survivors submissions to the Victorian Government, Queensland Government, and Government of the Australian Capital Territory.
- Interactions with the Maltese Government, the Reformation Project (US), CT Survivors (Canada/US), and a range of LGBTIQ+ public health organisations across Australia.
- Change and Suppression (Conversion) Practices Prohibition Bill 2020 (Victoria)
- A review of existing global legislation relating to conversion practices: <https://docs.google.com/document/d/1TvS1OPNx9YI8VWnCHuMvC-Q-sIEW2b9tmkPKuIn9Sh4/edit?usp=sharing>
- A substantive literature review developed by Nathan Despott and Assoc. Prof Tiffany Jones (Macquarie University, Sydney) as part of a joint Victorian Government/Australian Research Council (ARC) funded national research project into the support of survivors of conversion practices and ideology (CIPR).

### **The SOGICE Survivor Statement**

We strongly encourage the Canadian Government to adopt the definitions and categories of recommendation in the SOGICE Survivor Statement ([www.sogicesurvivors.com.au](http://www.sogicesurvivors.com.au)), for the following reasons:

- The SOGICE Survivor Statement was developed using a wide range of participatory approaches to policy development.
- The authors of the SOGICE Statement have written the document with the primary intention of ensuring government interventions are effective at ending the harm caused by the conversion movement.

- The definitions and recommendations in the SOGICE Survivor Statement are informed by the carefully analysed experiences of survivors, including survivors in Brave's large private online community, as well as the stories gleaned by the authors of *Preventing Harm, Promoting Justice*, and survivors of conversion practices from diverse faith and cultural backgrounds.
- Until recently, most global advocacy efforts by survivors have used a definition of 'conversion' that is:
  - Based on historical, rather than current, experiences
  - Limited to formal therapeutic expressions of the movement, eg. Psychology or counselling – domains that are increasingly rare contexts for conversion practices today.
  - Based on a phenomenon that is largely experienced by white, cisgender, gay men from protestant/evangelical backgrounds, largely ignoring the experiences of LGBTQA+ survivors or those of different faith backgrounds whose experiences are not always as easy to demarcate.
  - Easily manipulated by proponents of conversion practices and ideology who desire to avoid being within scope of any government intervention

In contrast, the SOGICE Statement's definition:

- Is grounded in both contemporary and historical experiences of conversion practices and ideology
- Clearly outlines a practical definition of conversion ideology and practices that can meaningfully and successfully identify and locate conversion practices in the community.
- Reflects the current harm and manifestations of the movement experienced by trans people, women, people from diverse faith backgrounds, people from other cultures, and young people.

## Response to the Canadian bill

### 1. Preamble/Affirmation

We acknowledge the outstanding preamble text in Bill C-6 and recommend the following combination of Maltese, Canadian and ACT clauses.

*The objects of this bill are:*

- a. *To affirm that:*
  - *all persons have characteristics of sexuality, sexual orientation, gender identity and gender expression, and*
  - *no combination of these characteristics constitutes a disorder, disease, illness, deficiency, disability, or shortcoming, or a symptom thereof, and*
  - *conversion practices cause harm to the person who is subjected to them, and*
  - *conversion practices cause harm to society because, among other things, they are based on and propagate myths and stereotypes about sexual*

*orientation and gender identity, including the myth that a person's sexual orientation and gender identity can and ought to be changed or suppressed*

- b. to prohibit, and prevent the harm caused by conversion practices, and recognise them as deceptive and harmful acts or interventions against a person's sexual orientation, gender identity and/or gender expression, in order to protect the human dignity and equality of all Victorians.*

Conversion ideology (see discussion later in this submission) is implicitly referenced in the affirmation statements or preambles of a range of global bills and acts (Acts: Malta, ACT; Bills: Canada [Bill C-6], Ireland [Prohibition of Conversion Therapies Bill 2018], Victoria [Change and Suppression Practices Prohibition Bill]), including:

- o Inherently deceptive (Malta, Victoria)
- o Claims that LGBTQA+ identities represent a disorder (Malta, ACT, Ireland, Victoria)
- o Conversion practices grounded in myths about LGBTQA+ people, with these myths harming individuals and society (Canada, Victoria)
- o Affirmation of the psychological equality of same sex attracted and trans/gender diverse people (Malta, ACT, Victoria)

## 2. Definitions

### Bill C-6: Definition of *conversion therapy*

**320.101** In sections 320.102 to 320.106, *conversion therapy* means a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour. For greater certainty, this definition does not include a practice, treatment or service that relates

- (a) to a person's gender transition; or
- (b) to a person's exploration of their identity or to its development.

Definitions of conversion practices vary widely. One reason for this is that the various practices used to change or suppress sexual orientation or gender identity differ around the globe. Additionally, conversion practices have changed throughout history and will potentially continue to do so in the future. For these reasons, SOGICE Survivors and Brave assert the importance of not only defining the *practices* of the conversion movement, but the *ideology* which underpins all conversion practices regardless of time or place. SOGICE Survivors and Brave define conversion practices as:

*"Any formal or informal practice, activity or treatment (in any setting) that seeks, or is used, to suppress, eliminate or change a person's sexual or romantic orientation, gender identity, or gender expression, where that change is deemed necessary due to the instigator's belief in or*

*adherence to conversion ideology*” (see the [SOGICE Survivor Statement](#) for a detailed explanation of LGBTQA+ conversion ideology).

Our definition also acknowledges that conversion practices cannot be isolated from conversion ideology. Any policy, regulatory, legislative, public health, or survivor support responses that separate the two will not adequately address the conversion movement.

Defining the ideology which underpins conversion practices is critical, as many modern conversion practices occur in the context of faith communities and under the guise of legitimate faith practices, such as pastoral care or prayer ministry. There are a number of factors that distinguish pastoral care when it is being employed as a conversion practice – as opposed to a legitimate form of spiritual care or guidance – and therefore identify it as being in scope of a government intervention into conversion practices. The experience of many survivors has demonstrated that conversion practices occur in pastoral care when:

- i. conversion ideology (see below) defines or frames conversation, advice, recommendations or practices that occur in the pastoral care relationship;

and when either or both of the following occur:

- ii. the person in a pastoral care role is in a position of authority or leadership, creating an imbalanced power dynamic;
- iii. the practices and pastoral care occur in a recurrent or semi-regular manner.

Conversion practices can occur in pastoral care relationships in which pastoral care or spiritual guidance is offered, within formal religious gatherings, in informal community groups such as clubs or support groups, and also in the context of school and university chaplaincy.

Briefly, conversion ideology is the collection of false and misleading claims that underpin all conversion practices, none of which are grounded in factual, psychological, or scientific evidence, and are refuted by medical, psychological and secular bodies as being damaging and unfounded. These can include claims that LGBTQA+ identity or experience is caused by psychological issues during childhood trauma. These false and misleading claims are often – though not always – attached to spiritual concepts, such as the notion that LGBTQA+ people are sinners, going to hell, or immoral. These claims can include the following:

1. That it is possible to change a person’s same-gender or multi gender sexual or romantic attractions such that the person becomes exclusively heterosexual.
2. That it is possible to change a person’s trans or gender diverse identity such that the person fully identifies with their sex assigned at birth.
3. False and misleading statements that same-sex romantic or sexual attraction, multi-gender romantic or sexual attraction, trans identity and gender non-conformity are forms of ‘brokenness’ and are causally linked to psychological phenomena stemming from developmental issues, abuse or other causes, and that LGBTQA+ people require pastoral or psychological care to address this brokenness.

Brave and SOGICE Survivors affirm the definition outlined in the Victorian Government’s *Change or Suppression (Conversion) Practices 2020* Bill, which defines the meaning of ‘change or suppression’ practices as:

- (1) In this Act, a ***change or suppression practice*** means a practice or conduct directed towards a person, whether with or without the person’s consent—

- (a) on the basis of the person's sexual orientation or gender identity; and
  - (b) for the purpose of—
    - (i) changing or suppressing the sexual orientation or gender identity of the person; or
    - (ii) inducing the person to change or suppress their sexual orientation or gender identity.
- (2) For the purposes of subsection (1), a practice or conduct is not a change or suppression practice if it—
- (a) is supportive of or affirms a person's gender identity or sexual orientation including, but not limited to, a practice or conduct for the purposes of—
    - (i) assisting a person who is undergoing a gender transition; or
    - (ii) assisting a person who is considering undergoing a gender transition; or
    - (iii) assisting a person to express their gender identity; or
    - (iv) providing acceptance, support or understanding of a person; or
    - (v) facilitating a person's coping skills, social support or identity exploration and development; or
  - (b) is a practice or conduct of a health service provider that is, in the health service provider's reasonable professional judgement, necessary—
    - (i) to provide a health service; or
    - (ii) to comply with the legal or professional obligations of the health service provider.
- (3) For the purposes of subsection (1), a practice includes, but is not limited to the following—
- (a) providing a psychiatry or psychotherapy consultation, treatment or therapy, or any other similar consultation, treatment or therapy;
  - (b) carrying out a religious practice, including but not limited to, a prayer based practice, a deliverance practice or an exorcism;
  - (c) giving a person a referral for the purposes of a change or suppression practice being directed towards the person.
- (4) For the purposes of subsection (1), a practice or conduct may be directed towards a person remotely (including online) or in person.

### **Further discussion: definitions**

Definitions of conversion practices also vary depending on the scope of the practices included in the definition and, increasingly, on the location of the research. Prominent British and Australian research acknowledges a range of potential labels and contexts, with terms such as SOGICE, SOGIECE, conversion practices, and change efforts being frequently used as umbrella

terms for all practices grounded in change and suppression of sexual orientation, gender identity and gender expression (Government Equalities Office UK 2018, Ozanne Foundation 2018, Jones et al 2018). ‘Conversion therapy’ may occasionally be used in this literature, however this term does not limit the scope of ‘conversion’ to only include formal practices, such as practices delivered through formal conversion programs or paid therapeutic contexts.

Recent Canadian research posits a two-tier approach roughly equivalent to the Australian terms ‘formal conversion practices’ and ‘informal conversion practices’, with the former often labelled as ‘conversion therapy’ and both together receiving the umbrella label ‘SOGIECE’ or ‘SOGICE’ in some Canadian literature (Salway 2020). This approach contrasts with prominent British surveys and a range of American studies whereby ‘conversion therapy’ has been used as an umbrella term for all conversion practices and SOGICE/SOGIECE (Government Equalities Office UK 2018, Ozanne Foundation 2018, Green et al 2020, Jones et al 2018, Weiss et al 2010, Csabs et al 2020), accompanied by the understanding that legislation targeting ‘conversion therapy’ should indeed apply to all conversion practices, including informal practices.

The Australian SOGICE Survivors (Csabs et al 2020) outlines survivor definitions of ‘conversion practices’, ‘conversion ideology’, the pseudoscientific ‘false and misleading claims’ that comprise conversion ideology (for example, the notion that LGBTQA+ identity or experience is caused by psychological issues during childhood trauma), guidelines for engagement with survivors, and recommendations for political and cultural change aimed at curtailing the influence of the ‘conversion movement’. The Statement also advocates for the need to direct legislative strategies toward addressing contemporary manifestations of conversion practices, rather than only addressing historical practices, and for governments to ensure such strategies avoid opposition grounded in religious freedom arguments by explicitly distinguishing orthodox theological claims from the pseudoscientific concepts that have been appropriated by proponents of conversion practices.

We note a helpful Canadian definition developed recently using participatory action research approaches: *“Sexual orientation and gender identity change efforts (SOGICE), are pseudo-scientific practices intended to change, repair, convert, or otherwise suppress unwanted feelings or expressions of sexual attraction to members of the same gender or unwanted feelings or expressions of incongruence between one’s biological sex assigned at birth and gender identity. SOGICE are not only ineffective at changing sexual orientation and gender identity but are associated with numerous psychological harms, including poor self-esteem, self-hatred, depression, anxiety, problematic substance use, and suicide ideation and attempts”* (Salway et al 2019).

The word ‘repair’ in this definition is somewhat unique to this report and demonstrates the ideological assertion that conversion practices aim to restore the conversion participant to an original or intended state (cf. Csabs et al 2020, ‘core assertions’ behind the conversion movement).

Media representation and government policy may have significant influence over terms and problematisation. Laws such as those passed in Malta (Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act 2016), Queensland (Health Legislation Amendment Act 2020), the Australian Capital Territory (Sexuality and Gender Identity Conversion Practices Act 2020), and Calgary (Conversion Therapy bylaw 2020) define conversion practices primarily according to the scope of prohibition in those laws.



The lack of epistemological analyses of nomenclature or survivor-led validation of terms such as ‘conversion practices’, ‘conversion therapy’, and SOGICE/SOGIECE, coupled with the consistent phenomenon of survivors and allies using terms that have been most readily available through popular public discourse separate from an academic or peer-established evidence base, means that language will most likely continue to be changeable across the global discourse. Consensus on the following factors means that it is reasonable to advocate for any of these terms to be applied to the full scope of conversion practices, regardless of whether they occur in private pastoral care contexts, healthcare contexts, or in dedicated conversion programs:

- Evidence that informal practices – or practices delivered in religious spaces – are just as harmful and damaging as formal practices or those that might be considered to be ‘therapy’, while also being more prevalent than formal practices (Ozanne Foundation 2018, Government Equalities Office UK 2018, Weiss 2010, Schlosz 2020, Green et al 2020, Csabs et al 2020, VanderWal Gritter 2019a. Also evidenced by articles such as Zhang 2020).
- Evidence that ‘ex-gay’ – one of the most common terms used in recent decades by, or to describe, conversion participants – has been and is still equally applied to participants in both formal and informal contexts, with the term not being restricted merely to those who have undergone conversion practices in formal contexts (evidenced in: Creek 2011, Creek and Dunn 2012, Flentje et al 2013, Flentje et al 2014, Weiss et al 2010, Johnston and Jenkins 2006, Robinson and Spivey 2015, Stewart 2008, VanderWal Gritter 2019, Wolkomir 2006).

However, the emerging ambiguity of the term ‘therapy’ in the media and legislative context, coupled with growing evidence that conversion practices in the global South frequently include combinations of violence, torture, and private exorcisms, suggests that two of the three terms noted above - ‘conversion practices’ (with ‘formal’, ‘informal’, and other sub-classifications) or change efforts (SOGICE, SOGIECE or similar variations) may be more helpful in ensuring a degree of harmony between plain language use, research and legislation, while also ensuring informal conversion practices that cause significant harm are not removed from the scope of definitions (in research, population surveys, media representation, policy or legislation), and removing any misconceptions attached to the somewhat loaded term ‘therapy’.

### **Further discussion: conversion ideology**

Conversion ideology is explicitly examined or attested in Schlosz 2020, Moon 2005, Newman et al 2017, Ozanne Foundation 2018. It is most often grounded in notions of ‘brokenness’, being ‘disordered’ and/or being unacceptable to God, as well as the need to be changed (Ozanne Foundation 2018, Newman et al 2017).

According to the Ozanne Foundation (2018) survey, the most common reasons for undergoing change efforts were: ‘Because I believed that my desires were sinful’ (72.01%); ‘Because I was ashamed of my desires’ (63.04%); ‘Because my religious leader disapproved’ (54.35%), and ‘Because I wanted to live as a straight person’ (50.82%).

Conversion ideology is often incorporated into rhetoric and narratives that form the basis of shared language among conversion participants (Stewart 2008, Robinson and Spivey 2015).

NARTH founder Joseph Nicolosi's assertions (transcribed in Lutes and McDonough 2012) include stereotypical assertions about homosexuals developing their orientation due to having dominant mothers or withdrawn fathers, or that homosexuality is not so much of an identity but a problem experienced by people intended to ultimately develop as heterosexuals. Nicolosi also characterised homosexuality as a gender identity disorder. This approach is implicit in conversion texts such as Hemfelt et al (1991), Payne (1985), Payne (1995a), Comiskey (1989), Comiskey (1996).

Conversion ideology is often predicated on highly fixed interpretations of religious texts. (Evidenced by Gagnon 2002, Hill 2016, Comiskey 1989.) However, routinely, conversion ideology is not explicitly demarcated and interrogated in literature. In particular, a number of global or national non-academic reports do not distinguish theological from pseudoscientific aspects of conversion ideology (exemplified by: ILGA World: Lucas Ramon Mendos 2020, Bishop 2019, Wells 2019, Wells 2020, VanderWal Gritter 2019). A small number of reports, surveys and statements do make this demarcation (Ozanne Foundation 2018, Csabs et al 2020). The demarcation is also inherent in global psychology peak body statements (eg. Australian Psychological Society 2015).

Conversion ideology frequently makes the assumption that same-sex attracted people are assumed to have a lower general level of function. This ties mental disorder assumptions to spiritual and developmental causal factors, despite studies in the 1950s-1980s regularly finding heterosexuals and homosexuals "to be relatively indistinguishable on levels of stability, social and vocational adaptiveness, judgment, and psychological adjustment" (Lutes and McDonough 2012).

Significant concerns have been raised in Australian research and policy regarding the presence of the core themes of conversion ideology appearing in Australian educational contexts (Jones 2019, Csabs et al 2020). Also observed in overseas educational contexts (Newman and Fantus 2015, Newman et al 2017).

The fraudulent nature of the claims underpinning conversion practices is explicitly noted in Halpin (2018), Csabs et al (2020), Maltese *Affirmation of SOGIGE Act 2015*, Kasperkevic (2015), and reflected in the 2015 New Jersey Superior Court finding against Jewish based conversion organisation JONAH.

Regarding conversion ideology and its impact on lesbians, Robinson and Spivey (2015) note:

"The ex-gay movement is the leading public source of persistent, harmful rhetoric about lesbians today. Although its most obvious objective is to purge society of homosexuality, a close analysis of the movement's discourse reveals its unique anti-lesbian ideology and gender politics at every level of society. At the individual level, the movement's "reparative" ideology coerces women to believe that female homosexuality is a sinful and sick version of masculinity and to adopt a heteronormative feminine identity for their salvation and their sanity. In interaction, reparative and religious proclamations from the movement's experts on female homosexuality include pejorative depictions of lesbian life and relationships, and demand pain-staking feminine makeovers and performances, enforcing a heterosexual imperative that requires submission to the authority of men... To the extent that women internalize ex-gay ideology as "God's will" and "natural", the ex-gay movement's appeals to religious and medical authority are powerful tools of sexual and gender oppression and social control that compel women to deny the authenticity of their own sexuality and accept their inferior status" (Robinson and Spivey 2015: 897).

A significant range of texts containing conversion ideology is currently available through Australian and online retailers. See Appendices.

### **3. Scope: informal/formal practices, adults/children, trans malpractice**

While some countries have opted for 'first step' responses, usually in the form of legislation banning formal practices performed on minors, it has become clear that these first steps will most likely not be followed by imminent second steps. The follow discussion and recommendations outline our rationale for a broad bill that covers both information and formal practices, paid and unpaid practices, practice performed on children *and* adults, and various breaches of codes of ethics that we label 'trans malpractice'.

We recommend that the scope of a bill outline the following prohibitions:

1. Conversion practices performed by any person on any person, whereby the person performing the conversion practices may be deemed to be a practitioner\* of conversion practices.
2. For a practitioner\* of conversion practices or a professional to induce a person to undergo conversion practices or to refer any person to another person to perform conversion practices
3. Removing a minor or person with impaired agency from the jurisdiction for conversion practices
4. For any person to advertise conversion practices, including advertising containing false and misleading claims about the causes of, dysfunctional nature of, or potential to change or successfully suppress a person's sexual orientation, gender identity, or gender expression, whether those advertised services are paid or unpaid..

\*Practitioner may be defined according to the definition of 'conversion practice' (above) and/or as per discussion of false and misleading claims, outlined below.

#### **Referrals**

Brave Network and SOGICE Survivors recommend the prohibition of referrals whereby a person (practitioner) refers another person (LGBTQA+ person) to a third party (another practitioner, professional, body, or program) for the purpose of conversion practices. Peers *who are not practitioners* should not be covered, as many peers are themselves victim-recipients of conversion practices. A peer who becomes a practitioner would, however, be classed as a practitioner regardless of their status as a recipient or past recipient, though penalties for such individuals would need to be mediated following consideration of the individual's background.

#### **Formal or informal, formal and informal?**

The 2019 Canadian Gay Sex Now Survey found that up to 20% of Canadian gay men have experienced conversion practices based on a somewhat broad definition, with 8% of these having experienced formal practices, referred to as 'conversion therapy' (Salway et al 2020, Hurren 2020).

A UK survey found that 7% of LGBTQA+ British adults had been advised to undertake conversion practices, with 2% of these having undertaken them, with these figures rising to 8.3% and 4.3% respectively for trans and gender diverse people. (UK Government Equalities Office 2018). The combined figures for people being offered conversion ‘therapy’ or undertaking it were particularly high for the following populations:

- o Cisgender Black/African/Caribbean/Black British 13%
- o Cisgender Asian/Asian British 14%
- o Cisgender muslim 19%
- o Trans Black/African/Caribbean/Black British/Other 28%
- o Trans Asian/Asian British 27%
- o Trans Mixed/Multiple ethnic groups 20%
- o Trans muslim 44%

The Ozanne Foundation’s Faith and Sexuality Survey 2018 (UK) found that of 4,028 respondents, 8.86% had voluntarily considered sexual orientation change, while 13.96% had either been advised or forced to go through change efforts. Those most commonly identified as giving this advice were religious leaders (19.01%) and religious friends (17.49%). Overall, 11% had attempted to change their sexual orientation. The most common people/parties with whom recipients engaged were: Religious leader (46.87%); No one (32.70%); Close friend of same age (28.07%), Faith healer/special religious ministry (19.62%), and Youth group leader (14.44%). 75.14% of respondents first engaged in a change effort after the age of 16. The most common forms of practice were: Private prayer (75.20%); Plea bargaining with God (45.50%); Counselling with official religious ministry (28.61%); Deliverance with formal religious ministry (28.61%); Prayer with close friends (28.61%), and Emotional healing with formal religious ministry (26.43%). Practices most closely associated with formal practices such as aversion therapy and psychotherapy were among the least common (0.27%-7.36%). The survey demonstrates that, among British participants in conversion practices, the majority: are adults or young adults, go through conversion practices in informal or formal religious contexts, are motivated by a blend of religious and social ideas, receive a significant portion of guidance and facilitation from religious leaders, and experience severe mental health issues following their attempts (Ozanne Foundation 2018).

A 2016-2018 study conducted by UCLA’s Williams Institute is unique in that its design featured a measure controlling for people with adverse childhood experiences (ACE). The survey of 1518 non-transgender sexual minority adults found that 7% had experienced SOCE, 80.8% of these having experienced them from a religious leader. The Williams Institute study also estimated that approximately 698,000 LGBTQ American had undergone ‘some form of conversion therapy’ (Blosnich et al 2020).

Private and religious change methods (cf. therapist-led or group-based efforts) were the most common conversion practice methods in a study of Mormon/Latter Day Saints participants. They started earlier, stretched over a longer period of time, and were found by participants to be the most harmful (Dehlin et al 2015).

In short, any legislative intervention that does not address **unpaid conversion practices delivered to adults in religious and informal contexts** will utterly fail to address the bulk of conversion practices.

### Removing a person from Canada for conversion practices

The Victorian bill creates an offence that applies to anyone who removes a person from Victoria, or induces a person to leave Victoria, for the purpose of conversion practices elsewhere. This should be adopted in legislation globally.

### Trans malpractice

It is extremely common for trans and gender diverse Australians to experience the following:

- Strong pushback from General Practitioners and psychologists who direct patients/clients to question their gender dysphoria far beyond the directives and advice of trans peak bodies, LGBTIQ+ public health organisations, and research.
- Long periods of questioning by psychologists/GPs and a refusal to support transitioning, HRT, and other gender affirmation processes.
- Resistance from psychologists/GPs due to a lack of certainty or confidence, even when they could easily refer the patient/client to another psychologist or GP who is confident
- Inconsistency through all of the above.

The current poor outcomes and experiences of trans and gender diverse people in the context outlined above are driven, in part, by:

- Failure of top-down regulation and intervention by peak bodies, particularly in checking/observing/investigating the level of confidence in (and resistance to) working with trans and gender diverse patients/clients.
- Failure to support bottom-up processes that allow trans people to (a) understand when and how malpractice has occurred and (b) feel confident and empowered to make complaints.
- Failure of training for GPs and psychologists to understand the basic ethical requirement to refer when not confident treating trans or gender diverse patients/clients.
- Failure to communicate to trans and gender diverse patients/clients what are the simplest/easiest pathways to accessing HRT/surgeries, particularly as many pathways and timeframes have been shortened and/or simplified.

While it is important to ensure the term ‘conversion’ is reserved for the specific context of practices occurring as part of the conversion movement and its specific religious and pseudoscientific ideological motivations, conversion practices legislation can provide substantial protection for trans people currently at risk of exposure to medical malpractice, eg. unnecessary delays in prescribing hormones, or failure to refer to confident/competent professionals. This protection is specifically in the form of legislative enforcement of national medical and psychological codes of ethics, for example, the Australian Psychological Society (APS) Code of Ethics and its clauses regarding referrals.

There is a need for governments to examine, strengthen, audit and regulate the systems of regulation and oversight that currently exist but are clearly not adequately enforced.

We recommend penalties for a failure to refer, whereby a formal practitioner (eg. health professional) fails to refer an LGBTQA+ person to a suitably qualified and confident LGBTQA-affirming professional for support, in line with referral guidelines in the APS Code of Ethics. This is particularly relevant in the case of professionals who challenge a trans or gender diverse person’s self-identification and seek to obfuscate that person’s understanding of supports

available elsewhere. This lack of referral and lack of disclosure of options affects the person's ability to offer informed consent. This is, essentially, malpractice.

#### 4. Advertising and material benefit.

##### Bill C-6: Advertising conversion therapy

**320.104** Everyone who knowingly advertises an offer to provide conversion therapy is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than two years; or
- (b) guilty of an offence punishable on summary conviction.

##### Bill C-6: Material benefit from conversion therapy

**320.105** Everyone who receives a financial or other material benefit, knowing that it is obtained or derived directly or indirectly from the provision of conversion therapy, is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than two years; or
- (b) guilty of an offence punishable on summary conviction.

Understanding the place of advertising and material benefit in conversion practices legislations requires an analysis of:

- The false claims made by conversion ideology (Also: see discussion on previous pages)
- The definitions of 'success' that underpin conversion practices
- The role of financial exchange in conversion practices, including an analysis of the prevalence of paid conversion practices and the relationship between payment and harm.

The driver of conversion practices – and also the key tool for identifying the practices – is the set of false and misleading claims made by conversion proponents. These claims cannot be founded in psychological or scientific evidence, and are refuted by medical, psychological and secular bodies as being misleading, damaging and unfounded. These false and scientifically indefensible claims create 'demand' for conversion practices among LGBTIQ+ people, cf. consumer protections/therapeutic fraud.

Advertising is noted in Maltese legislation and the Irish, Canadian, and Victorian bills, however little is added to explain the boundaries and definitions of advertising in the context of conversion ideology and practices. Legislation should connect advertising with the making of the false and misleading claims noted above, so that advertising that is clearly intended to generate demand is included, rather than simply advertising of a specific service or outcome.

The failure of the Maltese legislation to make the distinction between commercial advertising and ideological promotion has led the Maltese Government to investigate tightening of this law in future legislative reviews.

Legislation must:

- Prohibit regulated health professionals, unregulated mental health professionals, pastoral care workers, chaplains, teachers, and similar actors or agents from making these false and misleading claims to an individual with the intent of generating demand for conversion practices, even if the recipient(s) of those claims do not seek or engage in conversion practices.
- Prohibit advertising or broadcast of these false and misleading claims on the basis that the receipt of these claims represents the primary driver of significant harm in survivors. Claims relating to the origins, causes, nature or essence of a person's sexual orientation, gender identity, or gender expression are demand generating claims in that they may drive LGBTQA+ people to engage in conversion practices even if claims regarding potential outcomes (change or suppression) have not yet been communicated.
- Recognise that it is in the interest of the state to intervene in instances of therapeutic fraud, **even if those instances occur in informal spaces and are unpaid.**
- Clearly define pastoral care and its protected attributes to address its problematic overlap with aspects of counselling and psychology, and recognise **that unpaid informal practices in pastoral care contexts often display all the hallmarks – and generate the same level of harm – as paid conversion practices that are administered by regulated professionals using recognised modalities.**
- Clearly recognise the fraudulent and unethical nature of (a) the false and misleading claims and (b) conversion practices as delivered in either informal or formal practices.
- Formally acknowledge that false and misleading claims are:
  - Fraudulent from a consumer perspective in that they combine disproven pseudoscience and the indefensible promise of impossible and unnecessary outcomes, often using protected therapeutic language, to drive LGBTQA+ people to practices and activities that then cause harm.
  - False and harmful from the perspective of psychological research and national scientific guidelines.
  - Designed to drive recipients to unproven, harmful and fraudulent practices.

Legislation with these inclusions will form a strong basis for:

- The inclusion of compulsory clauses in tertiary (university/vocational/college) courses in counselling and psychology refuting conversion ideology and framing ethical considerations related to conversion practices, advertising, promotion and referrals.
- Targeted interventions into programs in schools that expose children to conversion ideology and similar messages.

### Definitions of 'success'

There are limited systematic analyses of the definitions or expectations of success as understood by participants of conversion practices:

- As perceived or determined by the participant while participating in conversion practices
- As perceived or determined by other participants with whom the participant interacts
- As articulated or determined by the leaders/faith communities/other proponents with whom the participants interact during their conversion experiences

Definitions of success within the broader conversion movement appear ambiguous in literature about conversion practices. Definitions of success are explicit in Maccio (2011) and implicit or variable in Arthur et al (2014), Beckstead et al (2004), Bennett (2003), Creek (2011), Flentje et al

(2013), Flentje et al (2014), Creek (2013). Inherent in this variation is further ambiguity about the stated intentions of conversion practices as well as the propensity of conversion practices participants to adjust their self-authored conversion narrative to meet the expectations with which their particular definition of success is laden (Beckstead 2003, Moon 2005, Wolkomir 2006, Creek 2013, Arthur et al 2014).

These definitions vary across literature about conversion practices – both in texts that propagate conversion practices and peer-reviewed literature that critiques them. While the ideological elements of ‘What caused me to be queer?’, brokenness, repression, religious devotion, and obedience, are consistent in almost all expressions of the phenomenon, the goals of these expressions can be radically different. While reductionist popular representations of ‘pray the gay away’ conversion programs allude to the goal of the removal of same-sex attraction, some of the definitions of success – or claims of success made by participants in conversion practices – include:

- Complete change of sexual orientation from lesbian, gay or bisexual to heterosexual
- Complete identification of one’s gender with their sex assigned at birth
- Celibacy, whereby celibacy is viewed by others as not experiencing sexual attraction
- Celibacy, whereby celibacy is viewed by others as no longer identifying as lesbian, gay, or bi
- Marriage to a person of another gender, whereby this is equated with no longer being lesbian, gay or bi
- Bisexual person who fully suppresses same-sex attraction, whereby the bi person is depicted as having changed from ‘gay to straight’
- Change of outward gender expression, whereby a change of expression is equated with change of gender identity
- ‘Renouncing’ LGBTIQ+ / queer identity being equated with no longer experiencing same-sex attraction or being trans or gender diverse

### **Efficacy of conversion practices**

There exists a substantial body of work demonstrating the ineffectiveness of conversion practices (Beckstead 2001, Beckstead 2003, Serovich et al 2008, Maccio 2011, Bradshaw et al 2015), though some critical reviews of these systematic reviews have been critical of the tools and indicators used in them (Dessel 2011). There is also a small literature demonstrating the non-validity of research that has attempted to demonstrate efficacy (Beckstead 2012, Drescher 2015, Flentje et al 2013, Cramer et al 2008).

### **Contradiction regarding payment**

It must also be noted that there is an inherent contradiction in any bill, including Bill C-6, that defines conversion practices as harmful, then inadvertently creates a connection between payment and harm in its scope. While receiving payment for delivery of services is indeed profiting from crime, a lack of payment does not automatically deem a conversion practice to be unharmed. As such, both paid and unpaid practices must be in scope of legislation, although penalties may differ.

## **5. Supporting survivors: harm and recovery**



The primary form of 'redress' consistently sought by survivors is psychological and medical support for recovery and clinical support, rather than 'compensation' through a civil process. That is, civil penalties (a fine) applied to conversion practitioners should be a separate process to government-initiated support and redress for survivors, with an exception being the use of funds received through civil penalties contributing to a redress or support program.

The Australian Government's support program for people with eating disorders provides 40 Medicare subsidised psychology sessions (cf. 10 subsidised sessions available to all citizens). This has been identified by psychologists working closely with Brave Network as an ideal model for emulation.

### **Harm caused by conversion practices**

There is a small and relatively recent body of literature examining the mid to long term impacts of conversion practices (Horner 2019, Streed et al 2019, Shidlo et al 2001, Lutes and McDonough 2012, Turban 2019, Jones et al 2018, Green et al 2020, Schlosz 2020, Beckstead and Morrow 2004, Bradshaw et al 2015, Dehlin et al 2015, Ryan et al 2020, Flentje et al 2014, Jones 2019). There is a growing literature from a small set of research teams related to the impact of conversion practices on youth, with particular focus on impacts on identity formation and family health (Ryan et al 2020, Green et al 2020, Jones 2019).

There is a limited literature dedicated to trans experiences (Turban et al 2019, Ashley F 2019a, 2020, Wright et al 2018, Wadman 2019, Ghazzawi et al 2020).

Research regularly finds heightened suicidality (Green et al 2020) and post-traumatic stress, with increased risk of homelessness, poor mental health, and poor economic participation. The UCLA Williams Institute study of Sexual Orientation Change Efforts (SOCE) found nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a suicide attempt with minor injury compared with sexual minorities who did not experience SOCE. The study also describes SOCE as a minority stressor as it promotes heteronormativity as the only acceptable social frame and reinforces rejection of LGB people by individuals, families and communities (Blosnich et al 2020).

The Trevor Project's 2020 National Survey indicated that 10% of LGBTQA+ youth in America had undergone conversion practices, with conversion participants more likely to have seriously considered suicide in the previous 12 months than non-participants (62.6% vs 37.6%), and substantially more likely to have attempted suicide (43.6% vs 17.3%). The study also found that three quarters of young people who underwent SOGICE reported having parents or caregivers who used religion to say negative things about being LGBTQ (Green et al 2020).

Many LGB individuals feel pressure to choose between their faith and their sexual orientation (Levy and Reeves 2011). Many same-sex attracted individuals withdraw and hide their sexual orientation or stop attending church (Gross 2008).

Conversion practices all add to deeper trauma already established from heteronormativity/phobia (Berg et al 2016). Internalised homonegativity is associated with higher levels of psychological distress and low self-esteem (Berg et al 2016).

Literature and survivor discourse frequently conflates two distinct types of SOGIECE, trans malpractice and religious trans conversion experiences. This has the potential for the voices and experiences of one of these groups to remain visible in contexts where the voices of survivors of only one of these two phenomena are present. This is particularly problematic due

to the differences in harm, trauma and recovery approaches associated with each. Regardless, Turban et al. (2019) state “no significant differences were found when comparing exposure to GICE [Gender Identity Change Efforts] by secular professionals vs religious advisors”. Turban et al’s (2019) survey of 27,715 transgender people across all American states and a range of US overseas territories examined associations between recalled exposure to GICE and adult mental health outcomes, with the key finding being a consistent pattern of adverse mental health outcomes. It is, of course, important to note that GICE does not include genuine support of a person’s desire to transition. This exception is also noted in the Maltese Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act (2016) and ACT Sexuality and Gender Identity Conversion Practices Act (2020).

After leaving conversion practices, participants often understand that they have been harmed. In 2007, former leaders of ex-gay ministries acknowledged that their practices had harmed individuals and their families, with particular focus on the role that the message of being ‘inherently wrong’ played in that harm (Lutes and McDonough 2012).

Schlosz (2020) uses a participatory co-research approach to perform a qualitative analysis of the effects of conversion practices on the identity development of gay men. Labelling conversion practices as iatrogenic, Schlosz contributes significantly to literature relating to the mechanism of harm of conversion practices and potential recovery strategies:

- When most participants left conversion practices, they felt increased anger about what they endured as time progressed.
- Seven core themes of experience and harm: (a) anger as a response to deceptive claims and mistreatment; (b) grief and loss of time, opportunity, and youth; (c) increased sense of shame; (d) escalation of high-risk sexual behavior; (e) deterioration of mental health; (f) abusive and iatrogenic counseling methods; and (g) impairment of self-concept due to iatrogenic counseling practices.
- All co-researchers experienced harm in the area of identity development and ‘self-concept’. Conversion practices either caused or intensified the following: low self-esteem, feelings of inauthenticity, self-hatred, feelings of failure, cognitive dissonance, low self-awareness, people-pleasing behaviour, compartmentalization, stunted emotional development, and muted creativity, under-developed psychosexual maturation, poor peer socialisation, and risky sexual behaviours.
- Proponents of conversion practices frequently claim the right of LGBTQA+ people to exercise self-determination in choosing to undergo conversion practices.
- The concept of damage to self-concept requires significant further investigation, with survivors displaying trauma as well as loss, grief, and issues of psycho-social maturation.

There is a small body of sources relating to:

- Formal Jewish conversion practices (eg. Mark 2008).
- Informal Muslim experiences, with homophobia, biphobia and transphobia presented as less distinguishable from conversion ideology and more likely to be accompanied by family or community rejection (Rahman and Valliani 2016, Hussein and Imtoul 2017, Kassisieh and Hammoud-Beckett 2013, Kugle 2010, Kugle 2014, Pallotta-Chiarolli 2018, Shah 2016).
- Diverse American experiences: The Trevor Project survey (Green et al 2020) found that Hispanic/Latinx respondents, as well as people from low-income families or from the

American South were more likely to have undergone SOGICE than white, black or Asian Americans.

- Orthodox Christian experiences: Carlton's (2004) observations of conversion practices in Orthodox Christian contexts aligns with the evangelical phenomenon of willing participation in conversion practices by most participants. While Orthodoxy indeed posits a cause for homoerotic desire, that cause is entirely spiritual in nature (i.e. 'the fall of man'), rather than individual and pathological. Carlton argues that any 'healing' claimed by the unique blend of religious thought and pseudoscientific principles seen in conversion practices is therefore invalid according to Orthodox theology.

### Emergent themes in harm and recovery

Harm to development of self is common to most survivors. Survivors have often experienced prolonged exposure to conversion ideology whereby general religious homophobia, biphobia or transphobia has not been differentiated from the pseudoscientific aspects of conversion ideology. Navigating and debunking conversion ideology, processing trauma, navigating grief relating to loss of religious or family connections, and separating pseudoscience from science (and pseudoscience from faith and theology) are common elements of survivors' experiences. However, the presence of one or more of the following factors or themes in the person's experience of conversion practices often introduces a range of other, usually external, recovery priorities such as justice, protection, healthcare advocacy, and seeking safe spaces, accommodation or communities.

- Impacts of violence or physically abusive conversion practices, including deprivation of liberty and torture
- Severe experiences of family or community rejection
- Differentiation of trans and gender diverse people who have experienced religious conversion practices, in contrast to trans and gender diverse people who have experienced medical or psychological malpractice.

Our research team's review of definitions, conversion ideology, harm, mechanisms of harm, and effective recovery methods in this review demonstrate that it is important for survivor supporters to enquire as to *what survivors are recovering from*. Viewing recovery as merely a matter of supporting a survivor to process their exposure to a combination of homonegativity and isolated traumatic episodes would not recognise the survivor's significant experiences of grief, complex trauma, profound internal faith conflict, damage to self-concept, internalisation of deeply damaging ideology, and deeply entrenched patterns of acquiescence.

There is emerging evidence for a recovery approach that includes a combination of carefully implemented peer support and faith-positive psychological support using modalities such as narrative and collaborative approaches.

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## Appendix 1:

### Texts advocating conversion ideology or practices

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- Payne L (1995a), *The Broken Image* (Grand Rapids: Baker Books)
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## Appendix 2:

*The following material is taken from a letter developed by Brave Network and SOGICE Survivors in 2019, endorsed by Equality Australia, Ambassadors and Bridge Builders International, Equal Voices, Thorne Harbour Health, Switchboard, Melbourne Bisexual Network, and the Equality Project.*

### Texts available to Australians via online booksellers in 2019

The following list includes titles that make direct claims - or offer explicit guidance - about 'causes' and 'solutions' for same-sex attracted, trans and gender diverse identity. It should be noted that conversion ideology includes the notion of obligatory celibacy, as this is grounded in the notion that same-sex attraction is a form of 'brokenness' or psychological/spiritual dysfunction. These explicit texts are highlighted in orange.

There are many titles available to Australians that incorporate conversion ideology in more implicit or indirect forms, however this list only includes a select handful of these titles as determined by risk and the presence of other homophobic, biphobic or transphobic content. Titles with a more political tone that take a conversational/conciliatory posture between the church and the LGBTQA+ community have also been excluded from this list, though it should be noted that many such titles are indeed grounded in conversion ideology.

Title	Author
Compassion without compromise	Adam T Barr
Strength in Weakness: Healing Sexual and Relational Brokenness	Andrew Comiskey
Pursuing Sexual Wholeness: How Jesus Heals the Homosexual	Andrew Comiskey
God and the Transgender Debate: What Does the Bible Actually Say about Gender Identity?	Andrew T Walker
A Change of Affection: A Gay Man's Incredible Story of Redemption	Becket Cook
Holy Sexuality and the Gospel: Sex, Desire, and Relationships Shaped by God's Grand Story	Christopher Yuan
Out of a Far Country: A Gay Son's Journey to God (Editions: English, Chinese, German, Spanish, Korean)	Christopher Yuan
Loving Homosexuals as Jesus Would: A Fresh Christian Approach	Chad W Thompson
What Some of You Were	Christopher Keane (Ed)
A War of Loves: The Unexpected Story of a Gay Activist Discovering Jesus	David Bennett
Sexual Healing	David Kyle Foster
Such Were Some of You (Film)	David Kyle Foster (Dir)
Same-Sex Attraction and the Church: The Surprising Plausibility of the Celibate Life	Ed Shaw
The Plausibility Problem: The Church and Same-Sex Attraction	Ed Shaw
Homosexuality: Speaking the Truth in Love	Edward T Welch
Born This Way?: Homosexuality, Science, and the Scriptures	J Alan Branch
<i>Affirming God's Image: Addressing the Transgender Question with Science and Scripture</i>	J. Alan Branch
Gay Girl, Good God: The Story of Who I Was, and Who God Has Always Been	Jackie Hill Perry
The Heart of Female Same-Sex Attraction: A Comprehensive Counseling Resource	Janelle Hallman
God and Sexuality	Janet Boynes
Called Out: A Former Lesbian's Discovery of Freedom	Janet Boynes
You Don't Have to Be Gay: Hope and Freedom for Males Struggling with Homosexuality, or for Those Who Know of Someone Who Is	Jeff Konrad
Desires in Conflict	Joe Dallas
Speaking of Homosexuality	Joe Dallas
The Complete Christian Guide to Understanding Homosexuality: A Biblical and Compassionate Response to Same-Sex Attraction	Joe Dallas
When Homosexuality Hits Home	Joe Dallas
A Strong Delusion: Confronting the "Gay Christian" Movement	Joe Dallas
What Does the Bible Really Teach about Homosexuality?	Kevin DeYoung
Purity: The New Moral Revolution	Kris Vallotton
Gay Awareness: Discovering the Heart of the Father and the Mind of Christ On Sexuality	Landon Schott
Crisis in Masculinity	Leanne Payne
Healing Homosexuality	Leanne Payne
The Broken Image	Leanne Payne
The Healing of the Homosexual	Leanne Payne
Pursuing Sexual and Relational Wholeness in Christ	Living Waters
Girlz Just Wanna Be Loved	Liz Walker
Understanding Sexual Identity: A Resource for Youth Ministry	Mark Yarhouse

Homosexuality and the Christian: A Guide for Parents, Pastors, and Friends	Mark Yarhouse
Can You Be Gay and Christian?: Responding With Love and Truth to Questions About Homosexuality	Michael Brown
Outlasting the Gay Revolution: Where Homosexual Activism Is Really Going and How to Turn the Tide	Michael L Brown
A True Friend: Joseph Nicolosi (Film)	Mike Davidson
The Bible and Homosexual Practice	Robert Gagnon
Homosexuality and the Bible: Two Views	Robert Gagnon
Hope for the Same Sex Attracted	Ron Citlau
The Secret Thoughts of an Unlikely Convert (Editions: English, French)	Rosaria Butterfield
Truth Overruled: The Future of Marriage and Religious Freedom	Ryan T Anderson
When Harry Became Sally: Responding to the Transgender Moment	Ryan T Anderson
Is God Anti-Gay?	Sam Allberry
Engendered: God's Gift of Gender Difference in Relationship	Sam Andreades
The Woman Who Outran the Devil	Shirley Baskett
Freedom Realized	Stephen Black
Tranzformed: Finding Peace With Your God Given Gender (Film)	Sutton, Nicolosi
Pure Sex	Tony Payne & Phillip Jensen
Nothing Gay About Being Gay	Tyeesha Holt
Transgender	Vaughan Roberts
Washed and Waiting: Reflections on Christian Faithfulness and Homosexuality	Wesley Hill