



## Advice on supporting those who have been affected by the ex-gay movement

With the permission of *beyondblue* a link to the *beyondblue Support Service* has been added to the *Inside Ex-gay* project website, [www.insideexgay.org](http://www.insideexgay.org).

The website has been developed by individuals from the LGBTI (lesbian, gay, bisexual, transgender and intersex) community who have experienced the ex-gay belief system through counselling, pastoral care or religious community. The Inside Ex-gay project aims to support others who have had similar experiences, or individuals experiencing a conflict of identity between their faith and sexuality.

You may interact with individuals through the *beyondblue Support Service* who have been affected by the ex-gay movement. Inside Ex-gay and *beyondblue* have developed this brief guide to aid in supporting them.

### What is ex-gay?

Ex-gay is a conservative religious response to same-sex attraction that has become popular in recent decades. Ex-gay can be defined as **“any form of psychotherapy, counselling or pastoral care, whether formal or informal, that assumes that same-sex attraction is a disorder requiring treatment”**. The term “ex-gay” can refer to people who identify as such (eg. “I am an ex-gay”), formal therapy programs, informal pastoral care, or private counselling.

Formal ex-gay programs offer support groups, counselling and prayer meetings to individuals in an attempt to help them overcome same-sex attraction, increase their attraction to the opposite sex, or encourage them to abstain from acting on their feelings. Formal ex-gay programs can also be known as **conversion therapy** or **reparative therapy**.

- Central to ex-gay is the idea that same-sex attraction is caused by childhood trauma, abuse or neglect and needs to be “healed” or “cured”. Ex-gay participants may spend time trying to connect their same-sex attraction to specific family or early life problems. Such connections can often be false and lead to significant distress.
- Those who seek a genuine change of their sexual orientation are told they will become heterosexual over time, though lingering same-sex attraction may continue to be experienced.
- Ex-gay therapy can happen covertly. Therapists or pastoral workers who incorporate the ex-gay idea into their activities are usually aware of the general lack of acceptance of ex-gay therapy in the wider community and may conceal their motivations and intentions – even from the person being counselled.
- Ex-gay participants internalise a complex set of ideas about their same-sex attraction, its causes, and its place in their lives. Believing that they need “healing” in order to be acceptable to God, they may expose themselves to lengthy (or costly) prayer sessions, pastoral care programs, group therapy or spiritual rituals.
- The ex-gay movement generally confuses homosexuality, bisexuality and gender identity. Labels, such as those used in the LGBTI community, may prove to be misunderstood by ex-gay participants.
- Some organised ex-gay groups encourage same-sex attracted people to participate in traditionally gender normative activities, for example, fashion and makeup activities for women and camping for men.
- Ex-gay participants have usually experienced bullying or internalised homophobia, both of which may never have been disclosed to safe and trusting people.

### Evidence for ex-gay therapy

In 2000, the Australian Psychological Society (APS) stated:

1. APS supports the American Psychiatric Association 1973 position that homosexuality is not a diagnosable mental disorder.
2. As a general principle, a therapist should not determine the goal of treatment either coercively or through subtle influence. Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories, the scientific validity of which is questionable. Furthermore, anecdotal reports of “cures” are

counterbalanced by anecdotal claims of psychological harm. “Reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APS recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation.

3. The “reparative” therapy literature uses theories that make it difficult to formulate scientific selection criteria for their treatment modality. This literature not only ignores the impact of social stigma in motivating efforts to cure homosexuality, it is a literature that actively stigmatises homosexuality as well. “Reparative” therapy literature also tends to overstate the treatment’s accomplishments while neglecting any potential risks to patients.

## Prevalence

- **Religious community:** Conservative religious communities have several responses to same-sex attracted people, ranging from complete acceptance to rejection. However, enforced celibacy and ex-gay are the most common. The ex-gay belief system can be found in the vast majority of Australian evangelical churches.
- **Formal programs:** Currently, a handful of formal ex-gay programs still operate in Australia. Overseas ex-gay organisations with online forums and programs are easily accessible by people in Australia.
- **Ex-gay resources:** Programs supportive of the ex-gay movement, such as *Focus on the Family*, air on Christian radio stations in Australia. Many Australian Christian book stores sell material with ex-gay content.
- **Political support:** Some religious organisations invest significant resources in promoting the ex-gay idea to educators and young people. Conservative groups such as the Australian Christian Lobby have invested in political lobbying and have significant influence. Preventing LGBTI rights has been a key objective of their activities.

## Advice on support

- **There are many ways of expressing Christian faith.** This may be a difficult message to reconcile if the person has a belief system that is antagonistic towards other Christian traditions.
- Many non-evangelical churches, as well as every professional psychological organisation and psychology school, have strongly asserted that **same-sex attraction is neither a disorder** or caused by abuse and that ex-gay therapy is harmful.
- **There is no evidence that ex-gay therapy is effective.** Almost all major ex-gay leaders have renounced the movement in recent years and this has been documented widely in a range of media. There are many wonderful LGBTI people of faith who have integrated both faith and sexuality.
- **The key outcome of providing support to people affected by ex-gay therapy is to (1) introduce and foster the recognition that same-sex attracted people can be comfortable in their sexuality and celebrate their faith in an affirming environment, and (2) provide information on how they can access support to help them continue this process.**
- **Help is available.** There are online forums, LGBTI-friendly churches, even LGBTI-friendly evangelicals. See [www.insideexgay.org](http://www.insideexgay.org) for helpful resources, including contact details for support groups in Australia. Mental health professionals may also have specific experience in supporting people who have been involved in ex-gay therapy previously.
- **LGBTI and HIV community organisations** can also provide advice on same-sex attracted supportive religious and mental health services in local areas.

## Impact on wellbeing - areas of risk and concern

- Ex-gay assumes that same-sex attraction is a manifestation of underlying damage in a person’s life. Such messages feed into internalised negative views of sexuality coming from other sectors of the community, increasing personal internal stressors.
- Same-sex attracted people experience increased levels of depression, anxiety and suicide. Stigmatisation of sexuality in a religious context will contribute to this.
- Advising a same-sex attracted person to leave behind the ex-gay or homophobic religious influences in their life may be akin to asking the person to leave behind support networks, family, long-term community, and the benefits of religious connection for the individual. This may further isolate the person if alternative, reliable support networks are not yet available to them. Unless the person is experiencing significant harm, offering such advice may prevent the person from seeking further external assistance.
- A significant number of ex-gay participants and *survivors* report feelings of insecurity about their sexuality long after leaving ex-gay behind.
- An abrupt refutation of ex-gay therapy or criticisms of ex-gay therapists may be unhelpful in encouraging an ex-gay participant to question ex-gay. Instead, many survivors attribute a sense of *reasonable doubt* about the ideas behind ex-gay to their initial steps away from ex-gay. Meeting other healthy and supportive LGBTI people *over time* can also be of assistance.

