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Understanding experiences of conversion 'therapy' among Black, Indigenous, and people of color, immigrant, newcomer, and refugee 2SLGBTQIA+ people: A qualitative project

Prepared for the Department of Justice Canada by the Community-Based Research Centre

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Executive summary

Context and approach

Bill C-4, *An Act to amend the Criminal Code (conversion therapy),* came into force on January 7, 2022, in Canada and created new *Criminal Code* offences prohibiting: causing another person to undergo conversion 'therapy', regardless of age or consent (section 320.102); removing a child from Canada to subject them to conversion therapy abroad (paragraph 273.3(1)(c)); promoting or advertising conversion therapy (section 320.103); and receiving a financial or other material benefit from the provision of conversion 'therapy' (section 320.104). It also amended the *Criminal Code* to authorize courts to order that advertisements for conversion 'therapy' be disposed of or deleted. The *Criminal Code* defines conversion 'therapy' as any practice, treatment or service designed to make a person conform to heteronormative or cisnormative standards (section 320.101). The definition further clarifies that interventions that help a person explore or develop their identity are not conversion 'therapy' unless they are based on the false assumption that a particular sexual orientation, gender identity or gender expression is preferable to another.

While criminalization of conversion 'therapy' was an important step toward protecting Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and other sexual and gender minority (2SLGBTQIA+) people from conversion 'therapy,' this 'therapy' persists and continues to harm 2SLGBTQIA+ people. There are also gaps in support for conversion 'therapy' survivors. Additionally, previous work on conversion 'therapy' did not centre the experiences of 2SLGBTQIA+ individuals who are Black, Indigenous, and people of color (BIPOC), immigrants, newcomers, refugees, and those without immigration status. To better understand the conversion 'therapy' experiences of these groups of 2SLGBTQIA+ people and improve support, the Community-Based Research Centre (CBRC) conducted 16 qualitative interviews with 2SLGBTQIA+ conversion 'therapy' survivors who are BIPOC, immigrants, newcomers and/or refugees in Canada to explore the nature and impact of their experiences and the types of support survivors desired and accessed

Key findings

Although many participants knew of Bill C-4, most did not have a strong understanding of Bill C-4. Many participants also pointed out the need to rethink the term, conversion 'therapy,' and to recognize broad ranges of conversion practices, including explicit and implicit ones, which are both harmful. Participants identified various forms of conversion 'therapy' and/or sexual orientation and gender identity and expression change efforts (SOGIECE) experiences across different settings such as medical, religious, educational, and familial contexts, with participants frequently experiencing conversion 'therapy' in multiple settings. All forms of conversion 'therapy' within different settings had devastating effects on many areas of participants' lives, including negative mental and physical health impacts, ongoing denial of 2SLGBTQIA+ identity, loss of life opportunities, loss of important connections and relationships, and isolation.

Most participants did not have much support while they were experiencing conversion 'therapy' but accessed support afterwards. Sources of support included families, partners, friends, mental health resources, 2SLGBTQIA+ community organizations, and 2SLGBTQIA+ peer support. Offering and receiving peer support played a critical role in many participants' healing journey. Participants pointed out the need for low cost and low barrier mental health services and culturally sensitive and trauma-informed support that fully attends to intersecting sexual, gender, ethnoracial, religious, and other diverse

identities and experiences. Similarly, many participants expressed the desire for anonymous services to protect their privacy and safety. Additionally, engaging in culturally sensitive outreach and community education about available support services, conversion 'therapy' practices, and Bill C-4 is important. Lastly, participants emphasized the need for systemic changes such as improving healthcare systems, immigration and refugee systems, refining and clarifying Bill C-4, and developing laws and policies beyond Bill C-4 to protect 2SLGBTQIA+ people.

Conclusions and recommendations

The 2SLGBTQIA+ conversion 'therapy' survivors who are BIPOC, immigrants, newcomers, and refugees face unique additional barriers due to intersecting oppression based on their race, ethnicity, immigration status, language, religion, and other diverse identities and experiences. Our findings indicate that support for these groups of 2SLGBTQIA+ conversion practice survivors will be enhanced by efforts to:

1. Shift away from the term conversion 'therapy' and instead use the terms conversion practices or sexual orientation and gender identity and expression change efforts (SOGIECE), to reflect a broader definition that includes broad ranges of conversion practices.
2. Increase knowledge of Bill C-4, the range of conversion practices, and the impacts of conversion practices, through education campaigns. These campaigns must be developed for multiple audiences, in collaboration with survivors, ethnoracial, immigrant, newcomer and refugee communities.
3. Any efforts on implementation of Bill C-4 must be first informed by educational and restorative approaches, guided by BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors.
4. Increase knowledge of conversion practices and their impact amongst immigration services, within the federal government, within provincial and territorial agencies, and within community-based settlement services. This knowledge must be coupled with an improvement in services that are trauma-informed.
5. Expand the mental health services provided to 2SLGBTQIA+ refugees who are receiving Interim Federal Health Program,[1] to include low-barrier, longer-term mental health services that are trauma-informed.
6. Eliminate the health insurance three-month waiting period that currently exists in some provinces/territories, so that newcomers can access healthcare as soon as they arrive in Canada, imperative for survivors of conversion 'therapy'.
7. Expand and develop trauma-informed community-based services for BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals, that are low-barrier, culturally and linguistically appropriate, and available in-person and online. Peer-led and peer-based supports are especially important to include. This expansion and development must be supported by government investments.
8. Investments in 2SLGBTQIA+ housing support services, with eligibility criteria to be inclusive of 2SLGBTQIA+ communities who experience additional systemic barriers, such as immigrants, newcomers, refugees, international students, and those without immigration status.

[1] See for more information Interim Federal Health Program

9. Policymakers, community leaders, and community-based organizations must prioritize supporting 2SLGBTQIA+ communities and their rights, which includes preventing and addressing conversion ’therapy’, ensuring safe spaces for 2SLGBTQIA+ individuals including within schools, improving services to reduce barriers, access to education about sexuality and gender, recourse for in-person and online hate, etc.

Background

On November 29, 2021, Bill C-4, *an Act to amend the Criminal Code (conversion 'therapy')* (the Bill), was introduced in the Canadian House of Commons and came into force on January 7, 2022. The Bill created new *Criminal Code* offences prohibiting causing another person to undergo conversion 'therapy', regardless of age or consent (section 320.102); removing a child from Canada to subject them to conversion therapy abroad (paragraph 273.3(1)(c)); promoting or advertising conversion 'therapy' (section 320.103); and receiving a financial or other material benefit from the provision of conversion 'therapy' (section 320.104). It also amended the *Criminal Code* to authorize courts to order that advertisements for conversion 'therapy' be disposed of or deleted. The *Criminal Code* defines conversion 'therapy' as any practice, treatment or service designed to make a person conform to heteronormative or cisnormative standards (section 320.101).

The definition further clarifies that interventions that help a person explore or develop their identity are not conversion 'therapy' unless they are based on the false assumption that a particular sexual orientation, gender identity or gender expression is preferable to another. This important policy shift was the result of years of grassroots advocacy efforts from within Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and other sexual and gender minority (2SLGBTQIA+) communities to criminalize these harmful, widely discredited practices [2-4]. Subsequently, the Bill's passage has been celebrated by community members and academics as an important step towards protecting the health and wellbeing of 2SLGBTQIA+ people in Canada [5-6].

In this report, we use the term **conversion 'therapy'** to refer to a broad set of practices that involve organized and sustained efforts to pressure someone to deny, suppress, or change their sexual orientation, gender identity, or gender expression to heterosexual and/or cisgender. Since conversion 'therapy' is not a real form of medical therapy but is a harmful practice and criminal offense, quotation marks are used whenever referring to conversion 'therapy' in this report. These practices usually involve an institution, most frequently occur within religious or faith-based settings or within healthcare environments and may be advertised [7]. Conversion 'therapy' is rooted in the pathologization of 2SLGBTQIA+ identities. Today conversion 'therapy' has been discredited as being ineffective, inappropriate, dangerous, and lost its support from mainstream health institutions.

In contrast, the term, **sexual orientation and gender identity and expression change efforts (SOGIECE)** describes broader efforts, including subtle ones, to change, suppress, or discourage a person's sexual orientation or gender identity. Since SOGIECE includes practices that are less organized, sustained, and defined, and do not always involve an institution, these practices may not be as clearly delineated as conversion 'therapy'. For example, parents or teachers may tell children that boys are not supposed to wear skirts, which can encourage boys to avoid showing gender expressions that are socially constructed as feminine.

Similarly, there have been a significant number of anti-2SLGBTQIA+ rallies and education policies in Canada, which can make it harder for 2SLGBTQIA+ people to develop, express, and affirm their sexual orientation or gender identity or expression. These are examples of SOGIECE that are not covered by Bill C-4, but are harmful to 2SLGBTQIA+ people. Additionally, there is not always a clear distinction between conversion 'therapy' and SOGIECE; what is initially SOGIECE may gradually progress into conversion 'therapy.' Although Bill C-4 may help protect 2SLGBTQIA+ people from practices that are clearly recognized as conversion 'therapy' in the future, to prevent all forms of conversion 'therapy' and SOGIECE, there need to be effective mechanisms in place, including education and legal supports. Additionally, the impacts of conversion 'therapy' need to be much better understood, and there remain questions about how to ensure survivors can be best supported within this new legal context.

Previous research on conversion 'therapy' in Canada demonstrates that, shortly before the passage of Bill C-4, these practices were widespread and detrimental to the health and wellbeing of 2SLGBTQIA+ people. For example, the Community-Based Research Centre's (CBRC) 2019 Sex Now survey found that approximately 10% of GBT2Q (gay, bisexual, trans, Two-Spirit, and queer men) participants reported ever experiencing these practices, with 21% indicating that they or any person with authority had tried to change their sexual orientation or gender identity [7]. Recent conversion 'therapy' prevalence estimates among trans and non-binary people from the Trans PULSE study are similar at 11% [8], although this is likely a low estimate due to the narrower definition of conversion 'therapy' used within that study.

Canadian data about the prevalence of conversion 'therapy' among queer and trans women is comparably sparse, and there is a need to address this gap. However, existing data demonstrates that conversion 'therapy' is experienced unevenly across 2SLGBTQIA+ communities, with higher prevalence among younger people, trans and non-binary people, immigrants, racial/ethnic minorities, and people with lower socioeconomic status [7-9]. Conversion 'therapy' has been associated with negative psychosocial health outcomes, including increased rates of reported loneliness, mental health service access, anxiety, and depression [7; 9; 10-12]. Additionally, suicidality is a common impact, with one study finding that a third of GBT2Q participants who had experienced conversion 'therapy' had attempted suicide [9].

Existing research has also highlighted major gaps in support and the need for various low-barrier and low-cost services, including affirming and trauma-informed mental health supports [7; 9; 11; 13]. Improving knowledge among healthcare providers about 2SLGBTQIA+ people and the harms caused by conversion 'therapy' is essential in addressing these gaps [13; 14]. Barriers to accessing support persist, including shame, internalised homophobia and transphobia, and costs associated with accessing services [13]. In contrast, key facilitators for recovery and healing include building affirming social relationships, including with other 2SLGBTQIA+ people and organisations, and having space to process emotions and trauma [13; 24].

Additionally, previous scholarship has emphasised the need to further explore the intersection of ethnoracial identity and immigration status with conversion 'therapy' [13], particularly given the over-representation of BIPOC communities and immigrants in recent conversion 'therapy' estimates [7]. However, these experiences have not been fully explored through qualitative research in Canada. To address this gap, this report aims to qualitatively explore the conversion 'therapy' experiences of 2SLGBTQIA+ survivors who are BIPOC, immigrants, newcomers, refugees, and those without immigration status across Canada, including the nature and impact of their experiences and the types of support (e.g., programs, policies, or resources) survivors desired and accessed.

Methodology

Our work is rooted in community-based and trauma-informed approaches to research. Community-based research involves community members in all aspects of the research process—from formulating research questions to sharing research findings—to ensure research conducted is grounded in lived experiences, and benefits and empowers communities first and foremost [15; 16]. Our team included members of 2SLGBTQIA+, BIPOC, and immigrant communities to ensure that these lived experiences were centred in our work, including by training community researchers with relevant lived experience to co-lead all project activities (e.g., conducting interviews and analysing interview data).

CBRC's 2021-2022 national SOGIECE/CT Survivor Support project highlights that conversion 'therapy' and SOGIECE are "traumatic and deeply internalised, and the act of recognizing the harm done is a crucial part of the recovery process" [13]. Recognizing the traumatic nature of conversion 'therapy,' this project took a trauma-informed approach, as without it, the research could perpetuate harm, as Alessi and Kahn emphasise:

> Without a grasp of how trauma affects human beings and their social interactions, qualitative researchers may find themselves inadvertently re-traumatizing participants or misusing their power during the research process. At the same time, they may worry about causing participants psychological distress and therefore not feel comfortable asking sensitive but important questions. This can result in data that is superficial or does not fully capture the nuances related to a particular experience, phenomenon, or process. Moreover, if researchers are unprepared to engage research participants affected by trauma, participants may lose the opportunity to tell their whole stories and thus may feel silenced or even ashamed. [19, p.122]

Applying a trauma-informed approach within this project required first recognizing that conversion 'therapy'-related trauma is unlikely to be the only kind of traumatic experience among participants. Given the population focus of this project, the study team recognized that historical and intergenerational trauma, insidious trauma,[2] complex trauma, and other forms of trauma impact BIPOC, immigrant, newcomer, and refugee communities differently. By selecting community researchers with lived experiences similar to those of participants, and through participatory dialogue with the community researchers on the impact of trauma on this work, the project team prepared for the implementation of a trauma-informed approach.

The recruitment process was focused on creating a safer space for participants, giving participants the option to use a pseudonym; allowing them to choose which community researcher they would like to speak with for the interview; providing resources including grounding techniques before and after the interview; a meaningful consent process where participants could stop at any time during or after the interview (before analysis is conducted); and following up post-interview, with the option of connecting with a conversion 'therapy' survivor for support. Community researchers were prepared to honour the needs of participants during interviews, including pausing or skipping questions, as needed. Community researchers were also provided with weekly debrief sessions, attuned to the risk of vicarious trauma.

The project commenced with consultations with community members and organisations serving 2SLGBTQIA+ people who are BIPOC and/or immigrants, newcomers, or refugees across Canada to refine our interview guide, recruitment process, and methods. This included consultations with a project advisory committee composed of survivors of conversion 'therapy'; representatives from key 2SLGBTQIA+ and immigrant, newcomer, and refugee community organisations; individuals from affirming faith groups and organisations; 2SLGBTQIA+-affirming mental health professionals; legal experts; and academics with expertise in this area of work. Since BIPOC and immigrant 2SLGBTQIA+ people's conversion 'therapy' experiences have been systemically overlooked, these preliminary conversations were crucial in identifying the types of questions to ask, forms of support to offer, and appropriate methods for reaching communities of interest.

Through the consultation process with community organisations supporting BIPOC and migrant 2SLGBTQIA+ individuals, the project team learned about unique considerations for research on

[2] "*Insidious trauma* refers to the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty." See www.vawnet.org/sc/definitions

conversion ‘therapy’ with BIPOC and immigrant 2SLGBTQIA+ communities, that helped frame our research, including:

1) the English term, conversion ‘therapy’ is not commonly used, nor is it easily translated into other languages;
2) for many immigrant, newcomer, and refugee 2SLGBTQIA+ individuals who left their countries of origin to escape persecution based on their sexuality or gender identity, the fact that conversion ‘therapy’ exist in Canada has been surprising and distressing;
3) resources specific to BIPOC, immigrant 2SLGBTQIA+ people who have experienced conversion ‘therapy’ are limited (or non-existent), which means community organisations are unable to make referrals, find supports or resources;
4) 2SLGBTQIA+ individuals who are international students, refugees and those without immigration status face distinct challenges, including financial dependency on those who are perpetuating change efforts, fear of reporting, and limited access to mental health resources such as counselling.

The study was approved by the Human Research Ethics Boards at Simon Fraser University and the University of Victoria (protocol #H22-03543). Recruitment was conducted through social media and print ads posted by CBRC and other 2SLGBTQIA+ community organisations. Individuals who clicked on ads were sent to a page on the CBRC website with additional information about the study, including information about the study team, research questions, risks and benefits, and funding source. Individuals were then directed to an online recruitment screener on the survey platform, Qualtrics, to determine eligibility and to prioritise participants for interviews. To be eligible, participants had to identify as Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, or another diverse sexuality or gender (i.e., be a 2SLGBTQIA+ person); be Black, Indigenous or a person of colour (BIPOC) and/or an immigrant, newcomer, or refugee; be living in Canada; have experienced conversion ‘therapy’ and/or SOGIECE (using the definition provided earlier); be 16 years of age or older; and be able to complete an interview in French, English, or Spanish. All participants who completed the screener were provided with a list of mental health resources, regardless of their eligibility or whether they were selected for an interview.

Participants were selected to reflect a diversity of sociodemographic characteristics and a range of conversion ‘therapy’ experiences (i.e., purposive sampling). Although all of the participants experienced what is generally recognized as formal conversion ‘therapy,’ we encouraged participants to share their experiences beyond formal conversion ‘therapy,’ including SOGIECE, as these practices are no less harmful. They were given information about the study, along with a brief description of interviewers on the research team and were informed that they could choose which community researcher they wished to speak with. Participants were able to bring a support person of their choosing to their interview, if desired. Support persons were required to sign a confidentiality agreement to ensure that the information shared in the interview was not communicated outside of the interview context.

Interviews took place over the phone or using Zoom and were conducted by community researchers between February and August 2023. Participants received a copy of the consent form prior to the interview, which was also reviewed verbally by the interviewer, and provided verbal consent to participate. Interviews were semi-structured [17] and focused on exploring participants’ experiences of conversion ‘therapy’ and potential areas of program, policy, or resource supports. Interviews ranged in length from 27 to 125 minutes. Participants were given an honorarium of $100 CAD for their time.

Interviews were audio-recorded, transcribed verbatim, and transcripts were stripped of identifiers (e.g., names, dates, locations, details of conversion 'therapy' experiences) prior to analysis. Participants were given the opportunity to review their transcript. Study data were stored on secure, encrypted University of Victoria servers. Transcripts were thematically analysed using a combination of deductive and inductive coding, seeking first to understand dominant themes of the locales of conversion 'therapy' and the supports desired [18]. The analysis process was led by community researchers. First, the research team open-coded four transcripts and met to discuss emergent themes. Based on team consensus, a codebook was produced containing 10 large themes with 70 sub-themes and was applied to the remaining transcripts. Coding was conducted in Microsoft Word. Finally, the team met to discuss the findings.

Findings

Overall, we spoke to 16 participants about their conversion 'therapy' experiences. However, one of the participants subsequently withdrew, and their interview data was not used in the analysis (n=15). Participants were diverse in their gender identity, sexual orientation, race and ethnicity, and immigration status with the majority of people being born outside of Canada [Table 1]. In terms of gender identity, seven participants identified themselves as a man, six as non-binary, three as a woman, one as genderfluid, and one as Two-Spirit. Nearly half (n=7) also identified themselves as having lived experience as trans, a history of gender transition, or as transgender. For sexual orientation, six participants identified themselves as gay, three as bisexual, three as queer, two as lesbian, two as Two-Spirit, and one as pansexual. In terms of race and ethnicity, five participants identified themselves as Black, three as East/Southeast Asian, three as Indigenous, three as White, two as Caribbean, two as Middle Eastern, one as Latinx, and one as South Asian. Recognizing that individuals hold multiple identities and experiences, and were invited to self-identify, these numbers may add up to greater than 15.

Table 1: Participant demographics (N=15)

Gender Identity	n
Genderfluid	1
Man	7
Non-binary	6
Two-Spirit	1
Woman	3
Race/Ethnicity	**n**
Black	5
Caribbean	2
East/Southeast Asian	3
Latinx	1
Indigenous	3
Middle Eastern	2
South Asian	1
White	3
“Other”	1
Place of Birth	**n**
Canada	6
Outside Canada	9

Sexual Orientation	n
Bisexual	3
Gay	6
Lesbian	2
Pansexual	1
Queer	3
Two-Spirit	2
Province of Residence	**n**
Alberta	1
British Columbia	4
Ontario	9
Age	**n**
< 20	1
21-30	7
31-40	5
41-50	1
50+	1
Note – some numbers add up to more than 15 as participants could select multiple responses. Place of residence only has 14 responses because one participant did not share their place of residence.	

Several overarching findings emerged in our interviews. Below, we summarise our findings related to:

1. Knowledge of Bill C-4 and conversion 'therapy';
2. The settings of participants' conversion 'therapy' experiences;
3. How participants were impacted by and responded to these experiences; and
4. Sources of support and needs for additional support, including related systemic changes.

Knowledge of Bill C-4 and Conversion 'therapy' Experiences

Participants were asked about their knowledge of Bill C-4 and conversion 'therapy' more generally. Although many participants knew about Bill C-4, primarily through media coverage and social media, the majority of participants did not have a strong understanding of the Bill. Participants shared that many 2SLGBTQIA+ people knew about the Bill and discussed it, but discussions usually happened on social media and were not in-depth. Additionally, some participants shared that many 2SLGBTQIA+ people and the general public did not know about the Bill. One participant mentioned that while there was some staff at 2SLGBTQIA+ organisations knew about the Bill, knowledge was limited among most community members:

> In terms of community members, I think the awareness wasn't as much, even though I do run some support groups for newcomers and people who are newly diagnosed [with HIV] ... and conversion 'therapy' always comes up, but again, in the context of experiences being brought back from home rather than having experiences specifically within Canada.

This participant's account alludes to uncertainty about how Bill C-4 relates to the experiences of community members who experience conversion 'therapy' outside of Canada. Some participants, particularly those who moved from another country to Canada, shared that they were surprised to learn conversion 'therapy' had not already been illegal in Canada, which made them feel distressed:

> Some people were surprised, like why was it legal in the first place? And then I know some people were talking about how it infringes on their rights to talk about religious freedom or that kind of thing. That was really hard for me to hear… I would start to get really tense and start to feel like I'm in danger. There were a few times I'm pretty sure I had a panic attack, just like, hearing people talking about it, talking about the legislation.

Another participant highlighted the importance of the Bill while also acknowledging its gaps:

> I'm glad Canada took great steps, great strides in banning it [conversion 'therapy'] and making laws against it, but more work needs to be done so as to capture all the communities. Because the LGBT community is not just white … it's immigrants, it's BIPOC folks, it's everybody.

The above participant's account illuminates how conversion 'therapy' related work has focused on white survivors and the need to attend to the experiences of 2SLGBTQIA+ survivors who are BIPOC and immigrants, as mentioned earlier.

Additionally, many participants shared that they had limited knowledge about conversion 'therapy', especially as these occur within BIPOC, immigrant, newcomer, or refugee 2SLGBTQIA+ communities. For some participants, this included linguistic and cultural barriers, with one participant whose first language is not English sharing that they could not even find a term to describe conversion 'therapy' in their first language:

> I can't recall the terminology that I use specifically, or folks who come from the Middle East ... Because, nobody talks about it, so it's not there.

Participants noted learning about conversion 'therapy' through Western media but emphasised that the stories they read or watched seemed to be focused on mostly white survivors, and a narrow set of conversion 'therapy' (e.g., conversion camps). Many participants also expressed that the term, 'conversion therapy' is outdated and that the terminology made it difficult to share their own experiences, which did not fit easily within narrow definitions. One participant said:

> I've always just thought as, like, when people say conversion therapy, it's more like clinical.

Relatedly, some participants understood conversion 'therapy' as existing on a spectrum of harm, which can further obscure the nature of participants' own experiences. One participant compared their experience of conversion 'therapy' with that of a friend in their home country:

> With them, they were sedated a lot, drugged against their will, and went through sexual abuse during it. I do consider myself lucky, I feel, that I only had to go through [what I went through].

Similarly, a bisexual participant mentioned that stories related to conversion 'therapy' focus on gay men, which made it difficult for them to understand their experiences as a bisexual person. Not being reflected in mainstream conversion 'therapy' narratives can make it difficult for individuals with multiple marginalised identities to identify their experiences of conversion 'therapy.' At the same time, many participants recognized that these experiences were common among some BIPOC, immigrant, newcomer, or refugee 2SLGBTQIA+ communities, even if these experiences were not labelled or understood explicitly as conversion 'therapy.' One participant said:

> Instead of saying conversion 'therapy,' I feel like we need these people to even understand what that phrase meant. You can say trauma or something like that.

Settings of participants' conversion 'therapy' experience

Overall, 11 participants (73%) experienced conversion 'therapy' in Canada, and nine participants (60%) experienced conversion 'therapy' outside Canada, including four participants who experienced these practices both within and outside of Canada. Participants identified various forms of conversion 'therapy' experiences across different settings such as medical, religious, educational (including religious and non-religious schools), and familial contexts [Table 2]. Their accounts demonstrate how these contexts overlap, with participants frequently experiencing conversion 'therapy' in multiple settings. For participants with experiences of immigration, these experiences both occurred in their country of origin and in Canada. Additionally, most participants first experienced conversion 'therapy' before the age of 18, including one participant whose first experience occurred before the age of 10, with some participants continuing to experience conversion 'therapy' for many years into their adulthood. One participant said:

> I feel like one thing that I want anyone to know is that most of the conversion therapy is done for kids under the age of 18 who probably can't make decisions on their own.

Thus, youth are particularly vulnerable to conversion 'therapy', but these practices are not an isolated event in time and many people continue to be exposed repeatedly over the course of their lives.

Table 2: Settings where participants experienced conversion 'therapy,' n=15

Setting	n
Educational	7
Familial	10
Medical	7
Religious	14

*Numbers do not add up to 15 participants as many experienced practices in several settings

Religious contexts

All participants except one experienced conversion 'therapy' within religious or faith settings, with a diversity of religions and faiths. Conversion 'therapy' in these settings often involve a form of 'counselling' where a 2SLGBTQIA+ person talks about their sexual orientation and/or gender identity with a 'counsellor' or faith leader to suppress or deny these identities. These discussions can occur in one-on-one or group formats. One participant shared their experience with a conversion camp where they participated in a group form of conversion 'therapy' over a long period of time:

> I think I went four or five times. Once as a person and then like three or four times as a volunteer … Mostly like super triggering and triggering on purpose and pretty intense … I started doing the camps, and the camps are really, really intense.

Another participant shared their experience with attending a Catholic boarding school in Canada where they were subject to intense conversion 'therapy,' including verbal and physical violence. One participant also mentioned that their school told them to sign an agreement form saying that they would not participate in anything outside of a heteronormative relationship or they would be expelled from the school.

Other participants described deception used in conversion 'therapy' within religious settings, with these practices being misrepresented as 'counselling' or 'therapy':

> She said it was for my mental health, and it was for me, so we really had to talk about it. I told her that I wasn't comfortable with it since she didn't tell me earlier that it was conversion 'therapy'. And she said if she had told [me], I wouldn't have attended.

Familial contexts

Most participants had also experienced conversion 'therapy' and/or SOGIECE within their families, including criticism, suppression, or change efforts related to their sexual or gender identities. For some participants, this included overt rejection of their 2SLGBTQIA+ identities and verbal and physical abuse from their family members. For example, one participant shared:

> I always had physical abuse from my father. He [took] me to a football game that I'm not interested in, but all the other sons and their father, they're cheering, and he goes home and

> has this fight with my mom, like, look at your son. Then you have, of course, the beautiful slammings and other stuff.

Another participant described efforts by their family to restrict the way they presented their gender:

> What was basically happening was a violent way to make me think that I was going crazy in this situation where I feel caged in my own home, I felt like going home was traumatic for me. I had to put on clothes that I was uncomfortable with because my dad took it upon himself to get my outfits to make sure that I wasn't looking or trying to identify as one. Like I said, it was a slow killing poison.

For other participants, these familial experiences were more subtle, with family members not overtly rejecting their sexual orientation and/or gender identity, but still not completely accepting them, which made expressing these identities difficult. One participant described discussing their sexual identity with their mother and reflected on her negative response:

> If I mention my bisexual relationships or dating experiences once, how am I spewing and forcing my bisexuality on you? I'm actually using it less because I'm suppressing it when everyone's around. So that's a form of SOGIECE in a way because I can't share my experience. And when I do share it, it's like you're oversharing. And I'm like, I'm not … I'm kind of like making space for myself.

While this participant identified this as an experience of SOGIECE, many participants had difficulties naming similar familial experiences as SOGIECE or conversion 'therapy' due to the dominant idea about what constitutes conversion 'therapy,' as previously mentioned. However, we encouraged our participants to talk about conversion 'therapy' more broadly, including SOGIECE. One participant noted that conversion 'therapy' is so deeply embedded in their family life that it was difficult to pinpoint specific experiences:

> For me, conversion therapy started at home and [then] moved to school. It was like my whole life, without me knowing, it was constantly like a conversion.

Additionally, many participants who experienced conversion 'therapy' and/or SOGIECE within their families were also brought to conversion practitioners in medical and/or religious settings.

Medical contexts

Some participants discussed experiences of conversion 'therapy' within medical contexts, particularly with mental health practitioners. They shared a range of experiences such as practitioners saying negative things about 2SLGBTQIA+ identities, promoting cisheteronormative identities, discouraging participants to come out, and medical intervention. One participant also said that their doctor outside of Canada required them to take a course, which promotes cisheteronormativity; the participant described the course as "brainwashing." Another participant who identified themselves as a cisgender gay man shared their experience with mental health professionals outside of Canada who tried to change their sexual orientation and gender expression, which was perceived as 'feminine'. This included being subjected to testosterone injections:

> They were like psychologists and psychotherapy[ists]. Why would I want to go see the doctor? … let's take him to see a specialist, see what's going on. His hormone levels are different, which, I was subjected to testosterone.

Another participant recalled their experience with conversion 'therapy' outside of Canada; after they came out to their parents, their mother told them to see a "family counsellor" who would "help bring [their] family back together as a unit." The participant described the experience as follows:

> I went to see this therapist and she would basically talk about how coming out is bad and coming out just causes stress and it's a miserable life for her other clients who are out. And then she would talk about how I shouldn't act on it and how I should just focus on myself and focus on my friends, and I shouldn't make it my entire personality. And then I shouldn't be trying to be visible to everyone.

The above examples also Illustrate how various forms of conversion 'therapy' intersect and even compound, as these participants were required to see a 'specialist' by their family.

Some participants also shared that they were pathologized for their 2S/LGBTQQIA+ identities, including receiving a mental illness diagnosis and medication. One participant shared their traumatic experience in a hospital within Canada about three decades ago, where they were required to undergo a 'test' designed to observe the participant's bodily reaction to different pictures:

> I'm connected to electric shocks to different parts of my body so that they can record how I am reacting to images that are being placed in front of me. And those images were actually images that maybe they were thinking that I'm a pedophile because they were images of a little girl, a boy.

For this participant, ending up at the hospital was the result of a criminal charge after being unfairly arrested in a public washroom by a police officer who accused the participant of what could now be interpreted as indecency.

This example shows how different institutions in Canada have perpetuated conversion 'therapy,' pathologization and criminalization against 2SLGBTQIA+ people, particularly BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ people who face intersecting oppression based on their sexual orientation, gender identity, race, ethnicity, and immigration status.

Impacts of and responses to conversion 'therapy'

All forms of conversion 'therapy' within different settings had devastating effects on many areas of participants' lives, including negative mental and physical health impacts, ongoing denial of 2SLGBTQIA+ identity, loss of life opportunities, loss of important connections and relationships, and isolation.

Mental health and psychological impacts

Most participants shared that undergoing conversion 'therapy' was traumatic and had significant impacts on their mental health and sense of self, both at the time of experiencing conversion 'therapy' and afterwards. Experiences of depression, anxiety, panic attacks, post-traumatic stress disorder, eating disorders, self-harm, low self-esteem, and suicidality were common among participants. For example, one participant shared their experiences with suicidality and self-harm:

> I was very suicidal. My main coping mechanism was self-harm. I would cut my arms, my thighs, any spots where either I could cover up or would not be visible easily. I've had quite a few suicide attempts during that time.

As one participant highlighted, conversion 'therapy' experiences have led to many 2SLGBTQIA+ people's lives being lost:

> People that you're interviewing are the fraction of people that have survived conversion therapy or indoctrination and that there are so many people that don't make it to this point. People I know, other people, they've had their journey cut short.

The mental health impacts of conversion 'therapy' were often felt for many years, with one participant sharing, "I was, like, pretty depressed and suicidal the whole time, which was like that for the next 17 years."

Some participants also shared their struggles with body image and eating disorders because of the dominant gender ideal promoted by conversion 'therapy.' One participant who is non-binary said:

> Physically, I was not in a good space, as I wanted to be very masculine, to fit in more with the idea of what a man of God should be. And so, I developed an eating disorder, body dysmorphia, trying to work out, get muscles.

Most participants also shared ongoing challenges following their traumatic conversion 'therapy' experiences, including flashbacks, mistrust of others and themselves, intense anger, and suppression of feelings, which cumulatively made these experiences difficult to talk about and address.

Ongoing denial of 2SLGBTQIA+ identity

Most participants also shared how conversion 'therapy' negatively affected their sense of self, which could lead to self-blame and ongoing denial of their identities. For example, a participant shared:

> Well, maybe because I'm Two-Spirit. Maybe because I'm queer. I was getting, like, brainwashed. Like, maybe something is wrong with me. For a long time, I tried to turn. It was weird because I like what I like, and I can't, no matter how much they're going to change me, it's not going to change how I feel inside. But they tried to break me really good.

In addition, even after participants were no longer subject to conversion 'therapy,' many of them experienced difficulties figuring out their feelings and embracing their sexual or gender identities, which had been denied by conversion 'therapy' for so long. For instance, a participant who was in their 40's mentioned how they were figuring out attraction and relationships. Another participant who is non-binary identified an ongoing struggle with internalized transphobia:

> There's still this inner struggle of wanting to appear more masculine because of just like, what I've experienced in conversion therapy about being a man of God and what that entails.

Physical health impacts

Conversion 'therapy' also had an impact on participants' physical health and wellbeing. Some participants experienced physical violence from their family members, religious authorities, and others who tried to deny their sexual orientation and/or gender identity, with one participant having to go to a hospital to treat an injury caused by physical abuse by a priest. In addition, participants discussed how conversion 'therapy' impacted their health in less direct ways by limiting their access to support and affirming healthcare. For example, some participants shared how isolation related to conversion 'therapy' contributed to HIV transmission, with one participant noting that their traumatic experience with conversion 'therapy' limited their access to HIV prevention knowledge and subsequently delayed their access to HIV care:

> They [people around me] had been there only to judge me. So I couldn't disclose my sexuality or express it with others, or have peers to talk to so that I could have wise practices and at least be

> conscious of how to care for myself, if anything. I waited seven years until I was already dying in a hospital bed when I started taking medication and I was in another country.

Additionally, some participants experienced weight loss and chronic physical pain, which they connected to their conversion 'therapy' experiences. One participant said:

> During this time [while going through conversion practices], I really lost a lot of weight … I was looking back at my pictures when we first got here, and after what was happening to me … I couldn't even recognize myself.

Another participant also mentioned:

> I have chronic back pain, which I have never had any real injury… I have back pain just because of the stress and how my body carries that stress.

These physical challenges were understood by participants to be physical manifestations of trauma caused by conversion 'therapy.'

Loss of life opportunities and economic impacts

Many participants also experienced loss of life opportunities and associated economic impacts. For example, many participants' school lives were disrupted by conversion 'therapy,' with some participants becoming unable to attend school. Similarly, some participants experienced unemployment and economic hardship due to the adverse effects of conversion 'therapy,' as one participant shared:

> I've been trying to heal from conversion therapy, and part of that healing process is not burying myself in work kind of thing, because I left my job like a year ago because of burnout, because I was like, unmasking. But it just felt like my mask was containing so much, it was so full, and then when I took it out, it was pouring. And so when things I was holding in starts pouring and I'm trying to do work, I need to put my mask on, but I was like, I don't want to put my mask on anymore. I want it to pour out. I want to address it. So that has made me not have capacity to work.

Loss of important connections and relationships

As a result of their conversion 'therapy,' many participants also lost or became distanced from important connections, including with their religious and ethnoracial communities and families. For example, some participants left their religious community and/or lost their faith because of the conversion 'therapy' harms they experienced. Reflecting on their experiences, one participant stated:

> I hate every religious person. Yeah, it affected my religious beliefs, definitely. Again, like, being a sexual minority … within the bigger context of religion, that's one layer. And having to go through this traumatic experience within the religious institution, that added another layer, like why I was pushed away. I can't be around very religious Muslim people for certain reasons. My partner is religious. He's a practising Muslim. But I mean, we always clash about this … It was too much for me … the thought of it just makes my body ache.

For this participant, the harms they experienced had also created challenges in their relationships with members of their former faith community, including their partner.

Similarly, many participants distanced themselves from their ethnoracial communities and culture, which meant leaving their country of origin for some. One participant shared:

> I’m not going back [to my country] for any reason. I would rather be dead here than going back because it’s too painful. I’'s so painful and traumatic for me… I'm so triggered and damaged and harmed that even the language, my mother language, I associate the language with this horrible culture.

Although most participants maintained connections to their families, many of them experienced negative impacts on their relationships with their family members who practiced or supported conversion ‘therapy’ and/or SOGIECE. Most participants who maintained connections to their families were still in the process of repairing family relationships. Some participants also shared that they were no longer in touch with family members:

> Nowadays, I don’t talk with my family at all. I don’t talk with my family because after I got here … I spent a lot of times thinking about and realising that my family played a role in how I suffered.

Isolation

In addition to the loss of important relationships and connections, participants described difficulties in sharing their experience with conversion ‘therapy’ with others, which led to them dealing with these experiences in isolation. For some, disclosing these experiences meant that they may be subjected to additional conversion-related violence. Other participants developed reluctance to connect with 2SLGBTQIA+ people and communities due to shame and fear:

> I had zero knowledge and I was not planning on getting connected with anybody because, again, I don’t want to be associated with the gays. Again, even if you know yourself, who you are, but again you come with all this baggage and shame and fear.

Other participants highlighted how experiencing conversion ‘therapy’ made it difficult to trust people and establish meaningful relationships:

> As I got older, it took me a long time to even be able to trust, like, even to date, to have sex. That was really hard because I was abused so heavily, and then I did sex work for 25 years of my life as a choice … Between that and all the trauma I went through, when I got out of that kind of work, it was hard to date because so much of my life, I was abused. So it was hard to trust anyone. It was hard to date anyone because I would shut down too much.

Despite these barriers, many participants were eventually able to share their experience with other survivors, partners, friends, and families, which will be discussed in more detail below.

Navigating complexities: The desire to be who they are vs. the desire for belonging

While all participants experienced negative impacts of conversion ‘therapy,’ some participants expressed conflicting, complex feelings toward these experiences. Conversion ‘therapy’ often involves talking about one’s sexual or gender identity, feelings, and experiences and sometimes incorporate aspects of psychotherapy. Some participants found talking about their feelings and mental health helpful, likely because they did not receive such opportunities in other spaces. In addition, conversion ‘therapy’ was sometimes practiced by people participants loved and trusted, which could create complex experiences. Some participants continued to express tension in wanting to accept and change their sexual and/or gender identity, which is likely rooted in cisheteronormativity, racism, and xenophobia and their desire for acceptance and belonging. Reflecting on these systemic factors, one participant explicitly linked their experience with conversion ‘therapy’ to them being a first generation Asian Canadian who wanted belonging:

> …being Asian and being a child of immigrant parents, that definitely influenced conversion, how I got myself into that conversion therapy because I wanted to feel… a sense of belonging with other Asians, with other people of colour who have similar experiences.

This participant also shared how the church provided their family with support such as food, which was important for their family that was experiencing financial strain. Their experience illustrates how intersecting oppressions such as racism, xenophobia, and classism can make BIPOC, immigrant, refugee, and newcomer 2SLGBTQIA+ people more vulnerable to conversion 'therapy.'

Sources of support

Most participants shared that they did not have much support while they were experiencing conversion 'therapy,' but they eventually started to access support, often after they got out of conversion 'therapy.' Participants identified several different sources of support that they accessed to cope with and recover from their conversion 'therapy' experiences.

Families and friends

Some participants received support from their friends and family members. For example, one participant discussed how they drew on the support of their friends, since there was a lack of organisational Two-Spirit-specific support available to them. Familial support could be complex in cases where these same people had been part of participants' conversion 'therapy' and/or SOGIECE experiences. Indeed, support was sometimes offered without family members being fully supportive of participants' sexual and/or gender identities. A participant described this complexity:

> My brother was actually cool with … me being bisexual, but in a way that isn't like super out about it. So this is why I think part of Blackness is like kind of even if you slightly accept it, it's like you accept it for one second, then you talk about something else really quickly, you know what I mean? ... That kind of is what invalidates my identity and that's why it will always be a constant struggle until there's more of a positive bend to it.

Another participant described the support they received, even without having disclosed the entirety of their experience:

> …support was basically from peer groups and friends who were with me. Although they didn't know exactly what happened at home, they just knew that I was coming from a bad place, and they were able to understand that I needed a new bond and people to trust. They became like my second family, always been there for me, understanding who I was.

Partners

Similarly, some participants received support for their conversion 'therapy' experiences from partners. This was especially helpful when participants shared important lived experiences or social locations with their partner(s). For example, one participant highlighted the importance of shared immigration experience and ethnoracial identity with their partner, which made them feel understood:

> We both come from the same cultural background. Because if I talked about it with [other 2SLGBTQIA+ people] ''I'm not out to my parents.' I'm fucking 30 years old. 'Oh, really?' ... We're from Southeast Asia, it's way different … Something my partner would understand where I'm coming from and all my emotions and this volcano of thoughts … I felt supported in that way … He was very understanding, and he knew where I was coming from.

Another participant shared how their partner encouraged them to stop seeing their conversion ‘therapist’ and ultimately helped them get out of the conversion ‘therapy’.

Mental health resources

Many participants used mental health resources, such as counselling or psychotherapy, to address their trauma with conversion ‘therapy,’ which they found helpful. For example, one participant said:

> I now have the strength to go to therapy and try to dig deeper wounds that I might have had due to [conversion practices] … The fact that I’m able to talk about it right now and not break down, then I must have really undergone tremendous improvement in my journey.

When asked what made their therapist effective, the participant expressed the importance of having common 2SLGBTQIA+ identities and immigration experiences:

> Well, one is the aspect of common identities … I think that being that we are both immigrants, that really counts. And also, we share the same sexuality, like he’s also a member of the 2S/LGBTQ community.

Another participant who moved to Canada as an international student to study, but also to flee from persecution and oppression said:

> I remember my university having a dedicated office, anything to find a way to have a space to talk about this, and providing peer support, one-on-one support, as well as professional counseling. The university was very well equipped in terms of discussing as well as celebrating queer culture. I'm actually very grateful for that. They saved me. They saved my mental health.

This participant’s experience shows the importance of providing mental health resources for 2SLGBTQIA+ people with different immigration status, including international students.

2SLGBTQIA+ Community Organizations

Most participants expressed that one of the most helpful sources of support were 2SLGBTQIA+ community organisations and groups, such as peer support groups, particularly ones that were culturally appropriate in terms of their sexual and/or gender identities and ethnoracial identities. Reflecting on the recency of these community supports, one participant shared:

> We’re lucky to be in Toronto where there’s so many resources. When I first came here, there was, like, nothing [for Two-Spirit people]. So I think now generations have it a little bit easier. They have more resources that help them go through this now. I just wish I had that when I was growing up.

Another participant described the challenges and importance of finding culturally appropriate 2SLGBTQIA+ community services:

> I think those spaces [mainstream 2SLGBTQIA+ community organisations] were being facilitated by people who were Westerners… who only understood Western Anglo culture. And that… was very unhelpful. It actually turned me off even more. It actually made me more mad and want to go back to being Catholic or being in conversion there, because my community there was already solid. And when I was coming to this space where I could not relate to anyone, because in the city, there were a lot of people of colour. Right. And so, it was easier to relate to them. But then when I found [a community organisation that supports queer Asian people], I was like, okay. Thank God.

These participants’ reflections also highlight that general 2SLGBTQIA+ supports, which tend to centre the needs of white people, may not be acceptable or safe for many BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ people.

Supporting others and healing journey

Many participants also found support and healing by supporting others who had experienced conversion ‘therapy.’ Since there are not adequate supports for BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ people, some participants developed new community supports to support them. This could include providing culturally appropriate peer support and engaging in conversion ‘therapy’ advocacy efforts. One participant stated that:

> I’m happy that I’m able to be a kind of support to other people, especially for newcomers and people who are newly diagnosed [with HIV] or people who are struggling with their sexuality, especially. I do speak Arabic. I would understand. So having these closed kind of support groups … People trust me. They would come to me for recommendations, or I want to be connected to this kind of support.

Another participant described creating supports for their linguistic community that they had needed but had been unavailable to them, and noted that this was an important part of their healing journey:

> When I was able to overcome the negativity of [conversion practices], then I was able to integrate myself in society differently. And I founded [a community group] and got involved in community after that.

This participant also created films that were inspired by their lived experience as another way of supporting their communities. Additionally, many participants viewed participating in this project and sharing their experiences as a form of advocacy and highlighted community involvement and empowerment as playing an important role in their healing journey. One participant said:

> I’m just grateful for this opportunity and I thank you and your team for what you’re doing because it feels like a full circle. I totally wish growing up there were more things that were done like this, more projects and studies and resources and things like that. So I feel grateful to be on the other side of it. But I hope this is just a catalyst for more advocacy and for more research and for more change to be made in the long run.

Most participants had kept the traumatic experience with conversion ‘therapy’ to themselves for a long time. However, the fact that all participants were able to arrive at a place where they could share their experience with us shows their resilience and commitment to use their experience to help other 2SLGBTQIA+ individuals.

Lack of external support and self-care

While most participants eventually were connected with support, many participants shared that there was not sufficient support for survivors of conversion ‘therapy.’ For example, one participant mentioned:

> I did not get any support or help from anyone because there was really nothing. No one really understood, even when I tried to talk to people and all that.

Due to a lack of external support, many participants coped with these painful experiences alone by engaging in self-care activities. For example, one participant mentioned that:

> I was the only supporter of myself … For me specifically, writing was like my major one outlet … I was still [too] young to go out by myself, and I didn't have a lot of friends.

Another participant said:

> And I'll say that what helped me the most is just imagine myself having a bright future ahead of me. So that is some motivation of me.

Despite traumatic experiences and lasting negative impacts, all participants demonstrated strength and resilience in their survival, commitment to their healing journey, and hope for recovery.

Needs for additional support

Participants also emphasised multiple support gaps, desires, or needs that must be addressed to better support BIPOC, immigrant, refugee, and newcomer conversion 'therapy' survivors.

Trauma-informed approach

Many participants said that employing a trauma-informed approach and increasing general knowledge and sensitivity around diverse sexuality, gender identity, and ethnoracial identity among service providers was necessary to create a safer place for BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors generally. However, participants described a scarcity of culturally sensitive supports that fully attended to their intersecting identities, which made it difficult to discuss and heal from these experiences.

Culturally sensitive spaces

Most participants stressed the importance of support that is culturally appropriate for their intersecting sexual, gender, ethnoracial, religious, and other diverse identities and experiences, which was especially hard to find outside of large cities. A Two-Spirit participant who was formerly a sex worker highlighted an example of this gap and shared that peer support models may be an effective means of addressing this gap:

> I went to this program for sex workers … And the group was run by these cis people that weren't sex workers … And it's so uncomfortable … If you're running a youth group for Two-Spirit people, make sure you have youth that are working, that are organising the group. So we need more peer-led spaces that are just specifically for Two-Spirit folks. Like a healing circle just for Two-Spirit people.

Another participant pointed out gaps in services for BIPOC, immigrant, newcomer, and refugee communities, particularly related to language and immigration status:

> Let's not assume that because I'm speaking to you in English that my English is good enough for me to express everything … So there are so many things that are missing, so many great areas that are specific when we want to support people who are Black, Indigenous, or… people of colour. Right. So someone that has no immigration status, why assume that they have a status, but why deny the service?

Faith-affirming and spiritual spaces

Many participants shared how challenging it was to discuss their conversion 'therapy' experiences with 2SLGBTQIA+ people who did not share their religious context or held strong anti-religious beliefs. For example, a participant said:

> Dealing with religious right-wing people who think you should do conversion therapy, or dealing with left wing prideful people who are so above it that they think you're an idiot for going into it. I'd rather deal with the religious people because … at least the right- wing people understand why you want to do it, right? If I tell a fundamental Christian, yeah, here's why I did, they'd be like that makes sense … They understand the dilemma. But you want to be loyal to God. You want to have a family. You value these traditional things … They get all that.

Similarly, some participants desired spiritual spaces that were also affirming of 2SLGBTQIA+ people. One participant mentioned:

> More spaces for queer and trans people who want to find a spiritual community. I think that would be great ways to explore spirituality or redefining spirituality from a queer and trans context.

Other diverse intersecting identities: neurodiversity

Our study focused on the intersection of 2SLGBTQIA+ identities, race, ethnicity, and immigration status in the context of conversion 'therapy.' However, more than one participant identified themselves as neurodivergent and shared unique challenges as 2SLGBTQIA+ people who are neurodivergent and the need to create spaces for these communities. One participant said:

> Neurodivergent people, we just don't get enough support. And it's even harder if you're neurodivergent and LGBT because you end up having to choose between support groups that either cater to one or two of those things at most.

Peer-support models

Many participants identified peer support as an important form of support for people who have been harmed by conversion 'therapy.' One participant said:

> I think the greatest resource that can really help is talking to someone who understands, [your] experience just not any sort of person. … So I think having someone to talk to it this could be peer support groups

Another participant reflected on the impact of having peers who could reduce the sense of isolation that so many survivors experience:

> I think a peer group would have been amazing to see other people share very similar experiences to mine. Because like I mentioned, that period of my life was so isolating. I didn't think there was anyone else in the world that had gone through experiences that I have. And as I got older, as I met more people, I realized that oh, this is a thing that other people have gone through as well. But I think to have that peer support when I was just getting over. It would have really helped me. It would have really helped in the sense of like I'm not alone in this, there are other people out here struggling with this. And I totally wish someone would have told me that when I was going through those experiences so that I didn't feel like I was the only person in the world going through all of these experiences.

Anonymous support and outness considerations

Many participants also mentioned that anonymous services would be helpful because survivors were often concerned about their privacy, safety, and the implications of reporting their experiences. For example, one participant mentioned:

> They [organizations] should do things anonymously in a way that it would help more people come out. So even those who are feeling sure about, okay, is this happening to me? They could easily reach out without having second thoughts of, oh, this person is going to know me. They are going to do this.

This participant also mentioned that they would not have been able to participate in this study if they had not had an option to be anonymous. Another participant said:

> It basically needs to be all online so they can just click it and access it privately… So it needs to be safe. It needs to be anonymous… I think having a place where they can access the supports as they need them…

Many participants found it unsafe to disclose their sexual orientation or gender identity due to the intersecting oppression they face, as well as their trauma with conversion 'therapy.' Some participants mentioned that even though their family members had been involved in perpetuating conversion 'therapy,' they wanted to protect their family members from being prosecuted.

Culturally sensitive outreach

In addition to tailored support, which attends to 2SLGBTQIA+ people's diverse identities and experiences, participants shared that culturally sensitive outreach is also required to ensure survivors are connected with the support they need. Some conversion 'therapy' survivors live in remote areas, so thinking about how to reach out to these individuals is critical. As our results show, 2SLGBTQIA+ youth who are dependent on their caregivers are especially vulnerable to conversion 'therapy' and are often unaware of resources. One participant said:

> I think age was also a big factor. I couldn't live on my own. I was a student, so that kind of kept me in that situation.

Another participant said:

> I really wish that for me there was more resources specifically for youth to talk about their experiences and to find the right counseling and whatnot because it's just such a fragile time for anyone's life.

Thus, finding an effective way to reach out to 2SLGBTQIA+ youth is necessary. Some participants suggested that using social media and distributing information about conversion 'therapy' through school would be an effective way to reach youth. For 2SLGBTQIA+ immigrants, newcomers, and refugees, the involvement of settlement agencies is important because a settlement agency is often the first contact point when they move to Canada.

Education and knowledge

Participants highlighted that increasing knowledge about conversion 'therapy' and the criminal laws that apply to it among the general population and 2SLGBTQIA+ people are important. For family members and loved ones of 2SLGBTQIA+ individuals, some participants mentioned that taking an educational approach, rather than a purely punitive one (e.g., prosecution under Bill C-4) is essential. Participants

were generally supportive of Bill-C4 and thought it was important to increase knowledge of the Bill, including how it was supported by authorities. One participant said:

> I think continue to do the work, like, educate, let people know it's a law… This was passed unanimously by all the cons[ervatives]. I think that's all that needs to be said. People need to know that in Canada… the law for conversion therapy was unanimously passed.

Similarly, participants emphasized the importance of community education around conversion 'therapy' and its harmful effects. One participant said:

> Sometimes you might be experiencing conversion therapy and do not notice conversion therapy. In my case, it was not talked about well enough, [what] I was going through was wrong and not supposed to happen. So I think if there's more and more advocacy on the issue, it might save a lot of people because someone might quickly identify that what I am going through is conversion therapy and these are the risk factors.

Need for systemic changes

In addition to desired support services, participants also emphasised systemic changes that could help improve the lives of survivors of conversion 'therapy.'

Access to housing

Many participants shared that a lack of safe housing may prevent 2SLGBTQIA+ people from getting out of conversion 'therapy,' even when they want to leave. Thus, offering support with housing and safe places is needed. One participant mentioned:

> Create safe homes because most of them feel trapped within the community because they're not able to live due to financial reasons or whatever reasons there might be. But if they're safe homes or safe houses, they can freely leave their homes to go to a place that is safe for them to heal and pick themselves up.

This point is particularly important in the face of rising housing and living costs in Canada, which disproportionately affects individuals with intersecting marginalized identities such as youth, 2SLGBTQIA+, BIPOC, immigrant, newcomer, and refugee people. At least one of the participants was experiencing homelessness or housing insecurity at the time of their interview.

Mental health service access

Participants stated that better access to mental health care for survivors is needed, which included some health systems considerations. Many participants shared that there are not sufficient free or low-cost mental health services, nor services that would support survivors on a long-term basis, with one participant noting:

> …something that would be beneficial is maybe long-term therapy for people who have went through conversion therapy…long-term psychology is quite difficult to find.

Participants also mentioned that newcomers and undocumented people face extra barriers in accessing needed mental health support due to a lack of health insurance, as one participant noted:

> Undocumented people or people who are newcomers, the first thing they need is therapy. And that's not covered if you don't have health insurance. Even with health insurance, you have that kind of hours [limit].

Simply increasing access to services is not enough, though, as participants described the need for mental health care providers to understand the specific experiences of 2SLGBTQIA+ communities, especially those who are survivors of conversion 'therapy.' As one participant shared their experience with a psychiatrist:

> I explained that I was outed at a very young age, and he didn't even know what that meant. And that was such a like, that was such a blow to the chest. Because I'm like, I can't believe you. Don't understand or you don't fully realize the implications of someone being outed because that is such a detrimental experience, specifically a queer person's upbringing. So it was very invalidating.

Improving the immigration and refugee system in Canada

As previously stated, conversion 'therapy' led some participants to leave their country of origin and come to Canada. Many of these participants shared the unique challenges they experienced related to their immigration status in Canada and how this intersected with their conversion 'therapy' experiences. For example, 2SLGBTQIA+ refugee claimants must prove their sexual or/and gender identities and associated well-founded fear of persecution. This process requires claimants to repeatedly come out and retell traumatic stories. A participant said:

> Well, immigration status, it was definitely quite hard to get because you can't just go walk up to the immigration office and be like, oh, I'm being persecuted and I need refuge … [The] immigration system is very messed up in Canada. They don't believe you. They require proof. They require news articles. They want people to vouch for your stories' It's extremely hard.

This participant decided to come to Canada as an international student, which they referred to as the "most common route," but they had to hide the fact that the reason for moving to Canada was partially to escape from oppression against 2SLGBTQIA+ people in their immigration application. Additionally, waiting to receive an identity document that grants refugee claimants access to basic needs, like healthcare, can cause tremendous stress. Another participant who came to Canada as a refugee shared that they experienced "a really bad mental breakdown" as a result of all the trauma they had experienced related to conversion 'therapy,' and how their precarious immigration status made them vulnerable to police discrimination, arrest, and confinement in a psychiatric hospital against their will.

Refining and clarifying Bill C-4 and engaging in community consultations

Participants expressed that Bill C-4 needs to be further refined and explained, including how the Bill would be implemented, such as consequences for being engaged in conversion 'therapy.' Participants expressed uncertainty about how the conversion 'therapy' offences would be enforced or implemented in the case of individuals. This is especially complex when friends or family members are involved in conversion 'therapy.' Clearer guidance on the implications of the Bill is needed. Additionally, many participants were unsure about how conversion 'therapy' was defined in Bill C-4 and if their experiences were recognized under it, particularly in instances where these experiences did not clearly align with this definition. in Bill C-4. Many participants stated that there is a need to distribute information regarding conversion 'therapy' and Bill C-4 in a way that reaches 2SLGBTQIA+ people who are affected by these

practices. Indeed, one participant stated the importance of involving 2SLGBTQIA+ survivors in the decision-making process regarding how information about conversion 'therapy' is disseminated:

> I think that it's good to involve people that have the living and lived experience so that they can participate… with their knowledge and expertise and contribute to the sector that is in question.

Developing policy responses beyond Bill C-4

Some participants pointed out the need to develop laws and policies beyond Bill C-4 to further protect 2SLGBTQIA+ people in Canada. For example, one participant talked about the need to prevent misinformation about 2SLGBTQIA+ people as it is harmful and can have detrimental consequences just like conversion 'therapy':

> I would say that there's a lot of misinformation of queerness and especially of gender diversity and transgenderism in general, especially online, there's a lot of misinformation and it's extremely harmful. …There should be more laws or bills … that can actually protect queer people from the effects of misinformation when it does happen.

Participants' accounts allude to the resurgence of anti-2SLGBTQIA+ rhetoric and anti-2SLGBTQIA+ legislation, which are harmful for 2SLGBTQIA+ people and need to be prohibited.

Discussion

Our community-based qualitative study demonstrates that BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals who have experienced conversion 'therapy' have unique experiences and needs, which require dedicated resources and support. While there was some knowledge of Bill C-4, participants shared that stronger efforts are needed to increase knowledge of the Bill, of conversion 'therapy' and SOGIECE. Participants' experiences confirmed that conversion 'therapy' in Canada and abroad take place in a variety of settings, especially within familial, religious, faith, and healthcare environments. The intersections of race, migration experience, gender, sexuality, religion/faith mean that BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals face distinct challenges including systemic barriers, yet they are often relying on themselves for support. The strength of the participants and their courage in sharing their experiences must be noted.

Past studies demonstrated how conversion 'therapy' persisted in Canada, and they most commonly occur within religious or faith-based settings or within healthcare environments [7-8]. The study results were similar to the past findings but demonstrated the importance of employing a broader definition of conversion 'therapy' related practices such as SOGIECE, which occur in diverse settings, including family settings, and in overt and more insidious forms, with many harmful impacts on 2SLGBTQIA+ people. Additionally, it may be helpful to rethink the term, 'conversion therapy' because the term 'therapy' is often associated with a clinical setting, which can make it difficult for 2SLGBTQIA+ people who experience more subtle forms of conversion practices to recognize their experience as conversion 'therapy.'

As previously stated, BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ people have been marginalized in past studies on conversion 'therapy,' even though these individuals experience disproportionate rates of conversion 'therapy' [7; 13]. This study sought to address the gap by centring the voices of BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors. Our results illuminated that these people who face intersecting oppressions may experience additional vulnerabilities to conversion 'therapy' and face more barriers to support due to systemic inequities. BIPOC, immigrant,

and refugee 2SLGBTQIA+ people may face anti-2SLGBTQIA+ stigma from mainstream society and their ethnoracial communities, but also racism and xenophobia from mainstream society and 2SLGBTQIA+ communities. Addressing conversion 'therapy' requires addressing anti-2SLGBTQIA+ stigma, racism, and xenophobia. The findings also highlight the importance of support interventions that are intersectional, that is they take into account not just experiences of anti-2SLGBTQIA+ stigma, but also racism and xenophobia.

Consistent with past study results [7; 9; 10-12], this study demonstrated the devastating consequences of conversion 'therapy' for 2SLGBTQIA+ people's mental and physical health, sense of self, interpersonal relationships, and life opportunities. Additionally, losing important connections with their ethnoracial and religious communities can be even more devastating for BIPOC, immigrant, newcomer, and refugee people who may need to rely on these communities to navigate racism and xenophobia in Canada. The impacts of the trauma of conversion 'therapy' are wide-ranging, and the study affirms the need for trauma-informed approaches to working with survivors.

As this study also demonstrated, some 2SLGBTQIA+ survivors have to leave their country of origin to seek a safer place to live. However, many 2SLGBTQIA+ immigrants, newcomers, and refugees face significant challenges in Canada such as obtaining their immigration status, navigating complex social and healthcare systems, racism, and xenophobia. Immigration systems need to be more knowledgeable and supportive of the harms that 2SLGBTQIA+ conversion 'therapy' survivors have experienced and employ a trauma-informed approach in their practices. Since not all survivors will disclose their experiences of conversion 'therapy' or even their 2SLGBTQIA+ identities to immigration officials, settlement agencies or international student support services, these institutions must have adequate knowledge and training to utilize a trauma-informed approach.

An important contribution made by the study is the connection between housing and conversion 'therapy.' When BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals are living in a family home where conversion 'therapy' and/or SOGIECE are occurring, and when there are no opportunities to leave for safe or secure housing, this can exacerbate the impacts on survivors. For immigrants, newcomers, and refugees, and especially for international students, this can be especially damaging. Investments in 2SLGBTQIA+ housing support services are desperately needed, with eligibility criteria to be inclusive of 2SLGBTQIA+ communities who experience additional systemic barriers, such as immigrants, refugees, international students, temporary foreign workers, and those without immigration status.

Past studies showed that it was not uncommon for 2SLGBTQIA+ people who fled their home country to acquire HIV in Canada and face access barriers to HIV care due to isolation, lack of access to information and resources, and systemic forms of oppression like racism and xenophobia [20;21;23]. Even though our interview questions were not developed around the topic of HIV/AIDS, some participants shared their experiences related to HIV/AIDS and pointed out the continuing need to improve HIV community education and care for 2SLGBTQIA+ immigrants, refugees, and newcomers.

The findings reiterate general gaps in support for 2SLGBTQIA+ survivors, which were identified in past literature [7; 9; 11; 13], and highlight unique additional barriers BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ people face. Governments need to invest in low-barrier mental health services that are free, culturally appropriate, trauma-informed, and designed specifically to support survivors of conversion 'therapy.' These services need to be offered online and in-person, include opportunities to be accessed anonymously, be designed, and developed in consultation with survivors, and be available in places beyond large urban centres. In addition to mental health services, increased community-based supports for BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals (for example through 2SLGBTQIA+ or ethnoracial community-based organizations) are needed, including those that are

culture and language specific, peer-based, and attend to a diversity of individuals, including those who are neurodivergent, those who cannot be "out," those living in rural communities, etc.. One example shared by participants was the creation of a safe anonymous online chat, text, or phone service specifically developed to support survivors of conversion 'therapy.'

We recognize that existing peer groups for conversion 'therapy' survivors, such as C.T. Survivors Connect (https://www.ctsurvivorsconnect.ca/) and Conversion Therapy Dropout Network (https://www.conversiontherapydropout.org/) have been offering support directly. Many participants identified peer support as a potential culturally sensitive model for BIPOC, immigrant, newcomer, and refugee survivors of conversion 'therapy' and highlighted existing examples of these initiatives. To better support them, these peer support models need to be enhanced and expanded.

In considering the implementation of Bill C-4, the study findings indicate that while some participants wanted to hold the perpetrators of conversion 'therapy' accountable, that is not the interest of many participants. For this study's participants, as with many other survivors, conversion 'therapy' is often practiced by those close to 2SLGBTQIA+ individuals such as family members. Participants also noted that Canadian criminal justice systems and policing have harmed and continue to harm 2SLGBTQIA+, BIPOC, immigrant, newcomer, and refugee communities. Thus, seeking justice through these systems may not be helpful or effective for these communities unless systemic oppression is adequately addressed. As an alternative to a punitive approach, employing educational or restorative approaches could be more effective, given the nature of who may be responsible for perpetuating conversion 'therapy.' For example, broad campaigns aimed at building knowledge and acceptance of 2SLGBTQIA+ identities and understanding the harmful effects of conversion 'therapy' could be helpful. Involving ethnoracial and immigrant, newcomer, and refugee serving community organizations may be one way to promote culturally sensitive campaigns and outreach. Relatedly, there is a need to continue to address the gaps in knowledge or understanding of Bill C-4 through public education.

The importance of addressing conversion 'therapy' is particularly important, given the resurgence of anti-2SLGBTQIA+ movements (and which have also expanded to anti-2SLGBTQIA+ legislation or policies), which all have detrimental consequences for 2SLGBTQIA+ people [25; 26]. The need for policymakers, community leaders, and community-based organizations to prioritize supporting 2SLGBTQIA+ communities is a pressing one, growing more important by the day. Support for 2SLGBTQIA+ communities includes preventing and addressing conversion 'therapy' and SOGIECE, ensuring safe spaces for 2SLGBTQIA+ individuals including within schools, improvement of services to reduce barriers, access to education about sexuality and gender, recourse for in-person and online hate, and much more.

Although this study was able to shed light on BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors who are often neglected in this area of work, the study has limitations. First, participants had to be able to speak English, French, or Spanish to participate in the study, which excluded 2SLGBTQIA+ individuals who could not communicate in at least one of these languages. Secondly, most participants were those who had already come far in their healing journey; some participants explicitly mentioned they would not have been able to share their story many years ago.

As one of the participants said, many 2SLGBTQIA+ people do not even have the opportunity to share their experience with conversion 'therapy.' This study also had only sixteen participants, and one of them subsequently withdrew. Due to these limitations, the generalizability of our study is limited. However, the study does provide valuable insight into the experiences of BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors of conversion 'therapy,' which provides a step toward improving support for these survivors.

Recommendations

In summary, the findings of this study lead us to make the following recommendations:

1. Shift away from the term 'conversion therapy' and instead use the terms conversion practices or sexual orientation and gender identity and expression change efforts (SOGIECE), to reflect a broader definition that includes broad ranges of conversion 'therapy' and SOGIECE.
2. Increase the public's knowledge of Bill C-4, the range of conversion 'therapy' and SOGIECE, and the impacts of conversion 'therapy' and SOGIECE, through education campaigns. These campaigns must be developed for multiple audiences, in collaboration with survivors, ethnoracial, immigrant, newcomer, and refugee communities.
3. Any efforts on implementation of Bill C-4 must be first informed by educational and restorative approaches, guided by BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ survivors.
4. Increase knowledge of conversion 'therapy' and its impacts amongst immigration services, within the federal government, within provincial and territorial agencies, and within community-based settlement services. This knowledge must be coupled with an improvement in services that are trauma-informed.
5. Expand the mental health services provided to 2SLGBTQIA+ refugees who are receiving Interim Federal Healthcare, to include low-barrier, longer-term mental health services that are trauma-informed.
6. Eliminate the health insurance three-month waiting period that currently exists in some provinces/territories, so that newcomers can access healthcare as soon as they arrive in Canada, imperative for survivors of conversion therapy.
7. Expand and develop trauma-informed community-based services for BIPOC, immigrant, newcomer, and refugee 2SLGBTQIA+ individuals, which are low-barrier, culturally and linguistically appropriate, and available in-person and online. Peer-led and peer-based supports are especially important to include. This expansion and development must be supported by government investments.
8. Investments in 2SLGBTQIA+ housing support services, with eligibility criteria to be inclusive of 2SLGBTQIA+ communities who experience additional systemic barriers, such as immigrants, refugees, international students, and those without immigration status.
9. Policymakers, community leaders, and community-based organizations must prioritize supporting 2SLGBTQIA+ communities and their rights, which includes preventing and addressing conversion 'therapy' and SOGIECE, ensuring safe spaces for 2SLGBTQIA+ individuals including within schools, improvement of services to reduce barriers, access to education about sexuality and gender, recourse for in-person and online hate, etc.

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