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SOGIECE/CT Survivor Support Project:

**Findings from a National Survey, Focus Groups,
and Interviews with Hundreds of Survivors, 2021-22**

**A Community-Based Research Project among Two-Spirit, Lesbian,
Gay, Bisexual, Trans, and Queer people (2SLGBTQ+) in Canada**

ACKNOWLEDGMENTS

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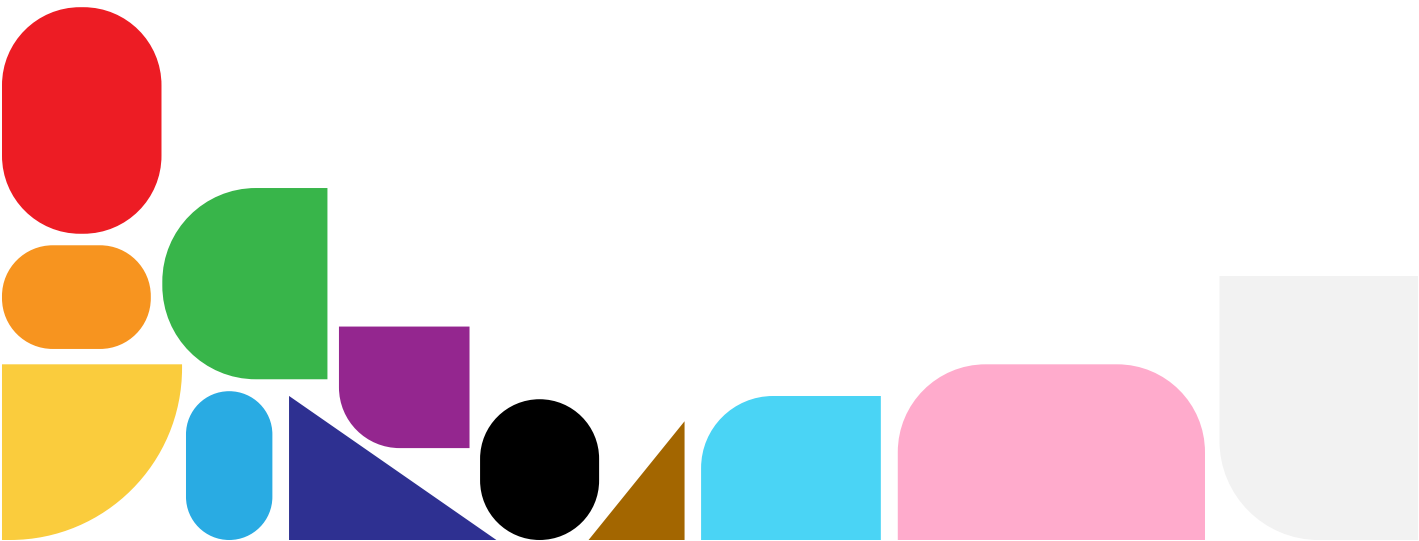
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EXECUTIVE SUMMARY

BACKGROUND:

Sexual orientation and gender identity and expression change efforts (SOGIECE)—which include conversion “therapy” (CT)—are subtle or blatant practices, pressures, or messages that aim to change, deny, or suppress a person’s non-heteronormative sexual orientation, non-cisnormative gender identity and/or gender expression. SOGIECE is enabled and condoned by widespread heterosexism and cissexism in contemporary societies. The SOGIECE pyramid (see Figure 1 below¹) illustrates this concept and shows how SOGIECE, CT, and cis-heteronormativity are interrelated. These efforts may be organized and sustained by healthcare practitioners, by religious organizations, or experienced as life-long pressures from family and peers. Together they represent conversion practices across a broad spectrum of experiences that are hostile to a person’s identity, unethical, psychologically and spiritually damaging, and not supported by evidence.

This report invites the reader into a dialogue with people who are survivors of harm and asks that we hold their stories with care and respect. Experiences with conversion practices are diverse and our participants represent a small subset of those who have experienced SOGIECE/CT-related harm. In writing this report, we affirm that there are no right or wrong stories, and every experience is real and needs to be validated.

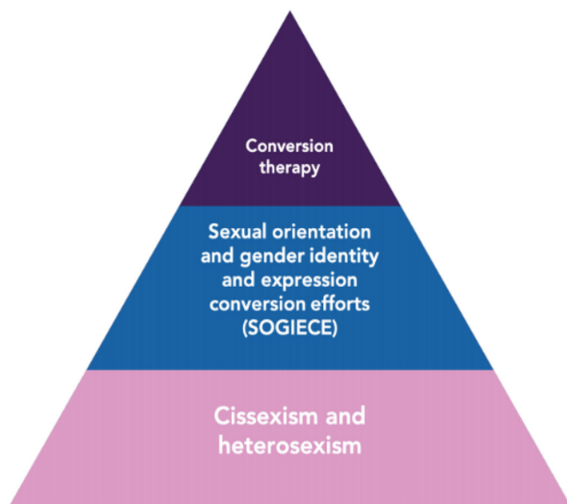


Figure 1: The sexual orientation and gender identity and expression change efforts (SOGIECE) pyramid, Canada, 2020.

THE SOGIECE/CT SURVIVOR SUPPORT PROJECT:

The SOGIECE/CT Survivors Support Project is a community-based research project led by survivors for survivors. It was conducted from February 1, 2021, to March 31, 2022. The project has provided clear findings on what supports are needed by Two-Spirit, lesbian, gay, bisexual, transgender, queer and other sexual and gender minority people (2SLGBTQ+²) in Canada who have been harmed by SOGIECE/CT. The findings highlight barriers experienced in recovering from harm, as well as supports and resources that were helpful during participants’ recovery. Participants have self-identified as survivors (these terms will be used interchangeably).

Typically, CT-related harm is traumatic and deeply internalized, and the act of recognizing the harm done is a crucial part of the recovery process. Survivors face multiple barriers and are directly impacted by the people and systems that surround them, which often perpetuate systemic inequities. Healing becomes possible when survivors find safe, affirming and supportive places and relationships, and leave non-affirming spaces. Participants indicate that becoming self-aware means deconstructing, relearning, and advocating for themselves.

¹David J. Kinitz, Trevor Goodyear, Elisabeth Dromer, Dionne Gesink, Olivier Ferlatte, Rod Knight, Travis Salway (2021). [“Conversion Therapy” Experiences in Their Social Contexts: A Qualitative Study of Sexual Orientation and Gender Identity and Expression Change Efforts in Canada](#), *The Canadian Journal of Psychiatry*.

²2SLGBTQ+ is inclusive of other sexual and gender identities such as pansexual, asexual, intersex, non-binary, gender non-conforming, and agender.

Survivors described an alarming lack of support available. They have identified the need for access to affirming therapists who understand trauma, and healthcare practitioners equipped to support survivors. The need for funds to access these supports is critical. A fulsome and accessible support system that prioritizes safety and personal agency is needed to address the harm and complex trauma experienced. Practical support for survivors such as safe spaces to share stories, adequate sex education, and an understanding of religious trauma are needed. Dialogue with therapists have identified criteria which lay the necessary groundwork for an online referral network. The creation of an informal network of therapists will help to move this work forward, aid in connecting therapists with one another, and promote knowledge translation among therapists.

RECOMMENDATIONS

The findings have uncovered a need for supports and public actions, grouped into four categories:

1. The development of a variety of survivor supports, along with necessary funding
2. Increased education and awareness among the general public and specific communities
3. Education, training, and tools within the healthcare system
4. Continued research

The development of a variety of survivor supports, along with necessary funding: Survivors have spoken through the findings, making it clear that when survivors leave spaces where they are being harmed, they face a significant lack of support—often when they are most vulnerable and in need of support. Funding is urgently needed to allow for the creation of survivor initiatives. Mobilization and cohesion of people and organizations working in this field is necessary to foster an accessible and viable support system.

“At the very beginning, I knew the fewest people, I had the least resources, but I was vulnerable because I had the biggest need.”

—SOGIECE/CT Survivor

Increased education and awareness among the general public and specific communities: The findings demonstrate that in order to aid survivors in their recovery, the barriers that are created by ignorance, lack of awareness, and misinformation about sexual and gender minorities (SGM), SOGIECE and CT must be dismantled. Educational campaigns tailored for a wide variety of audiences that aim to address systemic inequities and intersectional identities in the context of conversion therapy are urgently needed.



Education, training, and tools within the healthcare system: Survivors have indicated that Canada's current healthcare system is failing them. While there are many affirming healthcare practitioners, they are not accessible to everyone, and the discrimination that exists and is practiced by far too many needs to stop. Therapeutic practitioners require increased training and support tools in order to effectively work with survivors.

Continued research: While roughly 270 survivors engaged in this project, we know there are tens of thousands more who have struggled and are struggling to heal from the trauma of SOGIECE and CT. The data suggests that survivors who are trans and gender non-conforming, who have experienced SOGIECE/CT within the healthcare system, who are Black, who are Indigenous, and who are people of colour, who live with physical and mental health challenges, who are refugees and immigrants—are minority groups among survivors. Additional research is needed among these communities in order to create policies and supports that are equitable, accessible, and sensitive to their intersectional identities.

BACKGROUND

The Centre for Gender and Sexual Health Equity released a report in 2019 outlining the nature and scope of SOGIECE/CT. The report, [Ending Conversion Therapy in Canada](#), was developed following a dialogue in which participants affirmed the need for a multipronged strategy to stem exposure to SOGIECE and the associated harms, including support for survivors. Following this dialogue, a community-based research project was developed, to increase knowledge of barriers experienced by 2SLGBTQ+ survivors of SOGIECE in Canada.

The project was initiated by Generous Space Ministries (GSM) who hosted it from February to June 2021 (when GSM closed). Dr. Travis Salway and [Simon Fraser University](#) (SFU) provided funding to allow for continued data collection in July and early August, with Nicholas Schiavo at [No Conversion Canada](#) (NCC) hosting the project web page. [The Community Based Research Centre](#) (CBRC) agreed to host the project with continued funding from WAGE, beginning in mid-August. By promoting the project from two distinct organizations—one religious-based (GSM) and one secular (CBRC)—we were able to reach a broad cross-section of survivors.

Purpose

The primary goal of this work was to identify supports needed by 2SLGBTQ+ people in Canada who have been harmed by SOGIECE/CT, and develop an advocacy plan to facilitate access to the supports survivors need to recover. A secondary project goal was to identify and develop an online referral network of therapeutic practitioners with expertise in working with survivors of SOGIECE/CT. A total of 18 therapists were consulted between February and November 2021.

Overview

This report is based on findings from four data sets: (A) quantitative survey data, (B) qualitative survey data, (C) interviews and focus groups with survivors, and (D) consultations with therapeutic practitioners. Findings from the quantitative surveys are descriptive statistics that give a sense of the scope of issues affecting SOGIECE/CT survivors in Canada. The qualitative data for the survey, focus groups, and interviews, were analyzed using thematic coding through NVivo qualitative data analysis software. The Appendix includes a detailed look at how we got to the findings-at-a-glance. Available by request: outreach tools used, research tools used, and overview of codes/themes identified.

METHODOLOGY

Leadership

The project coordinator and interviewer, Jordan Sullivan, is a trans man and a survivor of SOGIECE/CT from a religious-based context. He has a B.Sc. in Elementary Education and a Master of Arts in Religious Studies. He led the qualitative analysis for focus groups and interviews, and the qualitative analysis for therapeutic practitioners. Reilla Archibald, research assistant, is a Master of Public Health Student at SFU. She worked collaboratively with Jordan in conducting focus groups and developing this report. She led the qualitative and quantitative survey analyses. See the Appendix for more information on Jordan and Reilla.

Study Design

Following a community-based research approach, 30 people were consulted on the study design. This included people of various socio-demographic backgrounds. Design consultants included 13 survivors (from religious-based as well as healthcare-based experiences), seven therapists with experience working with SOGIECE/CT survivors (some of whom are also survivors), an additional 10 consultants consisting of a diverse group of leaders in the 2SLGBTQ+ community, affirming faith leaders, a public health student (M.Sc.) conducting research on how SOGIECE survivors recover³, and the projects' three key partners: Michael Kwag at CBRC, Dr. Travis Salway at SFU, and Nicholas Schiavo at NCC. Survivors were the primary contributors to the design of the survey, focus groups, and interviews. Jeanette Romkema at Global Learning assisted in the development of the focus group and interview templates. Translation services for the first few months—including the project web page, early promotional material, and online survey, were provided by [Intersigne](#).

Outreach

The main outreach objective was to provide opportunities to access the survey for as many SOGIECE/CT survivors as possible in different regions and communities across Canada. Outreach efforts began in March 2021 and continued intermittently until September 2021. We are appreciative of those individuals and organizations that promoted and distributed the survey throughout the country.

Participation

Participation was open to anyone who identifies as a 2SLGBTQ+ person who experienced subtle or blatant pressure to change their sexual orientation or gender identity or expression. This includes people who experienced SOGIECE/CT in secular settings, or in religious-based settings; 15 years of age or older; resided in Canada (includes Canadian citizens, immigrants, residents, or those with no status). Note: Those who experienced harm outside of Canada were eligible to complete the survey.

³ Thesis: Dromer, E. (2021). [Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors](#) [Master's Thesis, Université de Montréal]. Papyrus: Université de Montréal Digital Institutional Repository.

Main Research Activities

The research activities, available in English and French, were launched from April 14 to September 30, 2021. All eligible participants were encouraged to take the online survey, created and delivered by SurveyMonkey. Participants were also invited to consider participating in focus groups or interviews. A \$100 honorarium was offered, by request, to acknowledge the time and effort put into participation (sent by e-transfer after their interview).

The main research activities were:

- The survey
- Semi-structured focus groups
- Semi-structured interviews

The three research questions asked in all research activities were:

- What have you found helpful in recovering from your experience of harm?
- What barriers or challenges have you experienced in seeking to recover from the harm?
- If resources were unlimited, what kinds of support would you most wish you could access?



FINDINGS AT-A-GLANCE

Overall Participation and Demographics

About 270 people⁴ participated in the project activities. The online survey secured 270 participants. Eighteen surveys were done in French, and 252 in English. Three focus groups were held with a total of 12 people, and 21 interviews were conducted. Eight people participated in both an interview and focus group, bringing the total number of focus group/interview participants to 25.

Participants learned about the survey through Facebook, 2SLGBTQ+ organizations, Twitter, Instagram, and through other people.

Summary of demographics from the survey, focus groups, and interviews, N=270:

Age		Location		Sexual Orientation		Gender Identity ⁵	
15-19	3%	ON	40%	Gay	37%	Man	38%
20-39	57%	BC	18%	Queer	35%	Woman	26%
40-54	19%	AB	11%	Bisexual	19%	Non-binary	23%
55+	21%	QC	9%	Lesbian	18%	Trans man	13%
						Gender queer	10%
						Gender fluid	8%
						Trans woman	5%

See the Appendix for full demographics from the survey, as well as interview and focus group participants.

Themes were identified from the quantitative findings from the survey, as well as qualitative findings from the open-ended response options of the survey (in which participants could explain further in a free text format) and the focus groups and interviews (which provided participants with the opportunity to engage deeper).

The findings primarily reflect the experiences of survivors who experienced harm in religious-based settings, given that they constituted the majority of participants. We have, however, taken care to emphasize particular findings that correspond to survivors of harm in medical and other healthcare settings.

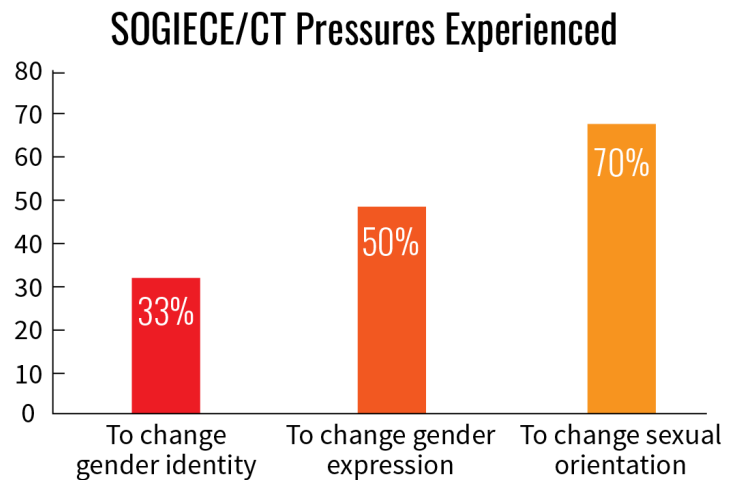
⁴It was anticipated that all focus-group and interview participants would also take the survey—but this was not verified.

⁵Disclaimer: the survey provided various options to select gender identity and these were not mutually exclusive.

SOGIECE/CT Pressures Experienced

Participants experienced pressure from persons in authority to deny, suppress or change their sexual or gender identity in three significant ways. The targets were sexual orientation, gender identity, or gender expression.

- The majority of participants experienced pressure to change their sexual attraction to the same sex (70%).
- Half of participants experienced pressure to change their gender expression (clothing, hairstyle, makeup).
- One-third of participants experienced pressure to deny or suppress their gender identity.



Impact of SOGIECE/CT on Life of Survivors

Many participants reported **negative feelings towards self**, such as shame, self-doubt, and lack of confidence, often manifested as internalized homophobia, transphobia, and biphobia. Another common experience shared was **not identifying the harm or trauma experienced**, not identifying as a “survivor,” or believing their experience wasn’t the same or “as bad as” other experiences they saw reflected in documentaries or the media.

Participants experienced harm from subtle and blatant messages, stemming from the notion of **compulsory heterosexuality and cisgender identification**, where they were only taught about cisgender and heterosexual identities. Several participants identified experiencing widespread **systemic inequities**, such as limited employment opportunities, experiences of poverty, and social and religious exclusion. Many participants reported the burden of dealing with ongoing human rights issues, and several experienced physical violence or feared being a target of violence because of their sexual or gender identity.

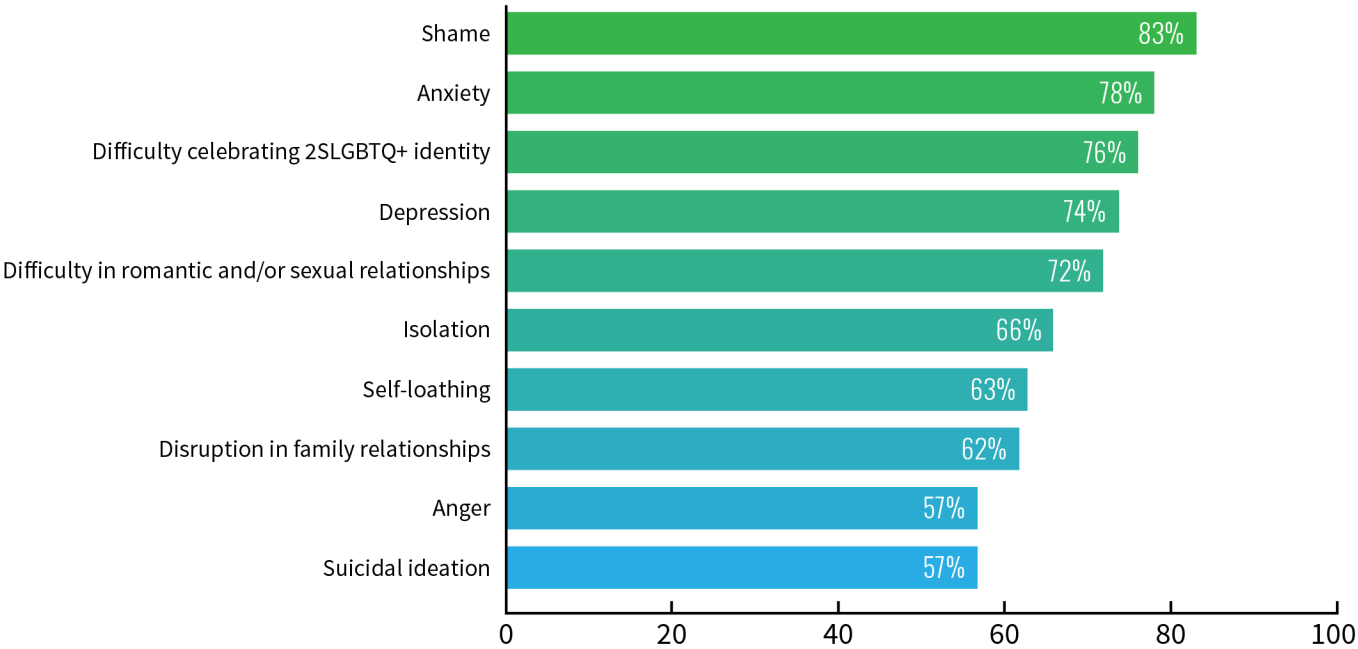
One of the most common factors was **the sense of isolation felt by survivors—both during and after their SOGIECE/CT experiences**. A trans woman who is a survivor of conversion practices at the hand of the mental health system, stated she was “*deeply depressed, quite often suicidal, and was frequently self isolating.*” A gay man who is a survivor of religious based CT stated, “*the more I engaged in conversion therapy, the more isolated I became.*” Survivors lost relationships as a result of coming out, experiencing further isolation and erasure.

Many struggle to form relationships or start dating, achieve intimacy with others, and/or connect with their physical body and sexuality in healthy ways. A survivor whose experience was related to their gender identity shared how a mental health practitioner’s denial for hormone replacement therapy until they were 22 had an impact: *“...if he had gone ahead and done his job, then I would look quite significantly different today... Living in a body that I feel comfortable in and that doesn’t feel like a prison would be huge.”*

A survivor whose experience was related to their sexual orientation, shared that, *“Chemically, my brain has developed neural pathways towards shame, towards self-contempt, and towards connecting my sexual desire with sin... After years of repressing, suppressing, and confessing, and saying that it’s sin and wrong, I have a hard time with intimacy.”*

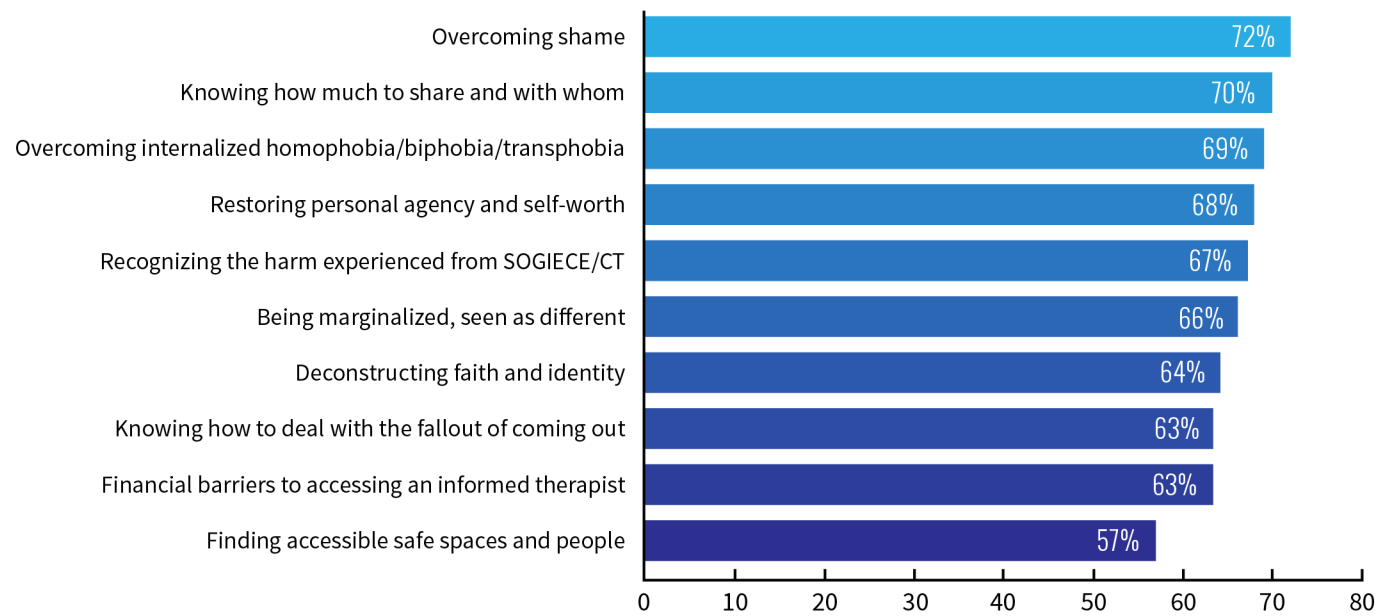
Additionally, parental or family affirmation or non-affirmation, was seen to have a significant impact on feelings of acceptance and well-being. Some participants felt oppression from within the 2SLGBTQ+ community and some felt alone and unable to relate because nobody else they met had experienced CT.

10 Most Common Impacts of SOGIECE/CT



Barriers or Challenges to Recovery and Healing

10 Most Common Barriers to Recovery



The two largest systemic contributors to barriers experienced were identified by survivors as coming from **religious communities** and the **healthcare system**.

Seventy-four percent of participants identified religion as being the social category that intersected the most with their SOGIE identity during their experience of SOGIECE and recovery from harm. Many religious organizations are known to be homophobic, biphobic, and transphobic, and enforce the notions of heteronormativity and cisnormativity, encouraging people of all ages to deny and suppress their non-cis-heteronormative orientation/identities.

In many religious homes and communities, one does not have to engage in a formal CT program or counselling to feel the effects of SOGIECE/CT. As one participant shared, *“I wasn’t part of a change ministry but my family and home church all believed they were the only/best option for me. I never followed thru and joined a program, but the same messages were conveyed in countless ways thru my friends and church programs.”*

In terms of **religion and faith**, the most common barriers to recovery were:

- Deconstructing faith and identity (**63%**)
- Escaping the prison of literal interpretation of religious texts (**51%**)
- Religious communities’ expectations (**45%**)
- Having one’s commitment to one’s faith minimized or devalued by others (**40%**)

Becoming aware of themselves as different within religious communities created internalized trauma for participants that was amplified by **religious-based trauma**. As one survivor shared, *“My church was my only known and trusted community—in which I was hiding. I felt all alone in the universe.”* Disentangling one’s faith and religion from the harm experienced in CT has been a difficult and lengthy journey for survivors.

Religious indoctrination, especially in authoritarian-style religions, was traumatic for many participants. Breaking away from it has lasting adverse effects on a person’s physical, mental, social, emotional, and spiritual well-being—it essentially means the death of one’s previous life – the end of reality as it was understood. Many survivors faced therapists and others who were unfamiliar with the impact of religious indoctrination, and often did not appreciate nor validate the fear and trauma involved and the recovery needed.

While **leaving their religious communities was the most important barrier to overcome** in healing from the harm of conversion practices, survivors shared that it also resulted in grief, anger, fear, and isolation. As one participant put it, *“You can leave the church, but the church never leaves you.”*

The most common barriers to recovery in terms of **accessing therapeutic support** were:

- Financial barriers to accessing a trauma-informed counsellor/therapist (**63%**)
- Living with multiple layers of trauma and mental health challenges (**55%**)
- Navigating the mental health system (**53%**)
- Waiting for referrals and being on waiting lists (**48%**)

Survivors who experienced SOGIECE/CT in the healthcare system—most often trans and gender non-conforming people—faced a barrier equally as traumatic as those from religious communities. As one survivor stated, *“You can walk away from religion and still have your physical, mental, and spiritual needs met, but you cannot walk away from the medical or mental health system and have your physical and mental needs met.”* The healthcare system follows survivors through **medical records**, often diagnosed with a mental illness (PTSD, anxiety, depression, schizophrenia, etc.) rather than receiving the treatment that affirms their sexual or gender identity, and/or that affirms and recognizes the trauma caused by SOGIECE/CT.

Until very recently the oppressive practice of **CT for trans people** has been accepted among healthcare professionals. Despite recent changes, many of these practitioners continue to engage in conversion practices for trans and gender non-conforming people by denying them access to gender-affirming hormones, surgeries, therapy, and other health care needs. As a result, trans people are terrified of going to see a doctor, purposefully misgendered, and in many places in Canada they have no access to safe and respectful health care. Additional trans-specific barriers included feeling shame in coming out, losing employment after coming out, and facing financial challenges due to transition-related costs.

Financial difficulties were a key barrier identified by participants. A few participants described experiencing poverty as a result of their SOGIECE/CT experience. Many people were forced to or felt they had to leave harmful situations either at work or where they lived, leading to potential loss of housing and/or employment.

Participants also shared that counselling services were inaccessible due to inadequate funding or lack of affirming therapists available, or both. **Only 12% of participants shared that they were able to find a therapist who was experienced in working with SOGIECE/CT survivors.**

The most common barriers to recovery, in terms of **emotions and internal processing**, were:

- The challenge of overcoming shame (**72%**)
- Not knowing how much to share and with whom (**70%**)
- The difficulty of dealing with internalized homophobia, biphobia or transphobia (**69%**)
- The struggle to restore personal agency and self-worth (**68%**)
- Lack of parental support (**58%**)
- Understanding what parts of themselves are authentic and what parts are not (**56%**)
- Being constantly triggered, reactivating trauma (**50%**)

Some of the most significant barriers to healing are seen in the themes of **personal awareness** and **self-expression**. Survivors find themselves having to deconstruct and re-evaluate so much. The destructive internal messages of homophobia, biphobia and transphobia, driven by a cis-heteronormative society, need to be erased and replaced. As one trans survivor said, *“I think the biggest barrier or challenge that I have is just my own head. Like everything has been so ingrained in there.”* Non-affirming messages that have been ingrained, including religious beliefs, need to be deconstructed, re-evaluated, and replaced with life-affirming messages and healthy spiritualities. Emotions such as hopelessness, fear, rejection, judgment, despair, self-hatred, grief, anger, shame, all need to be acknowledged and addressed over time, as survivors move to a place of acceptance, loving and trusting themselves, and restoring personal agency.

Many participants were forced to leave home, rejected and shunned by family and friends. *“This idea of unconditional love and acceptance is not something that I actually have a lot of experience with, it’s more like a concept. Some people have those kinds of families and relationships, but I don’t.”* While most survivors found that healing began only when they left toxic families or workplaces, leaving also led to loss of community and safety, and an increase in poverty, homelessness, and difficulty in finding employment.

In terms of **general awareness and understanding**, the most common barriers to recovery were:

- Not recognizing the harm experienced from SOGIECE/CT (**67%**)
- Dealing with ongoing pressure from others to change or deny their sexual orientation or gender identity-expression (**55%**)

The **lack of understanding and awareness about SOGIECE/CT** and the trauma it causes contributes to the challenge of identifying as a survivor of SOGIECE/CT. Trans and non-binary people often do not consider their negative experiences with healthcare practitioners to be CT practices. As one trans participant shared, *“Before I found the link to the survey from this project, I didn’t even know that what I went through could be considered this at all. And I didn’t know how to think about or explain those experiences. And it was really, really, hard finding anybody who could relate or understand me.”* A Two-Spirit participant stated, *“At age 17 I was questioning do I even have the right to be traumatized about this?”*

Survivors from religious backgrounds shared similar thoughts: *“I didn’t experience traditional conversion therapy, but just a really deeply indoctrinated sense of the wrongness of being queer through religion and through my parents...”* And *“I never went to one of the camps or the more formal things, so when they’re having conversations about conversion therapy, I felt like it really didn’t apply to me. For me, the thing was that when I came across the Bible verses myself as a kid and applied them to myself, without any adult help for all those years, that was extremely damaging.”*

The challenges listed above are amplified for SOGIECE/CT survivors who experience intersectional stigma.

Although many Two-Spirit and LGBTQ+ Indigenous people do not think of their experience as CT or SOGIECE, Indigenous Peoples have experienced many cumulative attempts by government, social, and religious institutions to erase or minimize traditional teachings and identities. The government has indeed sponsored conversion practices—and continues to do so—by enforcing Indigenous children and communities to adhere to the cis-normative gender binary system and the heteronormative narrative through Canada’s welfare system and colonization, including The Indian Act and residential schools. As a Two-Spirit survivor shared, *“I am very aware how deeply and intrinsically I am connected to and shaped by the occurrences that have taken place in the earliest years of my life as a direct result of intergenerational residential schools and being a scoop child due to the forced assimilation policies regarding indigenous children/families.”*

Participants identified a **lack of awareness** among the public about CT. Access to information on 2SLGBTQ+ affirming resources and services for the public (e.g., schools, healthcare providers, community centres) was found to be inadequate. As a result, participants noted feeling alone in their experiences, driving further shame towards the self.

In terms of **connections with others**, participants identified the most common barriers as:

- Being marginalized, seen as different or othered for being 2SLGBTQ+ (**66%**)
- Finding accessible safe spaces and people (**57%**)
- Coping with the loss of community, family, and friends after ending change efforts (**53%**)
- Fear of being part of a religious community no matter how affirming (**45%**)

Barriers for trans people were commonly reported experiences. Some of these **trans-specific barriers** included feeling shame in coming out, losing employment after coming out, and facing financial challenges due to transition-related costs. Other barriers include finding and accessing support services, paying for medications, living with a disability, and finding supportive people who are understanding and affirming.

While healing for some participants, a number of survivors were **unable to fit into the 2SLGBTQ+ community**. In addition, many participants had to defend themselves for having engaged in religious-based conversion practices and were often ridiculed or made to feel stupid while facing an almost total lack of understanding of what SOGIECE/CT is and what it is like to be raised in a fundamentalist or evangelical religious home and faith community.

As one survivor shared, “[People] who are so eager to appear on board with the status quo of how they think things should be that they steamroll your experience with a preconceived notion of how coming out should look and make you feel like a total fucking idiot for having spent more than two minutes in conversion therapy. Because obviously it doesn’t work, and who would do that? Who would go into it? Who could stand it? You must be stupid! They don’t say it like that, but like, why would you do that? Did somebody force you into doing that? Zero comprehension, zero understanding. So now I don’t say anything. Now I don’t say anything.”

The most common barrier to recovery in terms of **the impact of discrimination**, were:

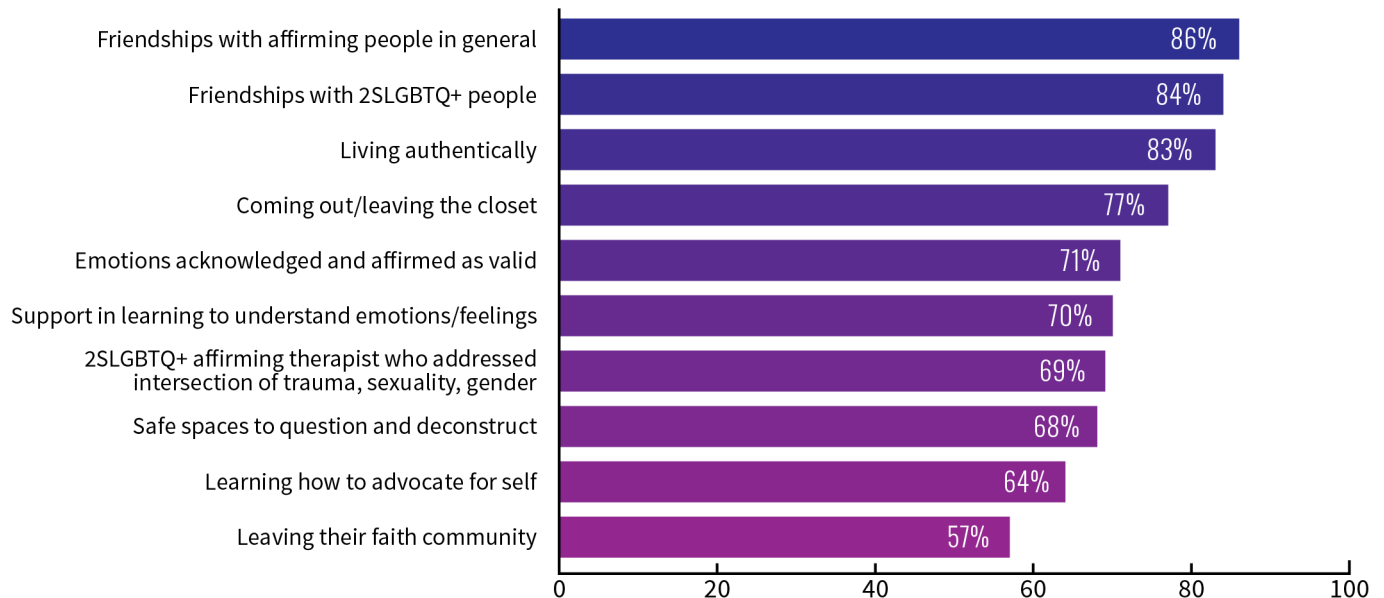
- Not knowing how to deal with the fallout of coming out (**63%**)
- Fear of job loss and/or losing a job after coming out (**53%**)

Discrimination in healthcare and medical settings was mentioned multiple times. This was experienced in diverse ways such as lack of affirmation for SGM, misdiagnoses, homophobia/biphobia, transphobia, withholding transitional services, and alienation.

Participants shared experiencing **unsafe workplaces**, in hospitals, religious organizations, the media, and the Canadian military, among others. Remaining silent in order to keep their job was experienced by some, while others were fired after coming out and went through the trauma and financial strain of fighting for severance pay.

Most Helpful for Recovery and Healing

10 Most Common Things Helpful in Recovery



The work involved in overcoming the effects of SOGIECE/CT is unique for each survivor. There are however, a number of concepts which are common to healing for survivors.

Most common to all participants was the need for **affirming communities and relationships**, where participants were heard, believed, understood, and supported.

In terms of **connections with others**, participants found the most helpful things for recovery were:

- Friendships with affirming people in general (**86%**)
- Friendships with 2SLGBTQ+ people who are out and thriving (**84%**)
- Having their emotions acknowledged and affirmed as valid (**71%**)
- Finding and accessing safe spaces to question and deconstruct things (**68%**)
- Sharing their story – being seen, heard, and affirmed (**67%**)
- Connecting with 2SLGBTQ+ affirming organizations/communities (**64%**)
- Establishing boundaries with family relationships (**62%**)
- Getting involved in local 2SLGBTQ+ affirming groups (**54%**)
- Sex-positive people, resources, conversations (**54%**)

Most survivor participants experienced healing through **connecting with other survivors**. *“What I found to be helpful was to get connected with other conversion therapy survivors, which has been very uncommon, actually more of a rare occurrence than a common one, but when it did occur, it really helped me to feel less secluded.”* Many participants talked about the need for better ways to find each other.

Another common challenge faced was connecting with survivors who shared the same experience (faith-based or healthcare-based), whose experience was focused on the same identity (sexual orientation, gender identity, or gender expression), and who had other identities in common (race/ethnicity, culture, ability, socio-economic status, language, etc.). Being able to access survivor stories can help survivors by normalizing their experiences and embracing their identities.

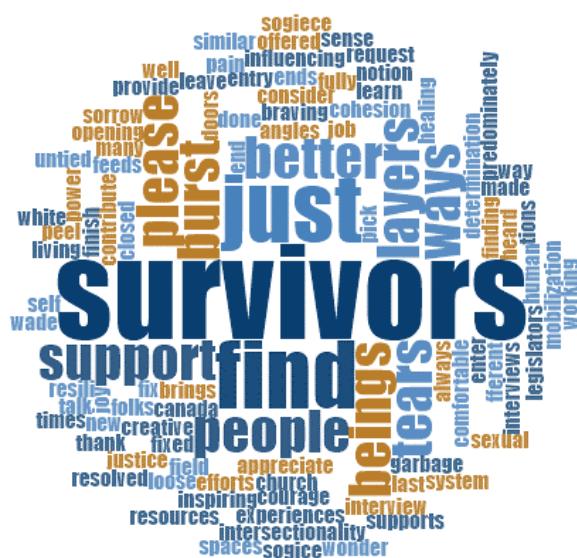
For many, healing was also experienced within the **2SLGBTQ+ community and queer friendly spaces**. Meeting people who are like them, was pivotal in survivors overcoming internalized homophobia, biphobia, or transphobia, and/or dispelling the myths told by others about 2SLGBTQ+ people. One survivor shared, *“The more involved I get in the LGBTQ+ community, the more comfortable I become with who I am, so that’s been really helpful for me. I’m not broken. This is normal and there are lots of people like me in the world. That’s been really helpful.”*

Coming to know themselves, integrating their sexual and/or gender identity into their **self-awareness and self-expression**, is an important step in healing. Survivors have been taught to suppress, reject, and deny their thoughts and emotions—their identities. Participants talked about the importance of making room for their emotions—anger, rage—soaking up the affirmation, being loud, silencing the inner critic, prioritizing themselves and their needs, learning to respect themselves, expressing themselves in ways denied to them.

All survivors talked about the need to **deconstruct** the concepts and ideas related to changing, denying, or suppressing their identities. Equally as important is **reconstructing** and learning that who they are is good and worthy of life and love. Peeling away the masks they put on to survive the unrelenting attacks on their identity takes a lot of effort and time, and supports—particularly supportive people—are needed to help with this process.

In terms of **general awareness and understanding**, participants found the most helpful things for recovery were:

- Living authentically (**83%**)
- Coming out/leaving the closet (**77%**)
- Finding support in learning to understand their emotions/feelings (**70%**)
- Learning how to advocate for themselves (**64%**)
- Knowing what harm is (**53%**)



Participants shared ways by which they were learning to **live authentically**, including exploring drag within the queer community, engaging in advocacy and speaking out for conversion therapy bans, and helping to build supportive networks for CT survivors. One trans participant shared, *“When I think of things that are helpful for recovering, the things that come to mind are finding or doing things that were important to me, were denied to me by my conversion therapy. As a trans person, my conversion therapy was largely done on the basis of gender identity and gender expression, it was therapy and effort to stop me from being trans. The things that have helped me recover are trying to get in touch with my gender and trying to be in spaces where I’m respected as a woman and seen as myself, and exploring dominant gender expression.”*

Several participants reflected that for a long time they had not thought of themselves as survivors or as victims of SOGIECE/CT, and some did not realize it until completing the survey. **Recognizing oneself as a survivor** seemed to be a validating process, accepting that yes “[my] trauma was real.” Participants described situations of despair, feeling hopeless, and finally, recognizing that they need help—acknowledging that needing help is the first step to actually getting help.

Survivors spoke of the importance of **recognizing their experience as trauma**, of understanding the deep ways in which their psyche had been harmed. As one survivor shared, *“A good friend and colleague who was a social worker, she did a quick assessment and said, you need to be evaluated because this is significant, you have you been suicidal because of this. She goes, this is trauma.”* Survivors referred to their experience as trauma—whether at the hand of a healthcare professional or a religious leader.

In terms of **therapeutic support**, participants found the most helpful thing for recovery was:

- Finding and accessing a therapist who addressed the intersections of trauma and sexuality and/or gender (**69%**)

The importance of **2SLGBTQ+-affirming therapeutic support** was pivotal for many survivors. A young trans survivor shared that, *“medically transitioning has also been one of the most important steps in my recovery. I would not be here if it were not for my current health team, working as hard as they can to accommodate my needs and help me. Even though it’s been a really, really, tough road attempting to get access to these things.”*

Many survivors stressed the importance of finding a therapist or counselor who is informed about CT and the many ways it is experienced, but who also understands trauma. As another young trans survivor shared, they needed *“therapy for many, many years. Not just related to conversion therapy because I think that experience has a way of sort of cracking us to our foundation so it was just sort of building myself up as a human again...”*

In terms of **spirituality and faith**, participants found the most helpful things for recovery were:

- Leaving their faith community (**57%**)
- Deconstructing past experiences and discovering things for themselves (**53%**)
- Reconciling faith identity with 2SLGBTQ+ identity (**42%**)

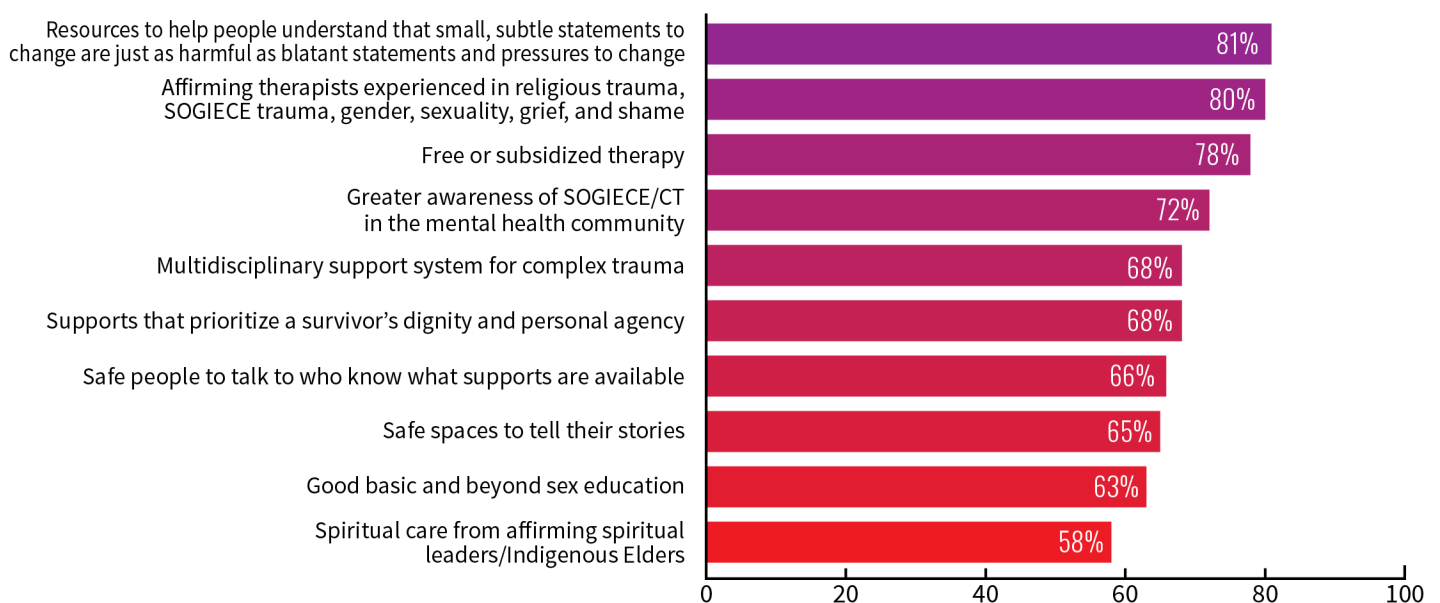
For some survivors, finding an **affirming religious community** really mattered, and was an important place to begin their healing. As one survivor stated, *“my big fear was that you can’t be gay and Christian, and so having that larger community that was both and held both of those identities, was super helpful.”* Another survivor shared, *“I needed a religious Christian group to be able to see my way out of this because a non-Christian group would have gotten me to put my back up and my defenses up and I couldn’t have entered into it.”*

Interestingly, but not surprising, among those participants whose experiences were in religious-based settings, **most experienced leaving their faith community as the most important step towards healing** – often marked as the first step in recovery. In consequence, many reported not being able to be a part of a religious community no matter how affirming. One survivor shared, *“I never integrated well [into] any community... I always feel like an outsider on some level.”*

Participants listed the following as pivotal in the process of deconstructing and learning: **reading, reading, reading!**, and watching **movies** (e.g., *Boy Erased*) and **documentaries** on CT (e.g., *Pray Away*) or about 2SLGBTQ+ history (e.g., *The Fruit Machine*).

Supports Requested by Survivors

10 Most Requested Supports



“Nothing about us without us,” is an important element of support development. Participants have stressed that whatever resources and supports are created, they need to be done so by, with, and for survivors, with survivors being empowered and influencing what and how supports are offered.

The need for **culturally specific supports** was identified, such as opportunities to connect with similar cultures, ethnicities, or practices. One participant shared, *“For a long time I would not even consider myself a ‘survivor’ because I thought my experience[s] are just normal and expected for someone who was bi and gender non-confirming in a society that is misogynistic, homophobic and patriarchal. In Canada where I was able to connect with LGBTQ2+ community, I started gaining a different understanding of my past experiences. But I am not coming out within my diaspora community because I still encounter the same sentiment of LGBTQ2 phobia. What would help is the opportunity to connect with other LGBTQ2 people from my ethnic community.”*

It is essential that supports consider the **intersectional identities** of survivors and recognize that racism and colonization has caused intergenerational trauma for many SOGIECE/CT survivors. Support systems must address how racism, ableism, classism, sexism, misogyny, intersects with being a SOGIECE/CT survivor.

In terms of **therapeutic support**, the most commonly requested supports were:

- Affirming therapists who are experienced in religious trauma, SOGIECE trauma, gender, sexuality, grief, and shame (**80%**)
- Free or subsidized therapy (**78%**)
- Greater awareness of SOGIECE in the mental health community (**72%**)
- A multidisciplinary support system for the complex trauma survivors experience (**68%**)
- Specialized training and credentialing for therapists to provide trauma therapy for survivors (**65%**)

Increased awareness and training for healthcare practitioners includes learning what SOGIECE/CT is, and training that focuses on it as trauma. Education is needed to stop such things as misdiagnoses, homophobia, transphobia, withholding transitional services, refusal of service, misgendering, and alienation. In many cases, healthcare providers are completely unaware of the trauma caused by conversion practices.

As one survivor shared, *“It would actually be really great if the psychological community takes it seriously. Like have a Canadian Psychological Association panel, one-day virtual panel on working with people who’ve come out of... conversion therapy. Because if it’s bad enough that it’s being banned, then why are the CPA and others not talking about it?”*

Survivors need the healthcare system to address the **lack of affordable and accessible programs and mental health care**—including waiting lists, healthcare professionals who refuse treatment, and help in navigating the system. *“Could really use an LGBTQ2S competent psychologist or psychiatrist that can fix the medical trail that wreaks havoc on my life.”*

Therapeutic practitioners are needed who are trained in trauma and trauma-resolution, who understand the impact of conversion practices on survivors, who are intersectional and anti-racist in their approach, who can address the intersections of trauma and gender/sexuality, the intersections of religion and gender/sexuality, and who can help survivors deconstruct their faith and identity. An online referral network of survivor-approved therapeutic practitioners with the necessary qualifications to work with survivors was also requested by survivors.

Both **legal supports** and **financial supports** were identified as prominent needs among survivors—including free or subsidized therapy that won't leave a survivor bankrupt! One survivor suggested the creation of a fund for survivors to access for care. This could be put towards some kind of health plan that covers therapy costs, and costs related to transitioning (including additional expenses faced by those with disabilities). Another suggested the creation of scholarships for survivors who lose their job and need further employment training because of lost employment/career. *"It's work for a population that has been harmed historically, and whose harm affects their financial viability, their ability to make money for themselves."*

The most commonly requested supports in terms of **advocacy supports** were:

- Resources to help people understand that small, subtle statements to change are just as harmful as blatant statements and pressures to change (**81%**)
- Greater awareness that non-faith based SOGIECE is equally as insidious as faith based SOGIECE (**64%**)
- Places that share stories of survivors through multiple formats, increasing awareness that SOGIECE is happening in Canada in many ways (**60%**)
- Participating in public awareness campaigns around the trauma experienced in SOGIECE (**53%**)
- Supports to pursue judicial proceedings against conversion therapy practitioners (**53%**)

Participants identified the need for **education and increased awareness about SOGIECE/CT**, regarding what it is, the trauma it inflicts on survivors, and how widespread it is. Many SGM who have not come out and those who are questioning would benefit greatly from increased public education and awareness campaigns. A survey participant closed their survey with these words, *"When I've heard the term SOGIECE, I've always assumed this to be formal change efforts in psychotherapy or religious counselling settings. What I've learned, however, is that SOGIECE can also be subtle and insidious and just as intentional and targeted as formalized methods to try to change someone's sexual orientation/gender identity."* Another participant shared, *"THOSE SMALL SUBTLE STATEMENTS NEARLY KILLED ME and I haven't been able to say it to anyone quite like this."*

Survivors identified a number of different communities where this education/awareness needs to happen, including the 2SLGBTQ+ community, LGBTQ youth line, healthcare practitioners, police, human rights tribunals, policy makers, academics, homeless shelters, religious communities, the media, and more.

Education and stories from survivors also hold the potential to **prevent future occurrences**. There are still many people, particularly in religious settings, who want CT, who believe it will bring them the acceptance and peace they seek with God, faith, and family. They are sincere in their efforts. They need access to real stories of people who have experienced CT and come out the other side, people who know the pitfalls and dangers of CT, who have recovered from the harm, and are living happy and fulfilling lives.

Survivors have also requested help in learning **how to engage with the media**. *“We don’t owe our deepest, darkest secrets to anyone. Help survivors to steward their exposure in a way that helps themselves first.”* It is exhausting for survivors to continually be asked to share their stories in the media or explain what conversion practices are.

Although public action won’t undo what has been done to survivors, it may be the most impactful intervention on a large scale, increasing public and community awareness of SGM and on the happenings of SOGIECE/CT. **Public apologies** have also been highlighted by participants. This could mean from religious leaders that have caused harm, healthcare professionals who have practiced CT, and from political leaders that have failed to adequately support and advocate for SGM.

A number of survivors are interested in **pursuing legal action** against organizations that continue to practice CT, however, no one feels they have the legal resources to do that. Access to a list of safe lawyers, and legal aid would be helpful.

Legislative bans have been identified by participants as an important form of action but, most importantly, **bans need to be paired with financial commitments for survivor initiatives**.

In terms of **connecting with others**, the most commonly requested supports were:

- Those that prioritize a survivor’s dignity and personal agency (**68%**)
- Identified and accessible safe people to talk to who know what supports are available (**66%**)
- Safe spaces to tell their stories (**65%**)
- Supports that protect confidentiality and anonymity (**57%**)
- Peer support groups that have trauma-informed guidelines (**56%**)

Ways for survivors to find one another and connect are needed. This could be through social media, or by creating an app, for example. 2SLGBTQ+ community or pride organizations are needed that offer space for SOGIECE/CT survivor groups. One survivor shared that *“the problem is you don’t really have anyone you can go to unless you can find another survivor, and really as of yet there is no way to do that, unless you search for it. And when you search for other survivors you kind of get delved into that black hole of the internet and your own drama, and you kind of get lost in your trauma again rather than actually continuing to try to search for support.”*

Conferences are needed for survivors to meet and learn how to recover from the trauma, with speakers who are thriving! Participants requested events which address such things as: *“how to deal with sexuality... mental health... your old friends... your new friends... the church... walking down the street... waking up in the morning!”*

What is apparent is the need for **more opportunities for survivors to connect with each other, and for better mobilization of all others working in this field in Canada**, as more cohesion will contribute to better support systems.

In terms of **practical supports**, the most commonly requested supports were:

- Good basic and beyond sex education (including practical stuff, sexual ethics, consent) **(63%)**
- Pride initiatives prioritizing safe spaces for SOGIECE survivors **(57%)**
- Stories of people who have experienced SOGIECE harm and are now thriving **(54%)**
- Online resources for survivors **(53%)**

Affirming literature was also mentioned as helpful by multiple participants. **Sex positive resources** are needed that encompass diverse sexualities, diverse gender identities, and diverse gender expressions.

Safe housing and safe spaces—emergency and long term—are needed for survivors who are kicked out of their homes by parents, and for trans people in crisis. Safety is an ongoing need, and survivors need to a place they can go to be safe and speak freely, without being threatened or oppressed.

2SLGBTQ+ organizations need to ensure that staff at LGBTQ youth lines, community centres, etc., know how to respond when someone calls in saying they are dealing with the trauma of SOGIECE/CT. Further, there is a need for the creation of a help line specifically for survivors, and a mentorship program of peers willing to be matched to a survivor.

The most commonly requested supports, in terms of **spiritual resources**, were:

- Spiritual direction/care from affirming spiritual leaders/Indigenous Elders who are 2SLGBTQ+ **(58%)**
- Support for people who have experienced religious trauma **(57%)**

Affirming religious experiences were seen by many as being supportive. Thus, increasing tools to increase SGM affirmation in religious spaces should be prioritized. Survivors asked for an online list of **affirming religious communities** in Canada (of all faiths), and for a list of religious leaders who can help deconstruct and reconstruct faith and spirituality. Indigenous and Two-Spirit survivors shared how *“every piece of colonization has contributed to the erasure of Two-Spirit people”* and named the need for Two-Spirit Elders.

Network of Therapeutic Practitioners

Therapists with experience working with SOGIECE/CT survivors were consulted over 10 months in an effort to gain their input for the possible creation of an online referral network. In doing so, it became apparent that the development of an online referral network was beyond the scope of this project. More time, leadership, and funding are needed to create and monitor an online survey by which therapists can apply for listing in the referral network, conduct interviews with therapists, develop the referral network as an online resource, and animate and promote the network.

From February to November 2021, a total of 14 therapists were consulted one-on-one through Zoom (five of them identifying as SOGIECE/CT survivors), with an additional five therapists engaging by email. An additional consultation with four of these therapists was held in early December, to refocus the conversation on identifying recommendations and needs for therapists themselves. During this consultation, the potential future creation of an online referral network of therapeutic practitioners was discussed. The following is a summary of the learnings from these consultations.

How Therapists see SOGIECE/CT Trauma Manifesting

Approximately half of the therapists consulted reported that 75 to 100% of their clients were dealing with harm caused overtly or covertly by SOGIECE or CT. Often, their work revolved around helping clients deal with institutional trauma, racism, and transmisogyny. One therapist, who works exclusively with immigrants and refugees, reported that 80% of their clients were SOGIECE survivors—clarifying their experience as **core-identity-based torture**.

Other therapists reported that while they don't see SOGIECE or CT clearly manifesting, they often see the **impacts of trauma and institutional trauma**. One therapist said, *"There is both a conscious and unconscious awareness of SOGIECE, but I had only one client who talked expressly about CT."* Another therapist stated that *"until the medical and mental health world recognizes CT as trauma and/or religious trauma it will be difficult to get referrals."*

Therapists shared that SOGIECE/CT is often subtle and can manifest in many ways. Clients may come to therapists seeking help with spirituality, depression, anxiety, or suicidal ideation, for example. Clients may describe themselves as: experimenting with their sexual and/or gender identity without any guidance or support from their religious communities or families; having experienced corrective/reparative rape, either here in Canada or in their country of origin; having internalized homophobia, biphobia, or transphobia, and sincerely wanting to change because of the pressures experienced in their faith community, families, and/or cultural (racial/ethnic) communities.

What Therapists Need

There are scopes of practice, within mental health fields. The code of ethics for therapists and counsellors says you cannot practice outside your scope of practice. However, there are currently no resources that exist that offer the necessary training on how to work with survivors of SOGIECE/CT. **Therapists urgently need** treatment protocols, core competencies, and trauma training (including religious trauma), as well as assessment tools on how to assess for SOGIECE/CT trauma, and religious trauma.

Additional needs include how to support those going through human rights commissions/ courts, informed supports and information about Bill C-4, online sources on what the unique needs of SOGIECE survivors are, supervisor therapists who are able to support therapists doing this work, and a peer support network for therapists who may be working through their own issues and may be holding clients' issues.

In December 2021, all therapists consulted thus far were invited into an **informal support network** (e-list) of therapists with experience working with survivors. This was requested by therapists themselves as a way to connect, support one another, share resources, and move the work forward. As this report is being written, therapists continue to express interest in the project, wishing to connect with other therapists doing similar work, and get involved in an online referral network for survivors.

Therapists contributed to recommendations and criteria which lays the groundwork for the development of an **online referral network** of therapeutic practitioners with experience in working with SOGIECE/CT survivors. **Criteria have been developed** which are considered essential and helpful for therapeutic practitioners who work with survivors of conversion practices (see Appendix). These criteria will be helpful if an online referral network is developed in the near future.



RECOMMENDATIONS

The Development and Funding of a Variety of Survivor Supports

1. **All support systems created for survivors must consider intersectionality**, such as how racism, ableism, classism, sexism, cissexism, heterosexism, misogyny and transmisogyny, intersect with being a SOGIECE/CT survivor.
2. **Financial support for SOGIECE/CT survivor initiatives:** Funding that allows for better mobilization of survivors and supports with all those working in this field in Canada is needed from all levels of government. More cohesion will contribute to better support systems. Financial assistance is needed for survivors and other key partners as they work to create such things as:
 - Survivor education and awareness resources
 - Survivor networking opportunities
 - Conferences to connect with each other and learn how to recover from the trauma
 - C.T. Survivors Connect⁶
3. **Provide funding and improve access to equitable care and mental health supports**
 - Funding for survivors could include funds allocated to support counselling and therapeutic support groups, free or subsidized therapy, the creation of a fund for survivors to access care in recovering, scholarships for survivors who lose their job and need to re-train because of lost employment/career
 - Address the lack of affordable and low-barrier programs and services, address waiting lists, and address healthcare professionals who refuse treatment
 - Provide public funding for universal mental health care, as has been done for most aspects of medical care
4. **Develop spiritual supports for survivors of all religious faiths, including:**
 - An online list of affirming religious communities and supportive spiritual spaces in Canada
 - An online list of religious leaders survivors can contact to help deconstruct and reconstruct their faith and spirituality
5. **Legal supports**
 - Support for survivors who face discrimination resulting in job loss, homelessness, and poverty, etc.
 - Legal action against individuals or organizations who are guilty of practicing CT needs to be supported
 - Police services with increased awareness and education on how to respond to reports of conversion therapy occurrences

⁶ C.T. Survivors Connect is a group created in August 2021 as a safe, supportive space for survivors, where they can find supportive connections with other survivors. Website: <https://www.ctsurvivorsconnect.ca> Facebook Group: <https://www.facebook.com/groups/1648968095491569>

6. **Public apologies** are needed from the following—and need to be followed up with actions that underscore the validity and honesty of any such apology (e.g., creating opportunities for healing and reconciliation, and funding supports for survivors and SGM):
- Religious organizations and leaders that have caused harm
 - Healthcare practitioners who have denied access to equitable health care
 - Political leaders that have failed to adequately support and advocate for sexual and gender minorities, specifically survivors of SOGIECE/CT

Increased Education and Awareness among General Public and Specific Audiences

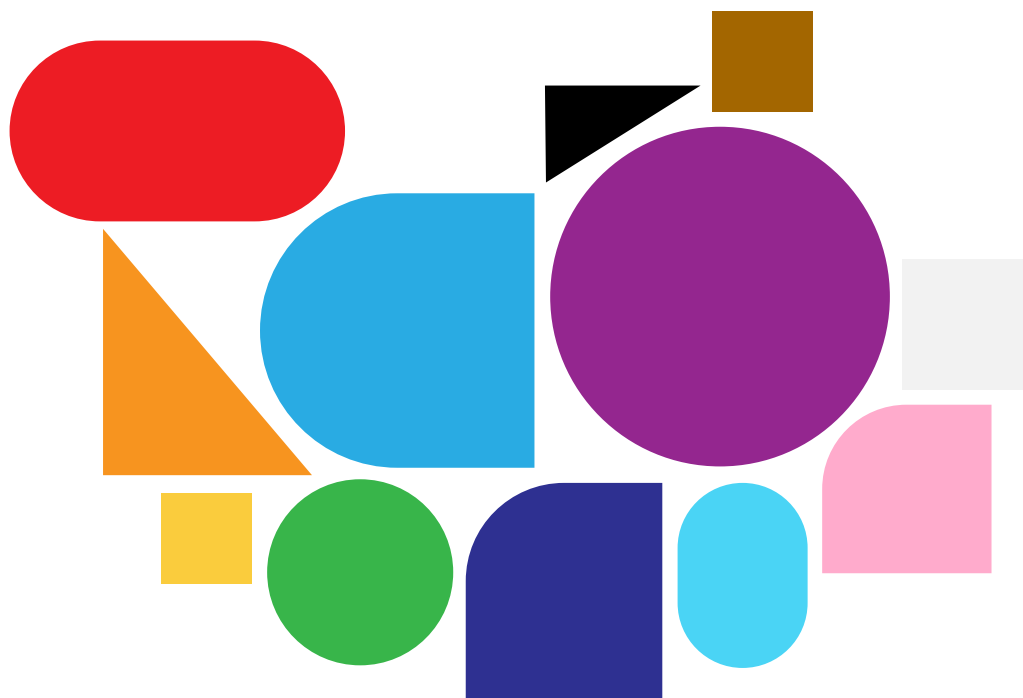
7. **Public awareness.** Understanding, acknowledgment, and recognition of SOGIECE/CT and related systemic issues (including homophobia, transphobia, and biphobia, and the notions of heteronormativity and cisnormativity) are urgently needed by those in positions of power, in the media, and the general public.
8. **2SLGBTQ+ organizations and youth help lines** need to offer supports to survivors, increase their awareness of SOGIECE/CT, provide education to the wider 2SLGBTQ+ community on how to identify that one has indeed been harmed by SOGIECE/CT (including the kinds of trauma experienced, how it is experienced, and how widespread it is).
9. **Educational systems** and the educators themselves, need to be better informed about sexual and gender minorities and SOGIECE/CT, and how to respond or refer them to appropriate resources. Make SOGIECE/CT, and sex education that is inclusive of diverse sexualities and gender identities and expressions, a mandatory part of training for educational professionals including guidance counsellors.
10. **Human rights commissions** need increased awareness and education about SOGIECE/CT in order to be equipped to respond when faced with complaints related to conversion practices.
11. **Religious organizations** should be called on to take responsibility for the double-layered trauma that exists for survivors—religious-based trauma amplified by the trauma of SOGIECE/CT. This is not to say that all religion and spirituality is harmful, but that many religions contain teachings and practices which are toxic and damaging. Religious leaders need to study the mechanisms that cause damage. Educational resources and theological reflections are needed for religious communities to help them understand that religious freedom does not grant anyone the right to do harm. Increased awareness and understanding are needed by members of religious communities on what conversion practices are, the many ways SOGIECE is conveyed in messages both subtle and blatant, and about the harm and trauma caused as a result. Religious communities should also address the need for theologies around sexual and gender identities, to become more understanding and affirming of people who are 2SLGBTQ+.

Education, Training, and Tools Needed within the Healthcare System

- 12. Provide healthcare practitioners with increased awareness and training about sexual and gender minorities, and the experience and trauma of SOGIECE/CT.** This includes healthcare professionals who engage in conversion practices by discriminating against 2SLGBTQ+ people and SOGIECE/CT survivors. Education and training are needed, and include:
 - Learning what conversion practices (SOGIECE/CT) are and their impact on the lives of survivors
 - Training that focuses on conversion practices as trauma, including increased awareness about religious trauma
 - Developing an evaluative diagnostic tool for SOGIECE/CT that is standard and accessible to all professionals
 - Addressing the issue of inaccessible and/or prejudiced mental and medical health care. Education and training are needed to stop such things as misdiagnoses, homophobia, transphobia, withholding transitional services, refusal of service, misgendering, and alienation
 - Addressing the way medical records (misdiagnosis, misgendering) follow and continue to cause trauma in the lives of survivors
- 13. Provide funding for the development and maintenance of a referral network of therapeutic practitioners with experience working with survivors.** This should include therapists who:
 - Are trained in trauma and trauma-resolution
 - Understand the impact of conversion practices on survivors
 - Are intersectional and anti-racist in their approach
 - Are able to address the intersections of trauma and gender/sexuality
 - Are able to help survivors deconstruct their faith and identity
 - Are survivor approved
 - Meet the basic criteria developed (see Appendix)
- 14. Encourage national and provincial mental health colleges and associations to:**
 - Support therapeutic practitioners who work with SOGIECE/CT survivors with the development of treatment protocols, core competencies, scopes of practice, trauma training (including religious trauma), assessment tools (such as how to assess for SOGIECE/CT trauma, and religious trauma), and peer support
 - Issue directives and provide education and training to their members to prevent these unethical and abusive practices from occurring
 - Make SOGIE and SOGIECE/CT a mandatory part of training for healthcare professionals

Continued Research

15. **Complete a thorough environmental scan of work being conducted in Canada related to SOGIECE/CT and survivors of SOGIECE/CT.** With better mobilization of folks working in this field in Canada, and more cohesion among them, survivors will be able to benefit from a more robust support system.
16. **Conduct research among a diverse population of SOGIECE/CT survivors that addresses the cultural and intersectional realities experienced by survivors, and the many systemic inequities that survivors face.** Whatever additional research is done, it needs to focus on both the impact of compulsory heterosexuality and the impact of compulsory cisgender identity. Research is needed in the following areas:
 - Indigenous People who identify as Two-Spirit or LGBTQ+
 - Black and people of colour who identify as LGBTQ+
 - Survivors who are disabled
 - Trans and gender non-conforming people
 - Refugees and new immigrants to Canada



LIMITATIONS

From May to mid-August this project experienced loss of organizational and staff support (as well as its online presence, briefly) when GSM closed in June. While the project continued (at 40% capacity) thanks to the support of SFU and NCC, time was lost in promotion.

This report is based on the data received and thus speaks predominantly to the experiences of those who identify as white, queer, and gay. As we see in the participant demographics, the voices of survivors who are trans and gender non-conforming, who have experienced SOGIECE/CT within the healthcare system, who are Black, Indigenous, and people of colour, who live with physical and mental health challenges, who are refugees and immigrants—all are minorities within the data. Participants who identify with these important marginalized groups were too few in number to do focused group-level analyses in this report. We are grateful for their participation, and we recommend that future research focus on these groups specifically, given their unique SOGIECE experiences at the intersections of other systems of oppression. It is only when we focus on the needs of those in the margins of the SOGIECE/CT survivor community and address the intersectional needs of these survivors, that we can create policies and supports that are equitable and sustainable for all.

As one participant shared at the end of their survey, “I did this survey partly to check whether it would be inclusive of 2SLGBTQ+ refugees and newcomers. It is not. Here is something for you to reflect on: ‘How is that our very efforts to liberate (through our research) perpetuate the relations of dominance?’ Patty Lather (1991).”

We are deeply appreciative of this honest feedback and are committed to doing better in future research projects. CBRC is currently developing a new qualitative research project foregrounding the unique conversion therapy experiences of BIPOC and immigrant 2SLGBTQ+ survivors across Canada, and is planning to pursue funding to conduct a study with 2SLGBTQ+ Indigenous conversion therapy survivors in the future. As there is a significant gap in data about queer women and transgender and non-binary people’s experiences of conversion therapy, the project will seek to be intentional about ensuring their participation and representation in the study. In particular, our commitment to anti-racist and anti-oppressive approaches to research will be at the core of this study.



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GLOSSARY

CT - Conversion “therapy:” Conversion therapy is “an umbrella term describing a poorly defined set of psychological, behavioural, physical and faith-based interventions that work to suppress same-sex attraction, or to deter patients from expressing gender identities discordant with sex assigned at birth.” ⁷ “Treatments” for those exhibiting homosexual and gender non-conforming traits have been (mis)named “conversion therapies,” despite being ineffective at conversion and not therapeutic. Religious CT efforts may happen in formal counselling, programs, or camps, or may be silently internalized by an individual. They may not be easily identifiable as CT, and are often branded as sexual healing, breaking sexual addictions, or submitting to scripture and “God’s will.” CT for trans people often means dealing with non-affirming healthcare practitioners who adhere to the cis-normative gender binary system and the heteronormative narrative by denying them access to gender-affirming hormones, surgeries, therapy, and other health care needs.

SOGIECE—Sexual orientation and gender identity and expression change efforts: SOGIECE is used as an umbrella term to encompass the wide range of practices—including CT—that attempt to alter or suppress one’s sexual orientation and/or gender identity and/or expression. Trans people commonly experience SOGIECE in clinical settings and may also experience it in religious settings. Lesbian, gay, and bisexual people commonly experience SOGIECE in religious settings and may also experience it in clinical settings. These practices have ranged from physically invasive procedures, such as lobotomies and electroshock therapy, psychological interventions, such as talk “therapies,” to religious programs or counselling. They also include persistent “nudges” expressed by anyone in the lives of 2SLGBTQ+ people, where they are encouraged to try something cis-heteronormative, like dating someone of the opposite gender or wearing clothes typically attributed to a gender aligned with that assigned at birth.

SOGIECE/CT: Subtle or blatant practices, pressures, or messages which aim to change, deny, or suppress a person’s non-heteronormative sexual orientations, and/or non-cisnormative gender expressions and gender identities.

Cisgender: Individuals whose gender identity is the same as the gender they were assigned at birth.

Heteronormative: The assumption that heterosexuality is the only normal or natural way to express sexuality.

Cisnormative: The assumption that a person’s gender identity matches their biological sex.

Cis-heteronormative: Refers to cissexism and heterosexism, which assume cisgender gender identities and heterosexual sexual orientations are more natural and legitimate than those of 2SLGBTQ+ people.

Religious trauma: Mental health practitioners have just recently begun the work of cataloguing and defining religious trauma. The term was defined in 2020 by the Global Centre for Religious Research: “Religious Trauma results from an event, series of events, relationships, or circumstances within or connected to religious beliefs, practices, or structures that is experienced by an individual as overwhelming or disruptive and has lasting adverse effects on a person’s physical, mental, social, emotional, or spiritual well-being.”

⁷ Travis Salway and Florence Ashley, (2022). Ridding Canadian Medicine of Conversion Therapy, Canadian Medical Association Journal. <https://www.cmaj.ca/content/194/1/E17>

APPENDIX: HOW WE GOT TO FINDINGS AT A GLANCE

Leadership

Jordan

The project coordinator and interviewer, Jordan Sullivan, is a trans man and a survivor of SOGIECE/CT from a religious-based context. He experienced decades of internal denial and conflict, and years of CT. He acknowledges his position and privilege in society as a white, Western-educated, English-speaking, able-bodied trans man who is now queerly heterosexual. As a survivor Jordan has been aware of how his own experiences, biases and preconceptions influence both his engagement with research participants and analysis of the data. Being a survivor provided him with quicker and more complete trust by participants—particularly by those who experienced SOGIECE/CT in religious contexts, and those who are trans.

While Jordan's breadth of experiences and identities allowed him to connect with many of the research participants, he was also an outsider to other experiences and identities of participants, such as those who experienced conversion practices in the healthcare system, as well as how other identities such as race and ethnicity, abilities, socio-economic status, age, etc. intersected with SOGIECE/CT experiences. Qualitative data analysis was challenging as he worked to let the data speak while also allowing space for his own experiences, and the experiences and identities he shared with certain participants and not others. Jordan has been open, authentic, and deeply interested in the experience of research participants, and is committed to accurately and adequately representing their experience. He is deeply appreciative to the many survivors who participated in this project, who shared so honestly and generously about their experience and learnings. He is also thankful for the survivors who provided feedback on the Interim Findings Report and all those who contributed to this final version of the report.

Reilla

Reilla Archibald, research assistant, is a Master of Public Health Student at SFU. She became involved in the work through a practicum opportunity during her studies. She was intrigued by the opportunity to learn from survivors about their healing and recovery needs and assist in turning data into action. Reilla identifies as a cisgender heterosexual woman and considers herself an ally to the 2SLGBTQ+ community.

Reilla has a background in nursing in both acute and community settings. In nursing, she became frustrated with structural barriers to exercising her agency and with the inability to address the root cause of public health problems. She is now interested in community health, with a focus on improving the outcomes of marginalized populations who are made vulnerable by the social, political, and economic contexts of their lives. While hearing the accounts of CT survivors often left her feeling disturbed, upset, and disheartened, the resilience of survivors, their willingness to lean into creating change, and the ongoing work of her colleagues continues to fuel her hope and drive to do the hard work ahead.

Outreach

The main outreach objective was to provide opportunities to access the survey for as many SOGIECE/CT survivors as possible in different regions and communities across Canada. The strategy was to reach survivors through 330+ connections, including GSM, LGBTQ-specific organizations, Black, Indigenous, and people of colour (BIPOC) organizations and groups, affirming faith organizations, health centres, mental health associations, and social media.

Outreach efforts conducted by the project coordinator began in March 2021, approximately three weeks prior to the launch of the data-collection period and continued intermittently until September 2021. Organizations and individuals were asked to share information through email blasts and social media channels and were provided with text and graphics to recruit appropriate respondents for the study. As we received no information on the extent in which these organizations promoted the survey, it is difficult to assess the full scope of such outreach efforts.

Learning-Centered Approach

Adult learning principles (safety, respect, inclusion, autonomy, and engagement), and practices (affirmation, silence, and transparency) were intentionally designed and facilitated in all research methods used.

The importance of participants' safety was acknowledged, with survivors free to answer only the questions they wished to respond to and free to stop at any time. Focus group and interview participants were encouraged to invite a support person to be available to them after the session, to process their experience and receive support. Focus group participants were given the option to choose the type of group they wished to participate in, in consultation with the project coordinator. Groups were constructed based on similar experiences of SOGIECE/CT (e.g., those harmed in religious contexts, and those harmed in medical or mental health contexts), to promote a comfortable environment, and safer group dynamics. Expectations were communicated to all participants that all experiences and diversities must be respected.

The three main questions used were shared with participants prior to the focus group or interview (posted on the project web page and sent in the preparatory email to focus group and interview participants), allowing for critical thinking before responding to questions and to ease potential anxiety. In addition, participants were informed that a written transcript would be recorded, and that names would be removed from data collected. A semi-structured focus group/interview template was used to ensure the main research questions were asked, while allowing time and opportunity for additional comments and issues raised by participants. An opening and closing exercise called *A Picture Is Worth a Thousand Words*⁸, was used in the focus groups and interviews, providing opportunities for participants to unlock their brains and hook into memories and feelings.

Participants' unique experiences shared were affirmed, respected, and validated by the project coordinator, research assistant, and other participants, as they offered up their own reflections, possibilities, and thinking, with time allotted for checking-in and silence as needed. Participants freely chose whether or not to self-identify as having been harmed by SOGIECE/CT and engage in the research activities. All voices and perspectives were invited to contribute, regardless of ethnicity, physical ability, gender, socio-economic, education, or religious background. This included people who live in Canada who are immigrants, residents, and those with no status. Many of the focus group and interview participants were invited to provide feedback on drafts of this report. The survey information and project web page informed participants that results of the research would be available by spring 2022.

Quantitative Survey Findings

Demographics

- The majority of participants were between 20 and 39 years old (57%). About 19% were 40-54 and about 21% were 55+, with about 3% aged 15-19.
- Most participants came from Ontario, British Columbia, Alberta, or Quebec. There was participation from all provinces and one territory (none from the Yukon or Nunavut)
- The majority of participants (68%) live in urban areas, with 18% in suburban areas, and 14% living in rural areas.
- The most common gender identities were man, woman, and non-binary.
- The most common sexual orientations were gay, queer, bisexual, and lesbian.
- Participants were predominantly white (66%), with 2-5% identifying with each of these ethnicities: African, Arab, Black, Caribbean, East Asian, Latin American. Fewer than 2% of participants identified with each of these ethnicities: South Asian, Southeast Asian, Pacific Islander.
- Eighteen participants (8%) identified as Indigenous. Ten participants (3%) identified as Two-Spirit.
- Participants identified their religious identity or spiritual beliefs—during the time they experienced SOGIECE—as: Christian (66%), Agnostic (12%), Atheist (11%), Pagan (5%), Indigenous Spirituality (4%), with 2% or less from each of these religious/spiritual identities: Muslim, Buddhist, Hindu, Jewish, and Sikh.

Impact of SOGIECE/CT on Survivors

While the primary purpose of the project was to find out what supports are needed to recover from the harm experienced, the research activities did gather some information on the different ways SOGIECE and/or CT are experienced by survivors, and the impact of SOGIECE/CT in their lives. For more sources related to impacts of SOGIECE/CT, see References.

Shame	83%
Anxiety	78%
Difficulty celebrating 2SLGBTQ+ identity	76%
Depression	74%
Difficulty in romantic and/or sexual relationships	72%
Isolation	66%
Self-loathing	63%
Disruption in family relationships	72%
Anger	57%
Suicidal ideation	57%
Disruption in schooling or employment	45%
Suicide Attempts	21%
Disruption in housing	19%

Barriers or Challenges to Recovery and Healing

In Terms of General Awareness and Understanding	
Not recognizing the harm experienced	67%
Dealing with ongoing pressure from others to change SOGIE	55%
Still expecting and believing I could change	39%
Not understanding what gender identity means	38%
Dealing with ongoing pressure from others to change theology	38%
Not understanding what sexual orientation means	34%
In Terms of Connection with Others	
Being marginalized, seen as different or othered for being 2SLGBTQ+	66%
Finding accessible safe spaces and people	57%
Loss of community, family, and friends after discontinuing change efforts	53%
Fear of being part of a religious community no matter how affirming	45%
Isolation-Unable to connect with other SOGIECE survivors	35%
Being marginalized or othered for holding on to or unable to let go of my theology	32%
Not knowing how to make friends outside of a religious community	25%
Living in a place where SOGIECE is the only option	24%
In Terms of Emotions and Internal Processing	
The challenge of overcoming shame	72%
Not knowing how much to share and with whom	70%
Difficulty dealing with internalized homophobia, biphobia, or transphobia	69%
Struggle to restore personal agency and self-worth	68%
Lack of parental support	58%
Understanding what parts are authentically me and what parts are not	56%
Being constantly triggered, reactivating trauma	50%
Anger at what has been lost due to time spent in change efforts	49%
Having my anger dismissed	48%
Overcoming the feeling that I am damaged goods, even if in affirming communities	44%
Dealing with the grief and pain at how easy it was for my religious community to cast me away	38%
Not knowing how much to share and with whom for fear I would be shamed for what religious beliefs I might still hold	38%
People not believing my experience of SOGIECE	26%

In Terms of Accessing Therapeutic Support	
Financial barriers to accessing a trauma-informed counsellor/therapist	63%
Living with multiple layers of trauma and mental health challenges	55%
Navigating the mental health system	53%
Waiting for referrals, waiting lists	48%
Recovering from other trauma (e.g., sexual abuse)	48%
Bad therapists	43%
Dealing with suicidal thoughts	43%
Not trusting therapy or psychology	38%
Meeting the criteria for trauma-informed care	23%
Dealing with counsellors who still believe non-heterosexual people “just need therapy in order to be fixed”	17%
Recovering from an attempted suicide	14%
Dealing with counsellors who still believe trans people “just need therapy in order to be fixed”	12%
Not finding support or resources for women	12%
In Terms of Religion and Faith	
Deconstructing faith and identity	63%
Escaping the prison of literal interpretation of religious texts	51%
Religious communities’ expectations	45%
Having one’s commitment to their faith minimized or devalued by others	40%
Believing that “liberal” people of faith “don’t believe the truth”	27%
Only trusting what heterosexual religious people had to say	22%
Trusting faith only, not science	15%
In Terms of the Impact of Discrimination	
Not knowing how to deal with the fallout of coming out	63%
Fear of job loss and/or losing a job after coming out	53%
Living with disabilities	34%
Physical violence	32%
Feeling oppressed and/or invisible, as a person of colour	16%
Lack of housing	15%
Being desexualized as a disabled person	14%
Recovering from corrective rape	12%

Most Helpful for Recovery and Healing

In Terms of General Awareness and Understanding	
Living authentically	83%
Coming out/leaving the closet	77%
Finding support in learning to understand emotions/feelings	70%
Learning how to advocate for self	64%
Knowing what harm is	53%
Learning to see sexuality as a gift	46%
Understanding sexual consent	30%
In Terms of Connection with Others	
Friendships with affirming people in general	86%
Friendships with 2SLGBTQ+ people who are out and thriving	84%
Having emotions acknowledged and affirmed as valid	71%
Safe spaces where they can question and deconstruct things	68%
Sharing their story—being seen, heard, and affirmed	67%
Connecting with 2SLGBTQ+ affirming organizations/communities	64%
Establishing boundaries with family relationships	62%
Getting involved in local 2SLGBTQ+ affirming groups	54%
Sex positive people, resources, conversations	54%
Connecting with other SOGIECE survivors	26%
In Terms of Spirituality and Faith	
Leaving their faith community	56%
Deconstructing past spiritual experiences and discovering things for themselves	53%
Reconciling faith identity with 2SLGBTQ+ identity	42%
Connecting with 2SLGBTQ+ affirming faith communities	33%
Affirming books with solid hermeneutics and exegesis of scripture	30%
Learning to trust science	30%
Connecting with 2SLGBTQ+ affirming spiritual leaders/Elders	29%
In Terms of Therapeutic Support	
Connecting with culturally affirming leaders/Elders	17%
Accessing a therapist who addressed intersections of trauma and sexuality/gender	69%
Accessing a therapist who affirmed the importance of faith identity	33%
Referrals to affirming doctors	33%
Referrals to affirming social workers	15%

Supports Requested by Survivors

In Terms of Connection with Others	
Supports that prioritize a survivor's dignity and personal agency	68%
Safe people to talk to who know what supports are available	66%
Safe spaces to tell their stories	65%
Supports that protect confidentiality and anonymity	57%
Peer support groups that have trauma-informed guidelines	56%
Opportunities for face-to-face connection with other survivors	46%
A mentorship program	38%
A Canadian SOGIECE Survivors online network	37%
In Terms of Spiritual Resources	
Spiritual direction/care from affirming spiritual leaders/Indigenous Elders who are 2SLGBTQ+	58%
Support for people who have experienced religious trauma	57%
Meeting queer people of faith	49%
Affirming faith communities to walk with and support you	47%
Spiritual care from affirming spiritual leaders/Elders who are heterosexual and cisgender	28%
Face-to-face gatherings for Two-Spirit people and Indigenous communities	17%
In Terms of Practical Supports	
Good basic and beyond sex education (practical stuff, sexual ethics, consent)	63%
Pride initiatives prioritizing safe spaces for SOGIECE survivors	57%
Stories of people who have experienced SOGIECE harm and are now thriving	54%
Online resources for survivors	53%
Family supports (like PFLAG)—parental figures for SOGIECE survivors	48%
Safe homes for emergency and long-term	44%
In Terms of Therapeutic Supports	
Therapists experienced in religious trauma, SOGIECE trauma, gender, sexuality, grief, and shame	80%
Free or subsidized therapy	78%
Greater awareness of SOGIECE in the mental health community	72%
A multidisciplinary support system for the complex trauma experienced	68%
Specialized training and credentialing for therapists to provide trauma therapy for survivors	65%
Touch therapy to help survivors reconnect with their body	34%

In Terms of Advocacy Supports	
Resources to help people understand that small, subtle statements to change are just as harmful as blatant statements and pressures to change	81%
Greater awareness that non-faith based SOGIECE is equally as insidious as faith based SOGIECE	64%
Places that share stories of survivors through multiple formats, increasing awareness that SOGIECE is happening in Canada in many ways	60%
Participating in public awareness campaigns around the trauma experienced in SOGIECE	53%
Support to pursue judicial proceedings against conversion therapy practitioners	53%
Cross-country panels addressing the question of being a SOGIECE survivor	34%

Social Categories

The social categories that overlapped or intersected the most with Survivors' sexual orientation and/or gender identity, in their experience of SOGIECE and recovery from harm.

Religion	74%
Class	39%
Age	35%
Disability/Ability	21%
Race	10%
Ethnicity	9%
National origin	4%
Citizenship status	3%

Qualitative Survey Findings

Further themes were identified in the open-ended response options, in which participants could select “other” and explain further in a free-text format.

Factors that Exacerbated Harm

- Many participants reported negative feelings towards self.
- Subtle messages, driven by a cis-heteronormative society, were experienced by participants in all kinds of settings by all kinds of people. Microaggressions, homophobia, transphobia, pressure, and alienation were some of the words used to describe this. Transgender people have reported being pressured to conform to gender assigned at birth.
- Having non-affirming parents, family members, and friends was a common experience. 2SLGBTQ+ related challenges were also apparent.
- Several participants identified widespread systemic inequities among SGM and specifically, survivors of SOGIECE/CT.
- Participants identified a lack of public acknowledgment and recognition of sexual and gender diversity, a lack of SGM portrayed in the media, a lack of SGM in positions of power, and negative societal views on SGM.

Barriers to Recovering from Harm

- Financial difficulties were a key barrier identified by participants, with some experiencing poverty, loss of housing and/or employment. Therapy or counselling services were inaccessible due to inadequate funding or lack of affirming therapists available, or both.
- Participants identified a lack of awareness among the public on CT. Access to information on 2SLGBTQ+ affirming resources and services through the public was found to be inadequate.
- Discrimination in healthcare and medical settings was mentioned multiple times, experienced as lack of affirmation for SGM, misdiagnoses, homophobia/biphobia, transphobia, withholding transitional services, and alienation.
- Inadequate access to mental health supports was another barrier identified. More specifically, barriers for trans people were commonly reported experiences.

Most Helpful for Recovery and Healing

- Participants had not thought of themselves as survivors or as victims of SOGIECE/CT. Realizing and recognizing oneself as survivor seemed to be a validating process.
- Participants discussed the process of self-acceptance in which they started to love themselves. One participant shared this sentiment, emphasizing the need for “radical acceptance, self love and friends who are also LGBTQ+.”
- Becoming involved in advocacy, whether this was advocating for self, or leading programs to support others, may have a profound effect in the recovery and healing process.

Supports

- The need for culturally specific supports was identified. In addition, there is a need for an increased availability of therapists with similar cultures or ethnicities who are also affirming. Social media was viewed as a potential method to provide support, through featuring SGM and discussing SGM affirmation.
- In the way of financial supports, participants could benefit from personal financial support, subsidized therapy, and subsidized support groups and spaces for survivors.
- Affirming religious experiences were seen by many as supporting. Thus, increasing tools to increase SGM affirmation in religious spaces should be prioritized.
- Sex-positive resources are needed, as often educational materials are focused on heterosexual and cisgender dynamics. There is an urgent need to expand these teachings and conversations to encompass diverse sexual and gender identities and expressions.
- An increase in availability and accessibility of mental health supports are needed. Trans participants indicated that there have been many instances in which doctors or other healthcare practitioners have failed to support them in their needs related to medical transitioning.

Public Action

- Although public action won't undo what has been done to survivors, it may be the most impactful intervention on a large scale, increasing public and community awareness of SGM and on the happenings of SOGIECE/CT. Public apologies are one form of public action that participants have highlighted.
- Increased awareness is another much-needed action. Many SGM who have not come out and those who are questioning would benefit greatly from increased public education and awareness campaigns.
- Lastly, legislative bans have been identified by participants as an important form of action to protect future SGM from harm and show survivors that the public cares and action is being taken.

Qualitative Interview and Focus Group Findings

The following themes primarily reflect the experiences of survivors who experienced harm in religious-based settings, given that they constituted the majority of participants. We have, however, taken care to emphasize particular findings that correspond to survivors of harm in medical and other healthcare settings.

Demographics

A total of 25 people participated in the focus groups and interviews.

- The majority of participants (56%) were between 20 and 39 years of age, 36% were 40-54, and 8% were 55+.
- Most participants came from Ontario (48%), British Columbia (24%), and Alberta (12%), with under 4% from each of the following provinces: Manitoba, Quebec, New Brunswick, and Nova Scotia.
- Participants identified their gender as: man (man 40%, trans man 16%), non-binary or gender non-conforming (12%), Two Spirit (12%), woman (trans woman 8%, woman 4%), and trans (4%).
- The sexual orientations of participants were: gay (60%), bisexual (16%), queer (12%), with 4% of each of the following identities: asexual, lesbian, and pansexual.
- Racial identities shared were: white (68%), Black (16%), Indigenous (12%), and Korean (4%).
- 16% of participants identified as disabled.

Impacts of SOGIECE/CT

- A sense of isolation is felt by survivors—both during and after SOGIECE/CT experiences.
- Survivors have lost family members, friends, communities, and/or workplaces as a result of coming out, experiencing further isolation and erasure.
- Many struggle to form relationships or start dating, achieve intimacy with others, and/or connect with their physical body and sexuality in healthy ways.
- Another common experience is internalizing the pressures and messages of SOGIECE/CT, while not identifying their experience as SOGIECE/CT, or as trauma.
- Some of the most significant barriers to healing are seen in the themes of personal awareness and self-expression.

Barriers to Recovering from Harm

- The two largest barriers to healing for survivors that were identified include religious communities and the healthcare system. These were followed closely by unaccepting families and lack of finances.
- For many participants, religion is part of their identity—and they were taught that it is in direct conflict with their sexual and gender identities. Some were referred to formalized CT programs, while others lived in silence for decades, never talking about their sexual or gender identity, and many internalized the practice of CT through study of religious texts, reading, and prayer.
- Becoming aware of themselves as different within religious communities created internalized trauma that was amplified by religious-based trauma.

- Many survivors experienced therapists and others who were unfamiliar with the impact of religious indoctrination, and often did not appreciate nor validate the fear and trauma involved and the recovery needed.
- Survivors who experienced SOGIECE/CT in the healthcare system faced a barrier equally as traumatic. The healthcare system follows survivors through medical records, often diagnosed with a mental illness rather than receiving the treatment that affirms their sexual or gender identity, or the trauma caused by SOGIECE/CT.
- CT for trans people often means dealing with non-affirming healthcare practitioners who deny access to gender-affirming hormones, surgeries, therapy, and other healthcare needs.
- Access to equitable care is a concern for participants as they face long waiting lists for therapists or any kind of mental health support. Survivors are often challenged to meet certain criteria in order to access certain health care (often impossible to meet as there is no diagnosis for SOGIECE/CT trauma).
- Finding and accessing a counsellor/therapist who has the training and awareness that survivors need is another barrier experienced. Survivors struggle to find providers who are trained and experienced in working with 2SLGBTQ+ people, able to provide trauma-informed therapy, aware of SOGIECE/CT and how they are experienced in the healthcare system and religious organizations, respectful of the role of faith and spirituality in a person's life, and understand the adverse impact of religious trauma.
- Participants also experienced family-related barriers to their healing.
- Lack of finances during this time is an enormous barrier. Therapy is expensive, and lacking finances for transitioning is a huge barrier. Other barriers include finding and accessing support services, paying for medications, living with a disability, and finding supportive people who are understanding and affirming.
- Some experienced discomfort and disconnect between being 2SLGBTQ+ and being a person of faith. The understandable reaction against religion within the 2SLGBTQ+ community can create a polarization between a survivor's sexual/gender and spiritual identities.
- Survivors expressed a desire for more information about the many different ways people can experience conversion practices, subtly or blatantly.
- The challenges listed above are amplified for SOGIECE/CT survivors who experience intersectional stigma. For example, Indigenous people including Two-Spirit people, Black people, and people of colour often face serious consequences from publicly being out about their sexual or gender identity or being out as a survivor of CT. These consequences can include: the risk of physical and psychological danger, ostracization from their ethno-racial communities (critical supports to survive in a racist society), worrying about their families who could also face similar consequences, or knowing that family members in other countries may experience life-threatening persecution because of their being out in Canada.
- Connecting with other survivors was experienced as a barrier by some—triggering their trauma and causing them to become stuck in the trauma once again. They referred to this experience as “trauma drama” or “group pity parties,” finding them not validating or affirming, and not contributing to healing or recovery.
- The lack of safety, oppression, and abuse survivors experienced within workplaces. One survivor who came out in their chosen field of work received death threats from the public (threats which continue to this day) and the workplace did nothing to be supportive. “It took time and a lot of therapy and having an accepting partner, to recover.”

Most Helpful for Recovery and Healing

- Most survivor participants experienced healing through connecting with other survivors. Connecting with other survivors within the queer community is incredibly important.
- All survivors talked about the need to deconstruct what they were taught and reconstruct who they are. A Two-Spirit participant shared, “An Elder that gave me spiritual teachings, was my first influencer, gave me the foundation, but never named being Two-Spirit (didn’t feel it was her place, she said ‘learning would come as your path unfolds’). The path of self-love and self-awareness goes on, founded on the spiritual teachings. It’s a spiritual walk more than a physical being. Deconstructing.”
- For the majority of participants, leaving their religious community or refusing to be pressured by healthcare practitioners and beginning the process of unlearning what they have been taught, was a lonely and scary experience. Most listed the following as pivotal in the process of deconstructing and learning: reading, films, and developing relationships with affirming people, including spiritual directors and therapists who understand trauma and religious trauma.
- Coming to know themselves, integrating their sexual and/or gender identity into their self-awareness and self-expression, is an important step in healing.
- Another common theme was the need for relationships with affirming people, focusing on the power of healing that is found within affirming communities and relationships. This was true for every participant, no matter the setting in which they experienced SOGIECE/CT. As one survivor shared, “The marginalized person has to rehash trauma so many times and they need a community of people to help with the process and offer personal support.”
- Interestingly, but not surprising, among those participants whose experiences were in religious-based settings, most experienced leaving their faith community as the most important step towards healing—and often marked as the first step of recovering from harm.
- The importance of 2SLGBTQ-affirming therapeutic support was pivotal for many survivors.
- For some survivors, finding an affirming religious community really mattered, and was an important place to begin their healing. Many found this in a Generous Space community (local groups formed through GSM).
- Survivors spoke of the importance of recognizing their experience as trauma, of understanding the deep ways in which their psyche had been harmed. They spoke of how they carry the scars of that trauma—physically, mentally, emotionally, and spiritually—and how important it is for therapists to provide trauma-resolution therapy.
- Affirming and supportive families and workplaces were also mentioned as important healing resources that were available for some participants. Family supports like PFLAG (formerly Parents, Families, and Friends of Lesbians and Gays) were also helpful.
- For many survivor participants, healing was also experienced within the 2SLGBTQ+ community and queer-friendly spaces.

Supports and Public Actions

Participants have stressed that whatever resources and supports are created, they need to be done with survivors influencing what and how supports are offered. *“I would like to see a Canada-wide resource base of people that have been approved by me, or people like me ... I would like to be empowered.”*

- It is essential that supports address the need for culturally specific supports, consider the intersectional identities of survivors, and recognize that racism and colonization has caused intergenerational trauma for many SOGIECE/CT survivors.
- Increased awareness and training for healthcare practitioners. This includes learning what SOGIECE and conversion practices are, and training that focuses on SOGIECE/CT as trauma.
- Address the lack of affordable and accessible programs and mental health care, waiting lists, and healthcare professionals who refuse treatment.
- Therapeutic practitioners are needed who are trained in trauma and trauma resolution, who understand the impact of SOGIECE/CT, who are intersectional and anti-racist. An online referral network is needed.
- Ways for survivors to find one another are needed. Access to such spaces could be ongoing or time-limited, based on service demand and one's need.
- Conferences are needed for survivors to meet and learn how to recover from the trauma, with speakers who are thriving!
- Survivors have also requested help in learning how to engage with the media, as it takes a toll. *“I’ve done a lot of work in conversion therapy advocacy ... one of the things that seems to surprise people is that I often talk about... these experiences as being a necessity from an advocacy perspective, but they don’t do a lot for me personally in terms of healing or recovering. I am the kind of person who couldn’t live with myself if I didn’t work to stop this from happening to somebody else.”*
- Free or subsidized therapy that won’t leave a survivor bankrupt is needed! One survivor shared how he would like to get back the tens of thousands of dollars he spent on CT.
- Safe housing—emergency and long term—are needed for survivors who are kicked out of their homes. *“A mailing address to have material sent to when you don’t feel safe receiving it where you live.”*
- Participants identified the need for education and increased awareness about SOGIECE/CT.
- It is exhausting for survivors to continually be asked to share their stories in the media or explain what conversion practices are. *“Allies need to walk behind survivors, not in front of them. They need to connect with survivors, not steal from survivors.”*
- A key aspect that needs to be included in education around conversion practices is the issue of informed consent. In the medical context, informed consent is the backbone of gender-affirming care, with clear communication between doctor and patient that empowers trans people to make the best choices about their care. This needs to be better understood within the healthcare system. In religious context there needs to be, at the very least, education about what informed consent is and what it is not. As one survivor stated, *“Telling someone that God will help them overcome their propensity to whatever, is not informed consent.”* No matter how challenging it may be to put into practice, informed consent and harm reduction must be the standard of care for all who work with 2SLGBTQ+ people.

- A number of survivors are interested in pursuing legal action against organizations that continue to practice CT, however, no one feels they have the legal resources to do that. Access to a list of safe lawyers, and legal aid would be helpful. Other survivors have asked for an apology from groups and individuals, some recognition of the harm done, “... *not restitution but at least acknowledgment and widespread validation in the news and media.*”
- Survivors asked for an online list of affirming religious communities of all faiths in Canada, and for a list of affirming religious leaders.
- 2SLGBTQ+ help lines need to be educated and able to respond to calls from SOGIECE/CT survivors. Further, there is a need for the creation of a help line specifically for survivors.
- It is important that all support systems consider intersectionality and how racism, ableism, classism, sexism, and misogyny intersects with being a SOGIECE/CT survivor. A Two-Spirit survivor stated that, “*We still have a very hetero idea of queer community—there’s a huge difference in having Indigenous people present and be welcome—and that Indigenous culture and spiritual teachings are valued and affirmed as well. We don’t do that with queer community—queer expressions of sexuality, our bodies, HIV/AIDS, queer BIPOC—we don’t have a cultural understanding of being queer in ways not normative.*”
- Survivors believe that CT bans are needed, but that more needs to be done, like funding survivor initiatives. Police need to be educated and aware of what SOGIECE/CT is and how to enforce bans.

Qualitative Findings from Therapeutic Practitioners

Criteria Required for Therapists Who Work with SOGIECE/CT Survivors

One-on-one consultations with therapists contributed to recommendations and criteria which lays the ground-work for the development of an online referral network of therapeutic practitioners with experience working with SOGIECE/CT survivors. Criteria considered essential and helpful for therapeutic practitioners who work with survivors of conversion practices are listed below. This will be helpful if an online referral network is developed in the near future.

Essential Qualifications:

- Professional designation, e.g., clinical counsellor, registered psychologist, registered clinical social worker
- Certified by appropriate regulatory or professional body, i.e., Canadian Counselling and Psychotherapy Association (CCPA)
- Access to ongoing training and support
- Access to a supervisor

Essential Knowledge and Skills:

Understand what conversion practices are, and how they are experienced in religious and healthcare settings in Canada

- Affirming of 2SLGBTQ+ people
- Trained and experienced in working with 2SLGBTQ+ people
- Demonstrate ongoing learning in the field of 2SLGBTQ+ issues
- Trained and experienced in work associated with grief, abandonment, betrayal, harm, anger, isolation, failure, informed consent, boundaries, fear, guilt, shame, etc.
- Trained and experienced in trauma-informed therapy
- Understand “parts-work,” intersectionality, and identity work
- Committed to being anti-racist and active in the decolonization of their practices
- Can provide a safe environment, and recognize what safety and security is needed

Additionally Helpful Characteristics/Abilities:

- Able to provide trauma-informed and/or trauma resolution focused group therapy for survivors in person or online
- Understand the pathways to recovery and how to rehabilitate survivors
- Value the role of faith and spirituality in a person’s life—does not demean or negate a person’s religion or having been in a religious community
- Empathize with and understand a client’s needs as related to faith identity and practice
- Have an appreciation for religious trauma as a traumatic experience and not as a choice, and religion as an identity and life experience.
- Understand family system theory
- Be sex-positive
- Understand human rights-based therapy approaches and how to navigate through that
- Understand that CT experiences may have created a distrust of therapists and the work of therapy
- Ability to empathize with clients
- Are open to learning from clients
- Aware of their own experiences, identities, and biases; able to manage their own personal comments and opinions; have access to their own support
- Have lived experience engaging in their own experience of spirituality and how it intersects with sexuality and gender
- Must have done their own personal work around overt and covert trauma



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