

A STUDY OF CONVERSION PRACTICES IN NORTHERN IRELAND

Professor Fidelma Ashe
Dr Danielle Mackle



A STUDY OF CONVERSION PRACTICES IN NORTHERN IRELAND

Professor Fidelma Ashe
Dr Danielle Mackle

Contents

Executive Summary	1
Introduction	2
Legal frameworks and human rights	4
The NI context	5
Research aims	7
Recruitment	8
Study sample	9
Interview schedule	11
Study findings	
Routes to Conversion practices	12
Providers and settings	18
Context	19
Delivery	21
Definitions of roles	22
Duration of conversion practices	23
Frameworks and techniques involved	24
Psychological practices	24
Mental health service experiences	25
Prayer	26
Exorcisms	27
Effects and outcomes	28
Report conclusions and recommendations	
Consent	35
Counselling	35
Publicise the damaging effects of conversion practices	36
Legally ban conversion practices	36
Training on conversion practices	36
Acknowledgements	37
Report Authors	37

Executive Summary

This research was commissioned by the Cara-Friend, HEReNI, The Rainbow Project and TransgenderNI supported by funding awarded by the Department for Communities (DFC). This study aimed to develop an understanding of conversion practices in Northern Ireland (NI). Conversion practices (also known as conversion therapies, reparative therapies, and cure therapies) encompass all medical, psychological, religious, cultural, or any other interventions that seek to erase, repress, or change a person's sexual orientation and/or gender identity.¹ Integral to these practices is the assumption or belief that LGBTQI+ identities are damaging, sinful, or the result of a 'medical disfunction' that can be cured. The research explored several aspects of conversion practices in the NI context, specifically why, how, and where these practices happen, who experiences them, and their effects on LGBTQI+ people.

To explore these aspects of conversion practices in the region, researchers from Ulster University and Queen's University, Belfast conducted 10 qualitative interviews with LGBTQI+ people who experienced or were offered conversion practices while resident in NI within the last 10 years. The small number of study volunteers reflects the sensitivities around conversion practices, as well as sexual orientation and gender identity, more generally, in the NI context. Four people originally interested in participating withdrew due to the stigma and trauma they had experienced through participation in conversion practices. One-to-one interviews were conducted between October 20, 2022, and 13 February 2023.

The research found evidence that conversion practices have been offered to LGBTQI+ people and practiced in NI over the last 10 years. Study participants identified conversion practices offered to or conducted on young adults and children in spiritual, health, and educational settings. The study participants provided insight into why they became participants in conversion practices. Practices were promoted or conducted by qualified and unqualified individuals. These practices were advertised publicly, or conversely, performed in a clandestine way. Participants identified a range of harm caused by participation in conversion practices.² As such, this research reflects findings similar to those of cross-country studies of conversion practices. Based on the research findings, the report authors recommend bringing forward legislation to legally ban conversion practices in NI.

¹ American Psychiatric Association (2020) Position Statement on Issues Related to Sexual Orientation and Gender Minority Status. Available at: [psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf)

² Pan-American Health Organisation (N/D) 'Cures' for an Illness That Does Not Exist. Available at: paho.org/hq/index.php?option=com_content&view=article&id=6803&Itemid=1926

Introduction

Conversion practices (also known as conversion therapies, reparative therapies, and cure therapies) encompass all medical, psychological, religious, cultural or any other interventions that seek to erase, repress or change the sexual orientation and/or gender identity of a person.³ These practices are wide ranging and include corrective rapes, exorcisms, and talking 'cures'. Integral to each of the practices that fall under the umbrella term of conversion practices is the assumption or belief that LGBTQI+ identities are damaging, sick, or sinful. Extant research has demonstrated the harmful effects of conversion practices on those who agree to or are coerced into or forced to participate in these practices. The World Psychiatric Association (WPA) found that 'there is no sound scientific evidence that innate sexual orientation can be changed'.⁴ Similarly, the Pan American Health Organization (PAHO) noted that 'conversion therapies' have no medical justification. In other words, a range of international bodies have challenged claims that conversion practices can change an individual's sexual orientation or gender identity.⁵ The American Psychiatric Association (APA) 'condemns any practice that aims to change one's sexual orientation or gender expression in the form of conversion therapy, or any other similar type of therapy'.⁶ The APA considers conversion therapies, 'as ethically and morally wrong' and, notes additionally, that 'these practices represent a significant risk of harm by subjecting individuals to forms of treatment that have not been scientifically validated'.⁷ The Memorandum of Understanding (MoU), a joint document signed by over 25 health, counselling and psychotherapy organisations aims to end the practice of conversion therapy in the UK.⁸

³ American Psychiatric Association (2020) Position Statement on Issues Related to Sexual Orientation and Gender Minority Status. Available at: [psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf)

⁴ National Centre for Lesbian Rights (2016) World's Largest Psychiatric Association Condemns Conversion Therapy. Available at: [nclrights.org/about-us/press-release/worlds-largest-psychiatric-association-condemns-conversion-therapy](https://www.nclrights.org/about-us/press-release/worlds-largest-psychiatric-association-condemns-conversion-therapy)

⁵ Pan-American Health Organisation (N/D) 'Cures' for an Illness That Does Not Exist. Available at: paho.org/hq/index.php?option=com_content&view=article&id=6803&Itemid=1926

⁶ American Psychiatric Association (2020) Position Statement on Issues Related to Sexual Orientation and Gender Minority Status. Available at: [psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf)

⁷ American Psychiatric Association (2020) Position Statement on Issues Related to Sexual Orientation and Gender Minority Status. Available at: [psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf](https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Sexual-Orientation-Gender-Minority-Status.pdf)

⁸ British Association for Counselling and Psychotherapy BACP (2022) Memorandum of understanding on conversion therapy in the UK Collaborative publication. Available at: [bacp.co.uk/events-and-resources/ethics-and-standards/mou](https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou)

Cross-country studies have indicated that conversion practices are harmful. Harms range from psychological to physical and are of differing degrees, depending on the method used. Practices advertised as conversion therapies are sometimes lucrative.⁹ Young people are particularly vulnerable to such practices and are subjected to these practices disproportionately. Global surveys suggest that '4 out of 5 persons subjected to them were 24 years of age or younger at the time and, of those, roughly half were under 18 years of age'.¹⁰ The National LGBT Survey (2018) found that, in the UK context, transgender people are also at a higher risk of 'conversion therapy'. The survey found that 13% of transgender people had been subjected to or offered conversion therapy, as opposed to 7% of the general LGBT+ respondents.¹¹ The findings from a YouGov survey commissioned by Galop and published in 2022 indicate that 18% LGBT people in the UK have been subjected to someone trying to change, 'cure' or suppress their sexual orientation or gender identity.¹² Additionally, the survey found that 'trans (43%) and non-binary people (36%) are significantly more likely to be subjected to conversion practices'.¹³

Therapy that supports an LGBTQI+ person with personal, emotional, psychological or spiritual issues relating to their sexual orientation or gender identity where that support does not seek to direct that person to suppress, 'cure,' or change their sexual orientation or gender identity are not considered conversion practices. In summary, practices that help people come to a consensual, comfortable, and self-accepting place based on their gender identity or sexual orientation are inherently different from conversion practices. Pastoral prayer, which is not directed at changing an LGBTQI+ person's identity is not considered a conversion practice. In NI, there is a dearth of empirical studies on how conversion therapies are practiced. The research project was designed to address this gap by generating empirical data on why, how, and where conversion practices happen in the region, who performs them, and their effects on individuals who undergo it. Legal frameworks and human rights

⁹ UN (N/D) Report on Conversion Therapy, p.1. Available at: [ohchr.org/sites/default/files/ConversionTherapyReport.pdf](https://www.ohchr.org/sites/default/files/ConversionTherapyReport.pdf)

¹⁰ UN (N/D) Report on Conversion Therapy, p.1. Available at: [ohchr.org/sites/default/files/ConversionTherapyReport.pdf](https://www.ohchr.org/sites/default/files/ConversionTherapyReport.pdf)

¹¹ Government Equalities Office (2018) National LGBT Survey. Available at: [gov.uk/government/publications/national-lgbt-survey-summary-report](https://www.gov.uk/government/publications/national-lgbt-survey-summary-report)

¹² The survey uses the terminology LGBT.

¹³ Galop (2022) There was Nothing to Fix: LGBT+ survivors' experiences of conversion practices. Available at: galop.org.uk/resource/there-was-nothing-to-fix-lgbt-survivors-experiences-of-conversion-practices

Legal frameworks and human rights

The World Health Organisation (WHO), the World Bank, and the United Nations (UN) have condemned conversion therapies, and numerous countries across the world have banned their use and promotion on the basis that they infringe on the human rights of LGBTQI+ people.¹⁴ The UN Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity has called for a global ban on conversion therapy.¹⁵ The Committee against Torture and the Special Rapporteur on Torture and other cruel, inhuman, or degrading treatment or punishment have issued explicit reproaches against treatments that are forced, involuntary, or otherwise coercive or abusive,¹⁶ and the Committee on the Rights of the Child has connected those practices with violations of ‘the rights of all adolescents to freedom of expression and respect for their physical and psychological integrity, gender identity, and emerging autonomy’.¹⁷ The principle of the best interests of the child is the cornerstone of the Convention on the Rights of the Child and places a duty on the administrative and legislative bodies, courts of law, and welfare agencies to protect that principle.¹⁸

Domestic and international human rights law, including the European Convention on Human Rights (ECHR)¹⁹ and binding treaties that have been ratified by the UK, such as the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the International Covenant on Civil and Political Rights; and the International Covenant on Economic, Social, and Cultural Rights, are engaged in relation to conversion practices. In relation to Article 10 of the ECHR the right to freedom of expression can be curtailed if damage to others can be established.²⁰ ECHR Article 2 is also relevant if conversion practices threaten life.

¹⁴ United Nations (2020) A/HRC/44/53: Practices of so-called ‘conversion therapy’ Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. p.2. Available at: ohchr.org/en/calls-for-input/report-conversion-therapy

¹⁵ United Nations (2020) A/HRC/44/53: Practices of so-called ‘conversion therapy’ Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

¹⁶ Ashe, F, McCann, C., Murray, E and O’Doherty, J. (2021) LGBTQI+ Strategy Expert Advisory Panel – Themes and Recommendations, p81. Available at: communities-ni.gov.uk/articles/sexual-orientation-strategy

¹⁷ Ashe, F, McCann, C., Murray, E and O’Doherty, J. (2021) LGBTQI+ Strategy Expert Advisory Panel – Themes and Recommendations, p81. Available at: communities-ni.gov.uk/articles/sexual-orientation-strategy

¹⁸ Committee on the Rights of the Child ‘General Comment No14 on the Right of the Child to have His or Her Best Interests Taken as a Primary Consideration (Art.3, Para.1)’ (29 May 2013) CRC/C/GC/14, para6

¹⁹ Articles 3 (freedom from torture, inhuman and degrading treatment) and 8 (respect for private and family life) are engaged directly with regard to conversion practices.

²⁰ The Council of European (2013) Convention on Human Rights. Available at: echr.coe.int/documents/convention_eng.pdf

The NI context

The research explored several aspects of conversion practices in the NI context, more specifically why, how and where these practices happen, who experiences them and their effects. NI has traditionally been more socially conservative compared to other UK regions. The conflict in NI meant that religious institutions have had more influence on social institutions, social norms and political agendas.²¹ Both the Catholic and Protestant churches have had significant influence in the region's system of religiously segregated education.²² A Northern Ireland Human Rights Commission (NIHRC) report, found that around one-third of schools stated they would teach pupils that heterosexual relationships were the 'main' or 'ideal' context for sex. According to the report 'some schools go even further, to explicitly 'outline their beliefs that homosexuality is wrong in their policies'.²³

An Education and Training Inspectorate (ETI) Report in 2019 highlighted the problems surrounding Relationship and Sex Education (RSE) in the region's schools. The report highlighted that 'despite pupils saying that they wanted to know more about "sensitive issues" like gender identity and sexual orientation, more than 80% of schools provided little or no teaching on those topics'.²⁴ Moreover, the ETI report found that 'only two-thirds of pupils said that people who had different sexual orientations would be welcome in their school'.²⁵

Political resistance to progress on LGBTQI+ rights has meant that NI has lagged behind the rest of the UK in terms of those rights for some time which is reflected in the provisions of the 1967 Sexual Offences Act not being extended to NI until 1982. The act legalised same sex sexual acts between two consenting adults over the age of 21. More recently, continued political resistances to progress on LGBTQI+ rights were demonstrated by the five times the NI Assembly voted on the legalisation of same-sex marriage between 2012 and 2015. A small majority on the fifth attempt in 2015,

²¹ Matthews, N (2019) Party Politics and Religion in Northern Ireland in *Oxford Research Encyclopedia of Politics*. Available at: doi.org/10.1093/acrefore/9780190228637.013.652

²² Brewer, J. (2014) *Religion, Civil Society, and Peace in Northern Ireland*, Oxford: Oxford University Press.

²³ Northern Ireland Human Rights Commission (2023) *Relationships and Sexuality Education in Post Primary Schools in Northern Ireland: A Compelling Case for Reform*. Available at: nihrc.org/publication/detail/nihrc-report-relationships-and-sexuality-education-in-post-primary-schools-in-northern-ireland-a-compelling-case-for-reform

²⁴ Meredith, R. (2023) Sexual Consent Teaching in NI Schools 'Not Good Enough'. Available at: bbc.co.uk/news/uk-northern-ireland-65461473

²⁵ Meredith, R. (2023) Sexual Consent Teaching in NI Schools 'Not Good Enough'. Available at: bbc.co.uk/news/uk-northern-ireland-65461473

voted for a change in the law. Same-sex marriages were recognised in 2019 through legislation passed by the Westminster Parliament during a period when the NI Assembly was not functioning. This was not the first time the Parliament had acted despite resistance from the NI parties. For example, it passed the Sexual Offences (NI) Order 2008, that reduced the age of consent to 16.²⁶

Given the conservative nature of some aspects of NI culture and the delays in legal protections, it is not surprising that conversion therapies such as electric shock treatment were practiced in Queen's University Belfast and by the NHS up until the mid-1970s.²⁷ This physically invasive form of treatment by publicly funded bodies would no longer be tolerated politically or socially in Great Britain or NI. However, this does not mean that conversion practices have stopped. Currently, against the background of a society that has undergone significant attitudinal change towards LGBTQI+ people, conversion practices in NI are likely to tend toward more clandestine methods as has been the case in other societies. Documentaries such as a *Spotlight* programme in 2018 on the issue have detailed that conversion practices have occurred in NI in the last decade. One gay man described his experience of these practices as follows:

My experience was in a setting of a religious organisation, it was one-to-one work – it involved prayer, Bible studies and teaching around opposition to what they phrased as same-sex attraction. It was really to reinforce that this was something that wasn't Biblical and was to persuade but also to teach me that my homosexuality was wrong. It is a brainwashing technique... to try [to] reinforce that shame, to make you in many ways feel like there is no way forward with your sexuality in that way. I went through the process over a year or year and half. At the end of it I felt like I had nowhere to go – I felt completely destroyed by it in terms of my faith and I felt completely isolated by it.²⁸

With greater awareness of the issue and increasing pressure from campaigns by the Rainbow Project and Ban Conversion Therapy in NI, the NI Assembly passed a motion in April 2021 calling for a ban on conversion therapy 'in all its forms'.²⁹

²⁶ Legislation.gov.uk (2008) The Sexual Offences (Northern Ireland) Order. Available at: legislation.gov.uk/nisi/2008/1769/contents

²⁷ BBC NEWS (2019) Gay men given electric shocks 'to cure homosexuality' at QUB, 30 Sept. Available at: bbc.co.uk/news/uk-northern-ireland-49884691

²⁸ BBC News (2021) Gay conversion ban: Therapy is a 'humiliating and harmful practice', 30 April. Online: bbc.co.uk/news/uk-northern-ireland-56802428

²⁹ A coalition of LGBTQI+ organisations, campaigners & faith groups united to deliver a meaningful and effective ban on conversion therapy in Northern Ireland.

Research aims

This research was commissioned by the Cara-Friend, HEReNI, the Rainbow Project and TransgenderNI funded by the DFC. It follows from the Expert Advisory Panel report on the LGBTQI+ Strategy, which identified conversion therapy as a harmful expression of prejudice towards LGBTQI+ people and identified a lack of research data on the inequities experienced by LGBTQI+ people in NI.³⁰ A set of questions was developed to obtain empirical data on conversion practices in NI. The questions below were then operationalised into a semi-structured interview schedule administered by the researchers to study participants.

- **What are the conversion practices, and how do they occur?**
- What approaches and techniques do they involve, and how are they manifested?
- Who offers or carries them out, and why?
- Are they more prevalent in certain contexts?
- Do they take different forms depending on context?
- **Who experiences conversion practices and why?**
- How do people end up undergoing or being offered conversion practices?
- Are certain demographic groups within the LGBTQI+ population more likely to be targeted, and how?
- **What effects do conversion practices have on people?**
- What impact do conversion practices have on people who experience them?

³⁰ Ashe, F., McCann, C, Murray, E. and O'Doherty, J. (2021) LGBTQI+ Strategy Expert Advisory Panel: Themes and Perspectives. Department for Communities. Available at: communities-ni.gov.uk/system/files/publications/communities/dfc-social-inclusion-strategy-lgbtqi-expert-advisory-panel-recommendations.pdf

Recruitment

The project was approved by the Ulster University and Queen's University Belfast ethics committees and the ethical protocols were robust. As conversion practices can be conducted in clandestine ways and victims often suffer psychological damage, in the opinion of the researchers, a regionally representative study of conversion practices is not feasible. Recruitment began in October 2022 and a range of recruitment strategies were used. Firstly, information about the study and how to participate was sent via email to members of the participating NGOs: Cara-Friend, HEReNI, the Rainbow Project, and TransgenderNI. The study was also advertised through various social media sites. Furthermore, an information event was held in Belfast on December 5, 2022, with Dr Danielle Mackle in attendance to answer questions about participation in the study. Finally, some participants were also recruited through the researchers' networks. Recruitment was difficult for the following reasons.

- People who have experienced conversion practices may not be connected to advocacy groups or networks.
- Members of those groups are likely to have higher levels of trust in the study.
- Reticence to relive the experience through recalling the nature and effects of conversion practices.
- Concerns that even anonymised testimony of the practices could identify individuals.
- Reticence due to the individual and/or their family's continued association with faith groups
- Concerns that giving testimony and reliving the experience(s) would not lead to any change in the law.
- Individuals not recognising the practices they experienced as forms of conversion practices.

Study sample

10 participants were recruited (five gay men, one non-binary woman who previously identified as bisexual, two transgender women, one transgender man and one intersex woman). Four people originally interested in participating withdrew before the interview stage.

Participant	Identity	Context	Proposer	Provider	Age
Participant 1	Gay man	Faith organisation	Faith organisation member	Faith organisation	19
Participant 2	Gay man	Faith organisation	Faith organisation member	Faith organisation member	15/16
Participant 3	Gay man	Faith organisation	Parents	Faith organisation	18
Participant 4	Bi-sexual woman	Youth club	Youth club leaders	Youth club leaders	13
Participant 5	Gay man	School	Teacher	Faith organisation	18
Participant 6	Transgender woman	Faith organisation GP surgery Shopping centre Public street	n/a	Faith organisation GP Members of faith group congregation	30+
Participant 7	Gay man	Faith organisation	Church Minister	Faith organisation member	25+
Participant 8	Intersex woman	Faith organisation	Church Leaders	Church Leaders and Church members	Adult (age redacted)
Participant 9	Transgender man	Mental health service team	Mental health service worker	Mental health service team	14+
Participant 10	Transgender woman	Mental health service team	Mental health service worker	Mental health service team	14+

Participants were drawn from urban and rural areas of NI and invited to an individual pre-meeting to discuss the different aspects of the study, seek clarification, or raise concerns. Pre-meetings meant that the interviewee did not meet the interviewer for the first time prior to a very sensitive interview. Nine face-to-face and one virtual interview were conducted using a semi-structured interview format. The average duration of each interview was 40 minutes. Protocols were in place to pace the interview and to end it immediately if any stress was experienced by the respondent.

The limitations of the study emerge from the dimensions of the field of research, in particular the hidden nature of the practices. Participants were self-selecting and several groups were under-represented particularly lesbians and ethnic minorities. The report findings offer significant insights into conversion practice, but they do not represent findings that can be generalised to the entire LGBTQI+ community as there may be, for example, a range of other practices that the study did not capture. However, as our colleagues in Coventry University who carried out qualitative research in the area on behalf of the UK government note: '[i]t is... unlikely that there will ever be 'gold standard' evidence upon which to base policy' for research on conversion therapy.³¹ The Jowett et al., UK study included 30 participants which demonstrates that samples are likely to be very small even in much larger regions.³²

³¹ Jowett, A., Brady, G., Goodman, S., Pillinger, C and Bradley, L. (2021) Conversion therapy: an evidence assessment and qualitative study. Available at: [gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study](https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study) note 3.3

³² Jowett, A., Brady, G., Goodman, S., Pillinger, C and Bradley, L. (2021) Conversion therapy: an evidence assessment and qualitative study. Available at: [gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study](https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study)

Interview schedule

The interview schedule was structured as follows:

- **Routes to Conversion therapy**

- Can you tell me about how you came to experience practices designed to change your sexual orientation/gender identity and why you had it?

- **Providers, contexts and settings**

- Can you tell me where the practice took place?
- Can you tell me how many people delivered or were involved in the practices and how each defined their role?
- Can you tell me how you would define their role?
- Did the person or persons delivering the practices or involved in the practices have any professional training or qualifications in terms of the techniques they used.
- How many times did you undergo the practice(s)?

- **Frameworks and techniques**

- Can you tell me about the nature of the practices you experienced?
- What were the objectives of the practices?
- What outcomes did you think undergoing these practices would have on you?
- What outcomes did the person delivering these practices believe they would have for you?

- **Effects and outcomes**

- Could you describe the short-term effects of these practices on your life and wellbeing?
- Having experienced these practices, what advice would you give to someone else planning to undergo them?
- If you were asked to summarize the effects of conversion practices on your life, what would you say?

The data from the interviews were coded in relation to the above categories, and key themes were identified.

Study findings

As researchers we asked participants to relive exceptionally difficult experiences. Neither researcher has personal experience of conversion practices. We believe that it is our responsibility to ensure that the participants' voices are heard in this report. Those who have experienced the practices often feel they are silenced by fear and trauma. Their voices are, in our opinion, the most important and significant aspect of this report. We therefore detailed their stories using their own words.

Routes to Conversion practices

The route to conversion practices for seven of participants in the study was through faith groups. Six participants were members of faith groups as were their families. For these participants there were two main routes to experiencing conversion practices. One route was through deciding to engage in the process after it was suggested or offered, the other was through some form of pressure. These participants had difficulties with the tensions between religious doctrines and their sexual and/or gender identities. These tensions combined with fears relating to losing one's family, religious community and friends. Participant 1, a gay man, explained the tensions he experienced when he was dealing with feelings of attraction towards men:

...when I was 19, by that point, maybe for about six years, I had been aware of my sort of sexual attractions for men, and that was really distressing for me because of my background. I'm from an evangelical Christian background.

His route to conversion practices was through a call at a church event for those who were struggling with any issue to speak to a counsellor if they needed help. Participant 1 went to a prayer counselling tent and became upset. He was approached by the counsellors in the tent and when he confided in one prayer counsellor that he was experiencing attraction to men, he was told that it was possible to change that attraction. And the counsellor told him he knew several people who had had those feelings but through therapy they were able to change them. Participant 1 was eventually guided to a conversion therapy provider by that prayer counsellor. He explains his decision to participate in conversion therapy as follows:

...he [prayer counsellor] pointed me in the direction of a certain provider of conversion therapy, and I was put in touch with that organisation and then subsequently had two conversion therapy sessions with that organisation. The reason that I chose to do that was because I was extremely terrified all the time, just constant fear that my community were going to find out about my secret, that I was going to lose everyone

that I cared about, that my family would disown me. And I just could not perceive a life for myself outside of the community that I grew up in. I didn't know the rest of the world. I didn't know the way other people thought. I was brought up to believe that actually the world is evil, and that the community is the safe place. And the thought of losing that, it just drove me to find any way to change this part of myself.

Participant 2, also a gay man, was even younger when he started his journey to conversion practices. Whenever he was in fifth year in school his parents joined a new faith group. He joined in the youth activities arranged by the church.

I had kind of gone along to all the kinds of youth groups and that kind of thing, and had kind of hidden...my sexuality and that kind of thing, because it was, of course, it was seen by them [his parents] as being completely the worst thing in the world, and they would be actively talking against it... So, I kind of went the other way, tried to throw myself into... religion to try to kind of counterbalance it...

During these activities Participant 2 was told by a young pastor that the pastor was having feelings there was something Participant 2 was not comfortable with – the pastor was having 'a prophecy'. Participant 2 explains the outcome of those comments.

Over a couple of months when they just kept dropping these ideas about something needs fixed or something needs prayed about. And then there was one week when another person who was in the group, who was gay as well, they basically turned around to me and they were like, oh, they want to speak to the two of us together. So, I was like, right, okay. And then basically that's when after one of these meetings they said, oh, we know that there's something like dark inside and we want to basically pray about it.

Participant 3's parents set up sessions with a conversion therapist for him. He was aged 18 at the time.

So, it was back in [year], February, March time, roughly, I came out to my friends. I grew up in a very religious background... so all my friends were from that background as well. And then a few of them told their parents, and then their parents told my mom and dad. So, mom and dad then got in contact with our minister, who then set me up with conversion therapy.

The dynamics around consenting to take part in conversion practices are complex and there are multiple pressures on young people to engage with the practices. Participant 3

prior to experiencing the conversion practice sessions had developed depression due to the realisation that he was gay but also because of other life experiences and factors. He explains why he attended the sessions his parents arranged for him that lasted 2 years.

There were times I fully agreed with it because I grew up in a strict church. I was taught that this [being gay] is wrong, and I believed that he [the counsellor] could have helped, he could help me. So, there were times I went along with it completely. There are other times I asked him, could we not talk about me being gay? I accept who I am. This is me. You can't help me. Just sort of help me with, you know, with the other things. And then there are other times I just went along to keep mom and dad happy.

Initially Participant 4, a non-binary woman did not recognise her experiences as conversion practices. Participant 4 stated that when LGBTQI+ people hear conversion practices:

...people think of something as extreme as those camps over in America. They'll think of people, of course, of rape, of corrective rape, even. They'll think of children being abused. They'll think of very feminine gay men... being forced to watch straight porn, being abused, being put under strict regimens and strictly regulated routines, things like that...

She added: 'They [LGBTQI+ people] don't think of the very kind of milder forms of oppression, of ostracization, of religious things as well'. She only realised after her own experiences of attempts to change her identity that she had been subjected to a form of conversion practices. Her experiences started at school as she explained.

...there was like a church group that would come in, and they also had that youth group that went on a Friday night. And it was like this place where everyone went to hang around and hang with their friends, meet up, chill out. Sometimes they would have pizza, sometimes they would have like, little disco nights, different things like that. It was just your typical youth group. And they would come in Friday at lunchtime with sweets and things like that. So, me and my friends started going to that youth group... At the time I was identified as a bisexual woman. And I came out to initially my small group of friends and then later to the rest of my class. The youth group somehow caught wind of that. And that's kind of when things started.

The volunteer leaders of the youth club who were members of the church then separated participant 4 from her friends and took her to the prayer room. They spoke to her and said that 'being bisexual was a sin, being bisexual is wrong, things like that'. She did not

consent to the practices that followed but did comply with the conversion practices she was told to participate in by the youth leaders. Participant 4 stated she had no desire to change her identity but was young, at the time 13 years old, and complied because she wanted to be able to go to the youth club where all her friends met up.

One interviewee, participant 5 experienced an attempt to 'push' him into conversion practices which he rejected. He was in school at the time planning to go to university after he left. He had to submit a piece of coursework for a key skills qualification. During a meeting with a senior teacher at the school participant 5 was given information about conversion practices.

Participant 5 described the beginning of that meeting as follows:

So, I went in, delivered the piece, of coursework, and the teacher. We talked a bit about my plans for post school, after my exams, university. And basically, the conversation came around to the teacher inferring that I would have challenges or struggle in the kind of next stage of my education. Based on factors around my personality, making it very clear that it was around things around me being flamboyant, camp these are his words and girly, things like that. And how I would find it very difficult to make friends in a university environment. How I would find it difficult to get a job. Would it be worthwhile even going to university? Because I was ultimately going to find it really difficult to get a job in what he described as the real world.

The teacher had made it clear to participant 5 that his 'femininity' was a problem, and it could be changed. He handed participant 5 a leaflet advertising conversion practices.

And the teacher basically said, we've talked about your personality. If you don't feel comfortable in that or if you don't want to be like that, there are ways and means of exploring other ways of being.

The school had a clear religious ethos and the teacher in question was a member of Evangelical groups. However, no other teacher made similar comments at the school and participant 5 had disclosed his identity as gay to teachers and pupils. He was happy attending the school. The school did not have a policy on approaching LGBTQI+ students in this fashion. The teacher later gained a more senior position at another school. Participant 5 did not respond to the information he was given on conversion practices, and he had no further interactions with this teacher.

Participant 6 detailed her experience of both routes to conversion practices. After identifying as a transgender woman, participant 6 told her minister that she was moving

from her hometown and planned to transition to a woman. 'I was attending church in [hometown] the minister begged me not to go through with it'. When asked why, the minister had begged her not to transition, Participant 6 explained that the minister told her that: 'It's in your head. It's in your head. It is the devil telling you to do this'.

Participant 6 had many meetings over several months with two ministers from the church based in her hometown to explain why she wanted to transition from her gender assigned at birth and to explain her interpretation of the Bible. Participant 6 engaged in these discussions because she wanted to remain a member of the church and to be accepted by her church community. Several members of her congregation were very supportive of her as a transgender woman. However, ministers and other members of the church also approached her when she was shopping, for example, in supermarkets or on a public street pressuring her not to 'go through with it'. These were very much unwanted approaches.

Participant 7, a gay man, wanted to be a minister in the church and felt pressure to live a heterosexual lifestyle. He explains:

And at that stage, I was training for ministry... and at that stage I would have identified as being same sex attracted so I wouldn't have identified as being a gay man, but theologically, my view would have been that I needed to be celibate. But I suppose at that particular stage when I was training as an assistant minister, I wanted to come to a place where I could be more, I suppose, comfortable in terms of my own identity and I suppose I felt particularly in terms of my own career development that it would probably be best for me to change my sexual orientation so that I could get married and have children and so to fit the stereotype, if you like, of what a [denomination] minister should be like, and even at that stage I felt there was a certain type of pressure being put on me as a single man, in particular, having a particular position in the congregation where I was working, to be in a relationship with a woman...So I definitely felt some pressure in terms of, you know, not being gay basically.

Participant 8 was born 'a hermaphrodite in the true sense of the word'. She had gender confirmation surgery at 18 months, at a Belfast Hospital and was assigned male at birth, but up until starting school she lived 'as a girl very, very happily'. As her birth certificate categorised her as male, she had to start school as a boy. She had a hormone check done when she was young which stated she had the androgen hormones of an 80 plus-year-old man and was diagnosed as being in early andropause complicated by the fact that she had elevated female hormones. She was immediately prescribed testosterone and remained on testosterone for nearly 20 years. She felt that the testosterone was 'poisoning' her and when she told her consultants she wanted to stop taking it, she was

offered surgery. She declined that offer and stopped taking testosterone treatment. After a period she explains the physical changes she experienced.

I never had a complete male puberty. And you know, and sort of in manual aspects, was underdeveloped as a male. But literally within a few weeks of stopping the testosterone injections, I started to feminize. Within 10 months, I had a bust and was, you know, a big cup. So, my body was forcing the transition. It wasn't so much a social issue. And I tried for a long time, you know, wearing compression vests, etc. It's typical things that a trans male would do. I was actually doing it to hide the, you know, my femininity and then in the end, it just got to the point where I couldn't hide it any longer.

Participant 8 was from a very religious background and has always been involved in the church. She was living in a Christian household, and she felt media pressure to conform to gender identity ideals.

She describes her first experience of conversion practices as follows:

So, at first, it was a past friend and his wife [church members]. They were putting pressure on, you know, telling me all sorts of things, that I was destined for hell that the only people who would be pleased with my transition, were homosexuals. And I tried to point out, but not this isn't just a mental choice, that my body is forcing me down this pathway. I also tried to explain, that I have no interest ever in being with a male. I've only ever been attracted to you know, females. So, I am not going to go down the path where I am using this as a means of having sex with males. And in fact, if it came to that point, I would prefer to be asexual.

This was followed by further interactions with members of the church, including, clergy that similarly sought to pressure participant 8 into stopping her transitioning which was biologically driven as opposed to a social transition.

Participants 9 and 10 were referred to a [mental health service] by their GPs. In sessions with mental health services, both experienced what they felt were conversion practices. Participant 9, a transgender man explains how he became exposed to conversion practices:

So, I actually umm, I would say that basically, my kind of experience with conversion therapy was actually through [mental health services]. So, I had pretty bad depression as a teenager, and I was also pretty much a daily victim of pretty horrific bullying. So, yes, as you can imagine, my life wasn't exactly roses and I also had a fairly bad self-harm habit. So, I kind of proactively went to my GP and

got a referral to [a mental health service] that way and so that was essentially it. I was there for mental health problems but very quickly it felt like that was not the concern for them. I think I must have been 15 or 16.

Participant 10 a transgender woman was even younger when she was referred to a mental health service and like participant 9 was exposed to conversion practices.

...when I was 14, I was dealing with a lot of gender issues and I didn't have the terminology to accurately communicate what I wanted, so I told my mum that I was feeling suicidal and talked to my GP about it and I got sent to [a mental health service].

Providers and settings

Participants described a variety of settings where conversion practices took place including being signposted or referred to dedicated providers of conversion practices. The available international research identifies that conversion practices are more commonly delivered by providers linked to religious institutions.³³ Participants 1, 3, and 5 all discuss how they were referred to dedicated providers of conversion practices. Participant 1 noted that he 'pointed me in the direction of a certain provider of conversion therapy, and I was put in touch with that organisation and then subsequently had two conversion therapy sessions with that organisation'. Participant 3 highlights that it was his parents who had contacted their Minister, who then arranged the conversion therapy through a charity provider. Participant 5 was given a leaflet with the details of an organisation offering conversion practices by a teacher.

And he basically went into detail and presented a leaflet. And I kind of took the leaflet and it wasn't an organisation that I'd seen or heard of before. This was in 2012, and to be honest, I don't know the name of it, so apologies. But basically, from what I can remember on the leaflet, it had kind of headline little snippets, including confused about who you are? Confused about your future direction. Do you need support in understanding who you are?

Participant 7 explained it was a senior Minister with whom he had a professional relationship that linked him in with someone offering conversion practices.

It was actually quite a senior [denomination] Minister who was involved with the congregation. He recommended I go and see somebody who he knew, a Christian

³³ Blosnich, J. R., Henderson, E. R., Coulter, R. W., Goldbach, J. T., & Meyer, I. H. (2020) Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016–2018. *American Journal of Public Health*, 110(7), 1024-1030

counsellor with a view to exploring how I might change my sexual orientation, I don't know if that makes sense or not.

Other settings included youth groups affiliated with Churches which participants 2 and 4 identify below.

So, it was basically just a normal Wednesday night (youth) group that kind of just became a thing that we then started to stay behind for an extra half an hour and it started off quite kind of soft. It was just kind of reading lots of Bible verses or going through different stories or learning about demons and how that kind of worked. And then it kind of escalated to become a bit more intense (Participant 2).

A youth group that was affiliated with the Church on Friday evenings. The ones that were leading the group, the leaders of the group kind of then separated me from my friends, took me up to the prayer room, spoke to me and said that being bisexual was a sin, being bisexual is wrong, things like that. I was kept in the prayer room for about two and a half hours (Participant 4).

Two participants (9 and 10) discussed their experiences of conversion practices as service users of a mental health service. One study³⁴ highlights that healthcare providers were reported to be the second most common provider of conversion practices, this links to our findings where two participants identified that their mental health practitioners engaged in conversion practices.

Context

The context of the conversion practices varies. Some young people were growing up in Christian households and some adults with strong religious faith struggled with their sexual orientation or gender identity, and, for one participant, the complexities of their body changing meant they had reached out for help and support. Research has found that having a deep religious belief or belonging to a family with a strong religious background points to the likelihood of participation in conversion practices.³⁵

Participants 1, 7 and 8 discuss the context of the conversion practices they experienced below.

³⁴ Gov.uk (2021) Conversion therapy: an evidence assessment and qualitative study. Available at: [gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study](https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study)

³⁵ Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, 62(2), 95.

During a Christian conference one summer when I was 19, at the end of the conference, the pastor or the speaker at the front put out an invitation that if anyone was struggling, or suffering. And they needed to speak with a prayer Counsellor I could go to the prayer counselling tent, and someone would be there to speak with me. And I told him what was going on, and he said that he was happy that I had spoken to him and that there was help for me, and that I was able to change, that change was possible. That he knew people who had been gay and were now no longer gay (Participant 1).

It was actually quite a senior [denomination] Minister who was involved with the congregation he recommended I go and see somebody who he knew, a Christian counsellor with a view to exploring how I might change my sexual orientation, I don't know if that makes sense or not. He and I had a bit of a professional relationship and eventually, I came out to him. I didn't say I was gay, I said I was same-sex attracted and I was expressing to him the fact that I was really struggling at the time... he suggested that I, go and seek, you know, professional help and he put me in contact with this particular Christian counsellor he was connected with (Participant 7).

They were Elders or Ministers and their partners and in the case of one of the Ministers partners, they were a GP and I thought if I was to get any understanding it would be from them but they just weren't interested when they saw they weren't converting me back to the birth-assigned gender that Mummy had chosen for me, you know, that they just totally ghosted me and refused to even accept emails from me. When I tried to explain the intersex aspect, they blocked me on the email. The fact I am intersex means I have had one foot in both of the binary sexes, I wasn't physically switching from one binary sex to the other, I was born with ambiguous genitalia, I was born with a vulva, a vagina and a micro penis. Later it was discovered I had a teste and an ovary so that was where all the hormones were coming from. The teste shut down in my 30's and the ovary was still working. I tried to explain all this to them, but all they could see was that I was going against the scriptures (Participant 8).

Other contexts included participants 9 and 10 who were young people at the time and engaging with mental health service teams who have reported negative experiences:

Generally, everything that I had an issue with was brought back to my bisexuality, which I don't identify as now, I would identify as gay, but when I was 14 or 15 that's how I felt. And I just remember her constantly saying that like, the root of my issues, was my bisexuality and I knew, in a way that was kind of true because people were treating me very poorly because of my sexual orientation, but it was

very, I think, the way she made it seem was that I had created this drama for myself and that being bisexual was almost like a way of acting out. She just kind of blamed me for all of my problems because I was bisexual. And you know, maybe I shouldn't be bisexual because look at how difficult life is (Participant 9).

Um, so it was kind of sitting talking to me but in like a way to make me feel shame around it (their gender identity). It was mostly like, it didn't feel like they actually cared about the help I needed, they were kind of focused on the autism. They kept bringing it back to the autism (Participant 10).

This is interesting in so far as it relates to some of the evidence that suggests that some mental health professionals in mental health settings may mistake minority sexual orientations and gender identities as symptoms of existing mental health conditions.³⁶ Health professionals may benefit from further training on issues of gender and sexual diversity.

Delivery

In terms of how many people delivered or were involved in the practices differed between participants ranging from one person to several. Participant 3 noted that it was the CEO of the organisation who delivered the conversion practices. Participant 4 stated that practices were delivered by lay people attached to the church. Participant 5 had been approached by a school teacher to seek counselling. For participant 8 and 4 elders from a particular denomination but not the same church were involved in performing conversion practices, and 1 from a different denomination. Participant 1 noted that one person was involved in the delivery of his conversion practices.

I saw one person, and that was the person that gave me the counselling, the conversion therapy. He's a therapist. He's a psychotherapist or a psychologist that's offering active therapy as opposed to just speaking and like counselling, discussing a situation. He was actively, proactively using therapy techniques.

Participant 2 details how the Pastor and lay people from that church were involved in the conversion practices.

The pastor was in his thirties, I think. And then there were another two people who were, kind of, they weren't like official, but they were always kind of tagged along.

³⁶ Gov.uk (2021) Conversion therapy: an evidence assessment and qualitative study. Available at: [gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study](https://www.gov.uk/government/publications/conversion-therapy-an-evidence-assessment-and-qualitative-study/conversion-therapy-an-evidence-assessment-and-qualitative-study)

So like they did like they would do like Bible readings and that kind of thing. And they were like in their 20s, so they were kind of like his apprentices if you like.

For the two participants who experienced conversion practices through a mental health service participant 9 stated that only one person was involved in the delivery, whereas participant 10 highlighted that up to 4 people were involved in the delivery of conversion practices.

The findings from this study suggest that conversion practices that engaged with psychological therapies tended to be delivered by one person, whereas practices linked to prayer/healing/exorcisms appeared to be delivered by a group of individuals linked to religious institutions.

Definitions of roles

Participants were asked how the people involved in their conversion practices defined their roles, these roles ranged from lay people connected to the church to Elders, Ministers, counsellors, mental health practitioners, a teacher, a psychotherapist, and psychiatrists. Participant 1 stated that 'he's a therapist. He's a psychotherapist or a psychologist that's offering active therapy as opposed to just speaking and like counselling, discussing a situation. He was actively proactively using therapy techniques'. Participant 2 stated that it was the Pastor of the Church and that 'he sort of said that God had called him to do these things, do you know what I mean? Like or to help us in that way.

Participants 7, 8 and 9 describe how the people involved in their conversion practices defined their roles below.

I suppose he would have described himself as somebody who was first and foremost a Christian, but also had a background in terms of counselling. I don't think I get the feeling from memory that wasn't actually his full-time job (Participant 7).

They were Elders or Ministers and their partners and in the case of one Minister's partners, they were a GP and I thought if I was to get any understanding it would be from them, but they just weren't interested when they saw they weren't converting me back to the birth-assigned gender (Participant 8).

So, I think primarily it was one counsellor whom I think I engaged with primarily at the start and she would have just been my caseworker, I guess, like, my mental health advisor or whatever they call them (Participant 9).

Participants were also asked how they would define the role of the persons or people carrying out the conversion practices on them. One participant stated that at the time, they would not have been aware of the person's role.

I don't think I would have been aware, really of what he specifically was in terms of is he a therapist? Is he a Counsellor, is he a Psychiatrist? I didn't care. I just knew that this person who seemed to know what they were talking about was offering help to me. So, I'm not sure I ever really understood what his actual clinical role was. It was sort of irrelevant to me. He was offering a way to change this, and I just accepted it (Participant 1).

I saw him as a spiritual leader that I trusted that I respected, that my parents had kind of facilitated not directly this, but they had kind of put me in this group and in this setting. Do you know what I mean? So, I kind of trusted that I was being looked out for and that my best interests were at heart. Now, looking back, I think I was kind of groomed and manipulated into their point of view (Participant 2).

Duration of conversion practices

The duration of conversion practices ranged considerably between the 10 participants. One participant endured a difficult and unscheduled conversation with a teacher around conversion therapy, while other participants experienced conversion practices for over two years from either specific conversion therapy providers or ministers/elders/pastors within their Churches. A systematic review of the international literature has identified that individuals undergo conversion practices for a mean duration of 43 months.³⁷ Participant 2 attended conversion practices 'weekly, over about a year and a half and so it was an hour of, like, kind of normal Bible study and then an hour of extra'. For participant 3 it was over two years, 'the first one was the March 2016, and the last one was the January 2018. And it was pretty much a weekly thing, with maybe an odd break here, but pretty much weekly'. For participants 9 and 10 who experienced conversion practices through mental health services, it ranged from 6 months for participant 9 to over two years for participant 10. Participant 9 stated 'I think I saw her for maybe four to six months, and it was once a week, then once every two weeks, then once every month, and eventually I just dropped out, I think, about after six months'. Participant 10 noted 'on and off for a couple of years maybe a little over two years. They decided I had autism as they had to find something wrong'. The participant stated at the interview, that they were not convinced that they have autism.

³⁷ Forsythe, A., Pick, C. and Sandman, K., (2021). PNS30 The Humanistic and Economic Costs of Conversion Therapy: A Systematic Literature Review. *Value in Health*, 24, p.S177.

Frameworks and techniques involved

The frameworks and techniques involved in conversion practices among the 10 participants are wide and varied. These practices ranged from being told their life would be difficult due to their presenting as ‘flamboyant, camp and girly’ to participants experiencing being prayed over and one who experienced exorcism-like practices from Church leaders.

Psychological practices

Three participants discussed conversion practices that had a psychoanalytic lens on their childhood and relationships with their parents. This links to the literature that posits that conversion therapists believe that LGBTQI+ identities develop due to childhood trauma and deficient caregiver role models.³⁸

He informed me that he understood where the place that I was in, because he also used to struggle with same sex attractions. And now he’s married to a woman and has a family, and he was basically telling me this as a justification and a validation, really, of the worldview that says you can change your sexuality. So, from the very outset, I thought, oh, my gosh, this man may have the answer for me, and it works (Participant 1).

It involved, kind of, mostly delving into my past and looking for the reason why I ‘suffered’ from same-sex attractions. And he gave me some of what he said were common reasons why people may develop same-sex attractions. And very often he said it’s to do with childhood trauma or problems with the parent-child relationship dynamic, the way they interacted. He spent a lot of time sort of digging around in my head to try and find clues to that. And the one that he latched onto was my relationship with my father and my relationship with my mother. So, he would ask questions like, was your dad, actually the way he went around it was, what sort of things did you do when you were a child? What are some of your memories, your achievements? How do you feel about the fact that your father wasn’t there, and your mother was? Do you think that that is upsetting for you? And he put a lot of things into my head... And he builds this case and then puts it back to you that, well, perhaps the reason why you’re attracted to men is that your father didn’t love you enough or express his love enough. He wasn’t present. He wasn’t at these events that you remember very vividly, and he’s a bit absent. So, therefore, you’re trying to fill that hole by seeking out male affirmation

³⁸ Wright, T., Candy, B., & King, M. (2018). Conversion therapies and access to transition related healthcare in transgender people: a narrative systematic review. *BMJ Open*, 8(12), e022425.

which was one of the buzzwords, male attention, male affirmation, and male acceptance (Participant 1).

Participant 7 also discusses the techniques involved as focusing on his childhood, past and his relationship with his father.

I do remember him getting me to do a timeline in terms of my own life and to try to explore through this timeline some of the men in my life and I suppose the formative influences in my life, and I do remember as well, and I think this was maybe the big turning point for me as he did emphasise it a lot... Something's happened in terms of your relationship with your same-gender parent. So, I remember we talked a lot about my dad... I remember him emphasising my relationship with my dad a lot and actually, one of the key memories for me is he got me to write out a letter to my dad and to read it out aloud, expressing how I felt at the time. I remember reading it out in that particular session and I remember feeling very uncomfortable actually, and feeling like it was kind of slightly manipulative and a bit sort of, like it was a performance that I was expected to do to convey certain emotions that I maybe didn't really feel.

Participant 3 was reluctant to discuss their experiences in any detail however; they did state that the practices were based using psychological therapy practices.

Just like your normal counselling CBT. I think that just talking through things. I don't want to say anything. Coming from the strict religious background that it did, as I said, we were told that it was hell and brimstone, it was shouting from the pulpit, all that sort of thing.

These psychological techniques are based on historical attempts to change a person's sexual orientation or gender identity using psychological theories, however, these techniques for the purposes of altering a person's sexual orientation or gender identity have since been rejected by the main professional bodies including the British Psychological Society, the British Association of Behavioural and Cognitive Psychotherapies as well as the British Psychoanalytic Council.

Mental health service experiences

Two participants shared their experiences of being service users in separate mental health service teams.

Her perspective on it was though, that I was straight, and that bisexuality is a phase and was attention seeking, and me being contrary and trying to irritate and

frustrate people. I just got around to learning to not talk about it, to not talk about being bisexual and to like, it's awful to think about being a 15-year-old and having to navigate a space that was meant to be supportive and instead what I had to do was ignore that whole side of me. When the conversation would veer toward bisexuality, I would have to defend myself and shut down conversations before they would happen as I felt she would just get stuck on it. When talking about relationships with other girls (when I was 15/16 I was still presenting as a girl, I am a trans man now) but I would hear things from her like: 'You aren't actually gay, you are just afraid of men. You're very mentally ill in a similar way and that is why you are together' If I ever brought up anything negative about the relationships I was in she would say 'Well that is what relationships are like between same-sex people'. (Participant 9).

Um, so, when I was 14, I was dealing with a lot of gender issues and I didn't have the terminology to accurately communicate what I wanted, so I told my mum that I was feeling suicidal and talked to my GP about it and I got sent to [a mental health service] They asked a lot of inappropriate questions to a 14-year-old. One of the first questions I was asked was if I was aroused by wearing women's clothing and then they asked if I ever uploaded pictures of myself in women's clothing on the internet and if I would ever talk to anyone online about wearing women's clothing and it felt like they were playing a bit of a game of catch the pervert. When I went to [the mental health service] originally, I was feeling happy as finally someone will know what was happening to me and will be able to help. Um, so after that, I repressed for quite a few years, until I started at university. It affected me for a really long time, and there was a lot of shame and guilt around for a long time. (Participant 10).

Prayer

Participant 8 described trying to explain her transition to church elders and ministers but stated that all they could see was that they were going against the scriptures.

All of them prayed over me, some refused to pray with me. The psychiatrist elder prayed with me, prayed for us, prayed for me, prayed for my then wife, and allowed me to answer in prayer and I felt it was, whilst very pressured in terms of the sacrament of marriage, I felt the others gave me no credence whatsoever and some would pray against me nearly and would not accept me praying with them as at that point I was a lost soul and needed to come back into the faith. In many ways they saw me as faithless and one of them actually said, now the only person you are listening to is Satan, he has sucked you into this, which is terrible,

even from a person who isn't spiritual and I am still very spiritual. For me, being told I was hell bound, a lost sinner and the only thing I could do to redeem this was to go back to living as a failed man, so it was terribly traumatic and being totally ghosted and not allowed to explain myself.

Exorcisms

Two participants discussed their experiences of being part of a youth group affiliated with the church. Participant 2 reported that they, and another young person perceived to be LGBTQI+ were targeted by the pastor and youth group leaders. Participant 2 reported that they and the other young person would be asked to stay behind after the youth group every week and the practices are described below.

He started to do these prayers where he would kind of do these kind of casting things or whatever and start putting oil on our foreheads in that kind of sense. And I guess it all kind of built up over about six to eight months towards this youth retreat that we were going on, which was organized by the church... and they had this thing on the Saturday night where they have this kind of late-night worship thing where they kind of sing and there's a band and all that kind of stuff... then they held on to a few of us at the end... they just started kind of doing what they called like a prayerathon. And then they were like, right, this is where we're going to basically exorcise you. And I was like, okay. And they basically did this from about midnight until about three in the morning. They did like a three-hour long, just kind of relentless kind of, it felt like casting spells, but like, kind of like prayers and calling out demons and throwing oil over you, it's kind of hard... And they're kind of, like, shouting in your face for, like, 10 to 15 minutes without stopping, just like, shouting all these different kinds of prayers and stuff kind of at you. So that was kind of the culmination of it (Participant 2).

Participant 4 also described their experiences of being part of a youth group affiliated with the church and the types of conversion practices that they endured.

The leaders of the group kind of then separated me from my friends, took me up to the prayer room, spoke to me, and said that being bisexual was a sin, being bisexual is wrong, things like that... I was made to write a letter to my mother, to my dad, asking for forgiveness from them. I was then made to write a letter to God asking for forgiveness from God. I was then asked, and told to also write a letter to Satan himself and beg him not to take my soul away all this while I was locked in a room... I kept going back, kept getting sent to the prayer room, quite often, obviously forced into write letters to go to my parents for forgiveness. Again, my

parents never saw these letters. They kept them okay because they wanted to read through them to make sure that I was writing the right things and that I was saying the correct things... They would talk down to me, they would constantly, they would verbally abuse me. They called me things like a whore, and they called me a slut. They called me Scarlet Woman or something like that, things like that. They also said that I was going to hell. They said I was going to burn in hell. They said Satan was himself was going to come and rape me. It wasn't necessarily a cupboard, but it was a closet. And sometimes they would lock me in there or they would lock my friends in there. There wasn't a light in that closet. You would just be left in there for a couple of hours until they deemed that you had your quiet, peaceful contemplation. And then they would bring you out and they say, that's what it's going to be like in hell. But I kept going back because again, it was the go-to place to go. This went on for about a year and a half.

Effects and outcomes

When asked what outcomes did the person delivering these practices believe they would have on you? Respondents gave different answers to the question. Participant 7 believed that the practitioner was trying to genuinely help him change his sexual orientation. Participant 9 believed the counsellor believed that his bisexuality 'as a symptom' was a fear and distrust of men. His father was abusive, and he had had sexually and physically abusive relationships with other men. 'So, I think she saw my bisexuality as being a symptom of that, instead of it being a genuine sexual orientation that I could have. For her, me identifying this way was inappropriate, and inaccurate and that is why I was experiencing such mental distress because I assumed that she thought I was trying to force myself to fit into that'.

Participant 10 also believed that the counsellor thought they were trying to help her.

...they must have thought they were doing a good thing, so I don't know, they probably just, I am not sure, they probably thought if there was nothing sexual going on and they asked the trans question at the start, but as we went through, they still should have asked me, why is this upsetting me etc. I think there were a couple of times, where they asked if I was still cross-dressing but that was it, there was no further discussion, and they spent a few years trying to figure out if I was autistic or not.

The remaining participants all believed that prejudice against LGBTQI+ people was the overriding concern of those practicing conversion practices. These people believed that LGBTQI+ identities were sinful or wrong and, in some cases, saw themselves as protecting LGBTQI+ people from sin and sinful lifestyles.

The participants, regardless of the provider, context or methods used, all stated that being exposed to or participating in conversion practices were harmful and had a negative impact on their lives. Several described the short-term impact of their experiences on their lives and well-being. Participant 7 explained the pressure and stress he felt at the time when he was experiencing conversion practices.

I think probably it added to the pressure I felt at the time as well as to the isolation and loneliness, that sense almost, of for the sake of my career, having to change myself. I mean, yeah, as I say, I do remember the discomfort I felt, particularly with some of the stuff about family relationships, feeling like that was slightly manipulative and invasive. It was quite a stressful time because I was, you know, in the ministry, and it is a very stressful job. I think I just felt like I was probably adding to all this pressure that was already on me in terms of my professional life.

Participant 10 withdrew from friends and people at school. She felt a lot of shame about anything that was related to gender and felt uncomfortable about her identity. Participant 9 who also experienced conversion practices at mental health service recalled how he learned very quickly that he could not be open and honest and that he had to monitor what he said. He felt that the experiences exacerbated his biphobia. He had feelings that he was 'making this up... you're doing this for attention'. You're not really bisexual either you're gay or you're straight... And if you're gay, then that's awful because you're going to lose your family. Your life is going to be sad and pathetic. And I would try, really hard to be straight'. Moreover, these feelings led to a decline in his mental health. He explains:

Because I had nowhere safe to put all that stuff, it pushed me even further into myself and my self-harm habit and further into depression because, you know, I couldn't be honest about the things that were bothering me because that then would become the issue. So yeah, it made the depression worse, it made the isolation worse, and it definitely made me feel so much more alone.

Participant 8 felt she would have 'given up' her faith if it had not been for the accepting nature of another church. She noted how many people gave up their faith because they were actively being punished both 'spiritually and socially'.

In terms of the longer-term effects of these practices on participants' lives and wellbeing some felt deeply damaged by the conversion practices they experienced while one participant felt that the experience was less detrimental long-term. Participant 7 felt that in the long-term that the conversion practices did not have a 'hugely detrimental impact' on him, especially compared with other people. Rather he felt it was a waste of money and time.

Other participants described a range of harmful effects that were caused by their experiences of conversion practices. Participant 8 describes the long-term losses that conversion practices caused. 'I lost everyone. I lost my church, and my home... In relation to all those other people, I have no contact with them'.

Participant 1 described the short-term effects on him as particularly difficult. He thought at first that the conversion practices would work but none of his attractions changed. He had thrown himself into the process 'wholeheartedly' reading a whole range of books he was given by Christian groups. Hope very quickly turned into feelings of guilt when the process was not working, 'maybe I wasn't intense enough, maybe I wasn't serious enough or Christian enough or good enough and then subsequently really severe depression' developed. He explained the long-term consequences for his mental and physical health and for his career to which he was committed.

I was at medical school at the time and my first year at medical school I had done really well, and I was in the top 10% of my year in performance. In my second year, which is when the therapy started, I failed an exam. There was a two-week period where I stopped eating and basically my local church had to send elders to my flat to check on me and they found me in a real mess. My church then took me to the doctor, and I started antidepressants and became just severely depressed. And that went on for four years. And I was trying to get a medical degree but also meeting up with all these people, reading all these books, doing all this work to try and change my sexuality. And in the end, I just became so depressed that I hated life in general. I hated my course, I hated it, where I lived, I hated it the hospital and my degree and I hated my family because I blamed them.

When he eventually stopped participating in conversion practices his health quickly improved and he was able to stop using anti-depressants. After a 3-year break from medical school he went back to his studies and became optimistic about meeting a partner and experiencing romantic love in his life. He continues to participate in Cognitive Behavioural Therapy (CBT) to heal the damage of conversion practices. The 'long lasting effects are it has left me with a real sense of I'm not good enough, which I'm every day having to try and keep in check and try and work on'. He outlines the differences between CBT and conversion practices.

And the difference between [conversion] therapy and therapy where it's ethical and it's based on scientific consensus that homosexuality is not wrong and that it's harmful to tell someone it is. The difference between those two forms of therapy is like night and day. One destroys and makes you feel really crap about yourself, and the other one really has the power to build you up.

Participant 3 also found the experiences deepened his depression in the context of other issues causing low mood. He felt the experience was negative but was able to join faith communities that were welcoming of LGBTQI+ people. While participant 4 found in both the short-term and long-term she was fearful of disclosing her identity. She delayed telling her mum she was bi-sexual for fear of a negative response, and it took her several years to tell her dad. She still feels fearful about disclosing her identity. She fears being 'locked in', has a specific fear of dark rooms and also of groups of men. She also lost her faith. In terms of the long-term effects she explained her lasting trauma.

...my trauma response has been like my brain blocking out so much of what happened because again, all I can remember is writing letters and being forced to pray and being terrified of rape.

Participant 5 also described the effects of even being offered conversion practices can have on 'coming out' to other people. It also impacted on his memories of his school. He found it was a reminder that he could be challenged about his sexuality at any time. It could just 'jump out' at him, that he could be 'doorstepped'. More broadly, the experience meant that:

For a long-time during university and in my early career, I definitely felt like I had to, like, I couldn't be as out as I would have liked to have been. I definitely had apprehensions around what employer I might have considered going for, because I maybe didn't see on their website and things that they were LGBTQ+ friendly and things like that. It definitely made me apprehensive about applying for an organisation where I couldn't see that they would be queer friendly within the workplace. It made me apprehensive about coming out. It definitely has been something in the back of my head since that day.

Participant 6 described her experience as 'a cat shivering in the corner'. She explained that people who are subjected to these practices turn to alcohol or die by suicide. She remains a person of deep faith which she believes has helped her deal with the conversion practices even though when she moved town and attended a new church, she was asked by ministers to leave. She remains firm in the belief that God made her transgender and that those who believe her identity is sinful don't understand scripture.

Participant 9 felt the experience increased feelings of distrust and blame.

I think it has caused long-term damage in a way because I think that I am very distrustful of therapeutic spaces and I think it kind of compounded the issues that I think a lot of queer people already have, which is that we're so used to having our

feelings disregarded or manipulated so that somehow, we are to blame, that we are at fault, that I am.

Participant 10 explained its long-term effect on her thinking processes. 'I keep coming back to what happened, and what if I had just said something else, this is a recurring thought I have a lot'. Moreover, she continues to think about the experience and what she could have done differently and remains anxious in certain settings. 'I am stuck in the past a bit and keep thinking about what-ifs and stuff'. Participant 9 felt he had significant long-term effects.

It didn't make therapy a very safe space for me to be, which is unfortunate because I have needed a lot of it over my lifetime and I think that it has impacted on my ability to stand up for myself in a way. I am not very good about talking about how I feel, and I am afraid of people disregarding me or misunderstanding my point of view.

Participant 2 felt his life was deeply affected by these practices. He felt that he still struggles with the ideas that he didn't fix it.

And then as well, I was diagnosed HIV positive a couple of years back and it was long standing so like, I'd had it for a long time. So, I know that it was probably as a result of being secretive and being kind of in the back scenes and going to kind of dangerous places and meeting people that wasn't safe. And I don't think it's a direct result, but I think it certainly contributed to those kinds of dangerous practices.

We asked our participants what advice they would give to someone else planning to under-go similar practices. They unanimously stated they would advise the person not to engage with conversion practices. Participant 7 stated that he would tell the person that, 'there is nothing that needs to be fixed. The issue is the society'. He added he would tell the person that 'it is a waste of money and time'.

Participant 3 believed that conversion practices had a negative impact on him but also on perceptions of LGBTQI+ people more generally. As this report has shown, faith groups involved in these practices frame LGBTQI+ identities as a sin. Participant 2 believed that it was a very difficult situation for young people if they are offered conversion practices to change their identities. Young people, he argued, don't have the information or experience to make different decisions 'because of course, science [is] the enemy of spirituality'. He felt it would be difficult to explain to someone the dangers and outcomes of conversions practices because it is difficult to be gay. 'It'd be really hard to find a way to get through to somebody if they were in that position'. He stated that he is an adult now, not 16, but when you are 16 'you don't know what way to turn'.

Participant 7 also believed the practice should be banned.

I think the sooner that this practice is outlawed, especially for young people the better. You know, I was 29 when I went through it, so not young. Also, you know, the fact that somebody I really respected and trusted introduced me to this other person, I think that is disappointing. I bet they felt they were doing the right thing, but fundamentally, they were putting theology above my well-being. That is one of the real problems in my Church and other mainstream denominations I suppose regarding these kinds of practices, there's no real sense of the person. What about people's well-being? What about mental health? What about the harmful effects?

For participant 8, people only consider conversion practices if 'they are being guilted or forced for social reasons to remain in the faith that they grew up in or living in'. She continued:

You are forced into conversion therapy. In NI as like some of the southern States in America, they try to pray away the gay and I would ask them did they believe that being prayed over they were actually going to have an end result that made them happier or if was it forcing them to live in a lifestyle, that they were going to be subjected to conversion therapy is only ever going to hurt, it's not going to help... And if you're gay, then that's awful because you're going to lose your family. Your life is going to be sad and pathetic. And I would try, really hard to be straight... pressures applied at so many different levels that it is never voluntary.

Participant 10 said she would advise people not to go to the mental health service she was referred to. She had never heard of anyone who had gone to [that service] and 'had a good experience of it'. Participant 9 also stated that he would not recommend the mental health service that he was referred to and felt that it is much safer for people to contact the advocacy groups such as the Rainbow Project. He added:

...it is so difficult to ask young people to advocate for themselves, because, if you're by yourself and you don't know anyone who is LGBT and you don't know what your rights are, you don't know how safe you are, you don't know if you bring up an issue that they'll use that to disclose it to your parents, so I would always be very wary, I would always say, go to Rainbow Project first... I think even today, from speaking to some of the young people I know that for trans people, the experience I had is exactly the same today for them if not probably worse.

Participant 7 felt that NI's emergence from conflict was a specific factor in terms of conversion practices.

There are still people advocating for these practices, and in NI, again, we're still quite a religious society compared to the rest of these islands, and I think, you know, this is also the reason why this was the last place to bring in same-sex marriage in these islands as well. Sometimes in post-conflict societies, these things become, substitutes for other kinds of arguments. I do sometimes think we're a very dysfunctional society in all kinds of ways which probably has something to do with how religious we still are. There's still a lot of fear and prejudice as well in our society and I do wonder how much of that is connected with the troubles actually and there's a sense in which identity is still so contested, not just in terms of political identity but the sense of which you define yourself in relation to what you're not. Anyone who is in the minority is therefore potentially at risk here, for whatever reason.

Participant 8 believed that intersex needs to be treated differently to transgender 'if you only have legislation in relation to hate, or conversion for transgender people you are possibly negating a lot of intersex people'. Also, she would like to see more training on intersex. 'I have been educating the specialists who have been treating me as they have never had any training, as one doc told me, we had a one-hour lecture on intersex. That was it'.

Report conclusions and recommendations

Consent

The testimonies of the participants in this study illustrate the problems surrounding individuals being deemed to freely consent to conversion practices. Many individuals consented to participate in the conversion practices. However, the study also found that consent takes place in situations where there is a background of individual, familial, organisational, and societal stigmatization of LGBTQI+ identities. It also illustrates that decisions to participate in conversion practices occur in contexts where there is an imbalance of power. Under these conditions, there is pressure on individuals to participate in conversion practices, and the concept of freely consenting to these practices is difficult, if not impossible, to sustain. Most study participants were motivated by concerns that if they did not participate, they would become estranged from their families and communities. As those practicing these forms of 'interventions' only explain them as having positive outcomes, consent cannot be viewed as informed because an individual's ability to fully understand the consequences of their participation is limited. While some of our participants were young adults when they experienced conversion practices, several were aged 13-16 years old. Practices can only be considered treatment and/or therapy if they 'refer to practice which respects the freedom of a patient and enhances their wellbeing'.³⁹

Counselling

Participants detailed the psychological harms of the conversion practices. Several participants in the study sourced counselling and therapy to repair the psychological damage. It is important that those who seek ways to explore their sexuality or gender identity have access to advice on the effects of conversion practices through, for example, help and advice. Survivors of conversion practices should be provided free access to counselling and therapy services. It is also necessary to address the exceptionally long waiting times for gender clinic appointments so that individuals have easier access to professional forms of support and advice. The advocacy groups are an essential element of help and support particularly for young people. It is exceptionally important that they have adequate funding resources.

³⁹ Association of Child Psychotherapists (2022) ACP Statement on Government Proposals to Ban Conversion Therapy. Available at: childpsychotherapy.org.uk/about-us/statement-conversion-therapy

Publicise the damaging effects of conversion practices

It is important to close any gaps in preventing misrepresentations of conversion practices and what they can achieve through advertising. Strategies to inform individuals, families, and the community of the short-term and long-term effects of these practices will increase public understanding of the dangers associated with their use. While the primary motivator for practitioners of conversion practices in this study was to change or cure the person's identity, one participant did pay for his conversion therapy sessions. So, there can be financial elements and profits for organisations.

Legally ban conversion practices

Conversion practices spring from prejudice against LGBTQI+ people. As such, conversion practices can be viewed as practices of prejudice. Conversion therapy is inconsistent with the fundamental ethical principles and duties of health professionals.⁴⁰ While it is legally acceptable for people to hold prejudicial views, it should not be legally acceptable for people to practice those prejudices, medically, therapeutically or spiritually in ways that harm an already stigmatised group of people. Based on these principles combined with the harm of conversion practices, we recommend that conversion practices should be made illegal through a legal ban that is LGBTQI+ inclusive. Bans have been implemented in other countries which provide examples of how legislation can be developed and shaped in this area.

Training on conversion practices

Police and the courts may require training to implement a ban on conversion practices as well as individuals in safeguarding roles. Implementation of the ban will also require a robust system for investigating claims of conversion practices. No government department should provide funding for practices that seek to change a person's sexuality or self-defined gender identity into a normatively 'preferred' model. Practitioners offering counselling or therapeutic services to LGBTQI+ clients or patients should have adequate knowledge and understanding of gender and sexual diversity and be free from any agenda that favours one gender identity or sexual orientation as preferable to other gender and sexual identities. Organisations with practice members should ensure, through training and/or published guidelines, that the relevant ethical principles in their statements of ethical practice are applied when working with LGBTQI+ clients, pertaining to standards of professional competence and non-discriminatory practice.

⁴⁰ Alempijevic, D. et al (2021) Statement on conversion therapy, Journal of Forensic and Legal Medicine, Volume 72, Abstract

Acknowledgements

We thank our participants for sharing their stories with us to produce this report. They trusted us with telling those stories and we are incredibly honoured and grateful. We would also like to thank Cara-Friend, HEReNI, The Rainbow Project and TransgenderNI for their help and support. We are indebted to our colleagues who gave their valuable time to peer-review the report.

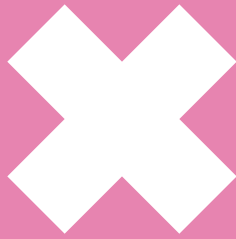
Report Authors

Professor Fidelma Ashe

Fidelma Ashe is a professor of Politics at Ulster University. She is an expert in gender, sexuality and peacebuilding. She is housed in the Transitional Justice Institute at Ulster (TJI). TJI is a world class research institute that produces research and real-world impact in the area of peacebuilding. Professor Ashe's profile can be found here: ulster.ac.uk/staff/f-ashe

Dr Danielle Mackle

Dr Danielle Mackle is a lecturer in Social Work in the School of Social Sciences, Education and Social Work Queen's University Belfast. Her research specialisms include exploring the human development and well-being of LGBTQI+ populations through the lens of the capability approach. Danielle also has experience of researching and writing about sensitive issues in NI including abortion and FGM/C practices. Dr Mackle's profile can be found here: pure.qub.ac.uk/en/persons/danielle-mackle



DfC

Department
for Communities

www.communities-ni.gov.uk