



Ethical Guidelines for Engaging with Survivors of SOCE:

A Deeper Look at the Conversion Therapy/Ex-gay Movement

These guidelines have been prepared by organisations and community groups that support, advocate for, and are led by lesbian, gay, bi+, trans, gender-diverse, intersex, queer, and ace people of faith and their allies. These groups, their leaders, and broader networks include many survivors of the SOCE (Sexual Orientation Change Efforts), ex-gay, or gay conversion therapy movements.

This document outlines an ethical framework for engaging with survivors of SOCE that affirms their humanity and acknowledges the entirety of their lived experience. These guidelines present a way forward for communicators to accurately and responsibly represent SOCE survivors in the media and public policy by:

- providing a basis for understanding the ideology that drives SOCE in faith communities and religious groups
- providing a framework for communicating survivors' stories in a way that affirms and validates their experiences without retraumatising them, and without fetishising or sensationalising their lived experiences
- providing standards for representation and considerations regarding self-representation

Background

Conversion Therapy, Ex-Gay Ideology, and Sexual Orientation Change Efforts (SOCE) in Australia followed on the heels of the sexual revolution and the gay rights movements of the 1970s and 1980s. Churches and faith communities saw a need to provide a biblical response to people whose sexuality did not fit within the accepted norms of the church (or society).

The prevailing belief was that homosexuality was a perversion of the 'natural order' and a conscious choice that could be altered by prayer, personal effort, and a re-forming of 'healthy' habits (such as marrying someone of the opposite sex, even if they were same-sex attracted). This belief formed the basis of early Sexual Orientation Change Efforts.

The ideology subsequently expanded. In order to explain *how* people became same-sex attracted or trans (LGBT), secular psychological reasonings were adopted by the church. The predominant reasoning was that same-sex attracted and trans people had a sickness due to abuse or neglect, having an absent father/overbearing mother, and/or exposure to pornography from a young age. These experiences were all used to explain why a person might have become 'disordered'.

These beliefs (that being gay is a perversion to reverse, a choice to change, and sickness to heal) still exist in the church today, often simultaneously – a homosexual is both sick *and* has made a choice to *stay* sick. This ideology still forms the underlying basis for SOCE in faith groups today, despite being discredited in the psychological community for some time.

It is paramount to understand that any Sexual Orientation Change Efforts in a faith context are grounded in the beliefs that *sexual orientation should be heterosexual* and that *gender identity is fixed at birth as binary*.

This is the underlying ideology: that LGBTQ+ people are 'broken' (in a mental and spiritual sense) and can therefore experience healing. This brings us to the Conversion Therapy Movement.

What is the Conversion Therapy Movement?

Conversion (or Ex-gay) Therapy refers to *formalised* practices (listed below) which target and attract LGBTQ+ people of faith in order to change their sexual orientation, gender identity, or gender and sexual expression. LGBTQ+ people of faith may have participated willingly: many ex-gay groups have claimed they only exist to help those who express an independent desire to change. However, many participants report that they were coerced by parents, pastors, and/or the ideologies implicit within their religious group.

The reasons for any individual seeking orientation change through Conversion or Ex-gay Therapy are many and varied. Often self-directed, yet also heavily influenced by a deep identification with the faith community and its theology, individuals may engage with conversion therapy from a desire to be accepted, whole, and worthy.

The Conversion Therapy (or Ex-gay) Movement is amorphic, encompassing a host of varied faith-based organisations and communities whose goals are to promote what they determine to be healthy, Bible-based sexuality and gender expression.

In 2015, a report by the Office of the United Nations High Commissioner for Human Rights (*Discrimination and violence against individuals based on their sexual orientation and gender identity*, IV,D,38) included conversion therapy in its list of practices categorised as 'torture and ill-treatment'.

Goals of Conversion Therapy

Conversion Therapy generally involves counselling and other programs to assist and encourage LGBTQ+ people to:

- live 'healthy heterosexual' lives through mixed-orientation marriage, or
- live 'sexually pure' lives through celibacy or abstinence, even while remaining same-sex attracted, bi, trans, and/or gender diverse, or
- ultimately change their orientation, attraction, or gender identity.

Types of Conversation Therapy

The movement's expressions have taken the form of any of the following, singularly or in conjunction:

- traditional counselling (to address childhood trauma or work towards 'acceptable' sexual/gender behaviours)
- pastoral counselling
- prayer ministry (including deliverance, the protestant term for 'exorcism')
- support groups
- conferences and rallies
- online interactive coursework and mentoring programs

The push to ban Conversion Therapy has largely focused on these tangible efforts. However, there is a need to understand the wider implications of the ideology and how it impacts upon LGBTQ+ people.

Sexual Orientation Change Efforts (SOCE) reach beyond these formalised practices of Conversion Therapy. They are difficult to quantify and are near impossible to regulate or

legislate against. It is in this arena that faith leaders are desperately needed to help drive an ideological and theological shift away from 'othering' LGBTIQ people and towards fully accepting and affirming them as equal and valued members of their faith communities.

What are Sexual Orientation Change Efforts?

Sexual Orientation Change Efforts (SOCE) include - but are not limited to - all forms of therapy as listed above (the counselling, pastoral care, and prayer ministry) aimed at addressing and rectifying a perceived 'brokenness' in the lives of LGBTQ+ people.

Additionally, many forms of SOCE exist at the micro level, making them difficult to quantify or recognise: the ideology of binary gender and sexual roles is firmly embedded in theological beliefs, church practice, policy, and religious culture.

Remember: For many devout Christians, the idea that sexual orientation can be 'fixed' is predicated on the notion that God created the universe with a specific order. This order denotes heterosexuality and cisgender identity as God's intention, meaning that LGBTQ+ people are broken, and that this brokenness is due to 'sin' (sin being the inherent dysfunction, disconnection and wrongdoing of humans from the beginning of creation).

Therefore, the driving ideology behind SOCE is that *what has been broken can be made whole: through prayer, faith in Jesus, formal therapy, and a lifestyle that earnestly suppresses the expression of same-sex attraction*. Hence, SOCE encompasses a range of techniques that seek to conform lesbian, gay, bi+, trans, gender-diverse, and queer people of faith to binary roles of *straight women* or *straight men* who identify with their gender assigned at birth, thus fulfilling their 'natural' purpose, ordained by God.

It is important to note that while SOCE may not be unique to faith communities (e.g. there may be SOCE in wider cultural groups where deviation from sexual and gender norms is considered taboo) the ideology which drives it has its genesis there. Efforts to counter SOCE must bear in mind the enormous power that faith and religious groups have to both stay people's minds, and to sway them.

The ideology behind the Conversion Therapy Movement is woven throughout many expressions of SOCE outside formal therapy. Most expressions of SOCE have flown under the radar in recent media coverage of 'Conversion Therapy':

- pastoral advice and recommendations (of websites, gender-segregated retreats and conferences, books, and other resources).
- informal prayer ministry (i.e. between peers, during prayer time after church services).
- sermons or bible studies that talk about and reinforce 'traditional gender roles' and living as 'men and women of God' (i.e. men being strong, the head of the

house, the bread-winner and sexually dominant, and women being submissive, motherly - bearing children - and purely romantic in nature within their sexual desire).

- subtle and overt sermons or testimonials that encourage or promote orientation change.
- an individual's private efforts or attempts to incrementally change their own orientation (via the reading of above-mentioned resources, private prayer time, self-denial or attempts at forming habits in opposition to their orientation).
- removal from positions of leadership or influence in order to encourage the LGBTQ+ person to accomplish private 'personal development' work in the area of their sexuality or gender (or to discourage the perceived 'promotion' of homosexuality).
- a disowning from faith communities and families until such a time as the LGBTQ+ person expresses a change in orientation or demonstrates a rejection of their orientation.
- content related to any of the above in education, chaplaincy, sex-and-relationships education programs in schools, or tertiary counselling training courses.

While participants in SOCE may be directed and encouraged by faith leaders and counsellors, these efforts are overwhelmingly self-directed. The expressions of SOCE listed above are intertwined into the fabric of faith communities and conservative theology. Thus, extracting oneself from the frame of mind itself can be traumatising. This extraction often leads to isolation, rejection from the entire faith community (which, for some people, may include exclusion from culture and family), or the loss of close relationships.

If an LGBTQ+ person of faith has entered a mixed orientation marriage, leaving behind any further Sexual Orientation Change Efforts may entail divorce, and subsequently the difficult journey of navigating the fallout where children and extended family members are involved.

Who are Survivors of SOCE, Conversion Therapy, and Ex-Gay Ideology?

A survivor of SOCE is any LGBTIQ+ individual who has been the subject or target of any of the range of SOCE listed above, including - but not limited to - formal therapy.

Survivors of SOCE are diverse.

- Some survivors may still identify with and enjoy continued connection with the community in which they experienced SOCE while maintaining a firm position that SOCE are harmful and ineffective.
- Some survivors may have found encouragement in support groups and LGBTIQ+ affirming communities.
- Some survivors may have moved on from their faith entirely.

As long as the survivor is safe and acting with agency, these options (and variations in-between) are all valid expressions of life-after-SOCE.

Survivors should be viewed as having endured a system which dehumanised and shamed them. Setting up survivors to be framed as gullible or unintelligent for holding to a religious view which ultimately harmed them is not in the best interest of the mental health of the survivor, nor is it an accurate representation of persons who often engaged in SOCE because of deep devotion and connection to their faith community.

An ethical approach to discussing SOCE and its survivors respects the individual's personal agency, whether they have chosen to remain in or leave their faith communities, and whether they still profess faith or have eschewed it. The spectrum of beliefs and faith is just as broad as the spectrum of sexual and gender identities.

Who should speak for Survivors?

Survivors of the ex-gay movement *must* be the ones who speak about this issue and provide direction for change.

Survivors should be at the forefront of any conversation or communication about SOCE and conversion therapy, whether these conversations happen in the media or in the drafting of public policy.

Allies and LGBTIQ+ people of faith are essential voices within this conversation as well, to help drive change from within faith communities and religious groups. However, self-advocates are significantly more equipped to communicate the complexity of the movement.

When given freedom of expression, SOCE survivors primarily desire to talk about:

- The state of LGBTIQ+ affirmation in the church.
- The rejection from family they have experienced and continue to experience.
- LGBTIQ+ Christian or religious friends and acquaintances who suicided – *not necessarily directly caused by therapy*, but from spending years in a faith community doused in homophobic, biphobic and transphobic beliefs.
- The self-hatred that developed from years of rejection by their faith communities that led them to seek out formal therapy in the first place.

- The other forms of self-denial they may have engaged in during their attempt/s to change their sexuality, in addition to ex-gay therapy.
- The spaces and places that ex-gay ideologies, SOCE and conversion therapies took place that are outside of therapeutic settings, eg. conferences, pastoral care.
- How ex-gay groups and one-on-one counselling were often just as ridiculous as they were painful.

SOCE Survivors, in general, have little desire to discuss or revisit the following:

- The techniques used in various therapies to attempt to change their orientation.
- Traumatic events such as deliverance or intensive prayer ministries.
- The practical efforts induced by faith leaders or parents in attempts to change their orientation.

Focus on the above is unproductive to the conversation as it takes the focus off the core issues that drive the problem (the homophobic, biphobic and transphobic ideologies in faith communities), and generally only serves to entertain the public and satiate desire for gripping and dramatic social commentary.

Attempts at drawing recollections of these experiences out of SOCE survivors can be re-traumatising, and does not respect the vulnerable state in which many survivors find themselves.

How should SOCE survivors be represented in the media?

Any media representation should seek to maintain accuracy and integrity, moving away from sensationalism and toward an understanding of the ideology which undergirds the many practices and iterations of SOCE in Australia.

An ethical approach to representing survivors and the issue as a whole acknowledges that while a ban on conversion therapy may be a first step toward reducing the access to (and prevalence of) more formalised gay conversion therapies, it does not comprehensively address the wider range of SOCE that exist within conservative faith communities in Australia.

*An ethical approach seeks to spotlight the erroneous belief – **widespread in Australian Christian communities** – that people are LGBTQ+ due to 'brokenness'.*

An ethical approach returns focus to the homophobic, biphobic and transphobic attitudes that exist in faith communities, rather than focusing solely on the therapeutic manifestations of these attitudes.

Practically, an ethical approach covering SOCE in the media will:

- Reduce focus on sensational aspects such as deliverance, electroshock/aversion therapy and formal therapy.
- Centre the voices and experiences of SOCE survivors in such a way that the underlying homophobic, biphobic and transphobic ideology of the ex-gay movement ("LGBTQ = broken") is addressed.
- Communicate that whilst any ban on Conversion Therapies may help to send a message to the wider community about the issue and help to reduce the number of counsellors and other professionals engaging in this kind of practice, it will do very little to protect LGBTQ+ people from harmful ideology present within conservative faith-based communities and programs in Australia, and
- Discourage non-Christian allies and progressive journalists from focusing on the horror stories and fetishised accounts of ex-gay therapy.

In Summary:

- Faith communities support SOCE because of the belief that LGBTQ+ people are broken and can be fixed. They have little understanding of the harm this belief causes.
- The ex-gay movement is grounded in an ideology - it is not *just* a type of therapy that can be banned. While affirming faith leaders are needed to help drive change from within this movement, lawmakers and legal advocates who wish to curtail the movement must pursue strategies that seek to identify and counteract the influence of this ideology in the **education and training, community, charity, non-profit and media spheres**. If lawmakers and advocates feel ill-equipped to implement these strategies, they must defer to the expertise of others.
- There is a strong need to more effectively communicate the lived experience of SOCE survivors so as not to re-traumatise them or sensationalise their experiences. Survivors' stories should be listened to, validated, and communicated as holistically as possible. These conversations should be driven by survivors themselves.

Failure to ethically and holistically represent the experiences of SOCE survivors may lead to:

- significant mental health ramifications for survivors
- interventions and advocacy that fail to address the ideology and messages that continue to thrive within conservative communities in Australia.

This statement has been prepared by representatives of Brave Network Melbourne and Equal Voices, with contributions from individual SOCE survivors.