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SEXUAL ORIENTATION & GENDER IDENTITY CHANGE EFFORTS SURVIVORS

SOGICE Survivor Statement

Calling for action on:

The LGBTQA+ conversion movement

Also known as sexual orientation and gender identity change efforts (SOGICE) and the ex-gay or ex-trans movements.

This statement has two parts:

1. **Discussion –** This outlines the history of the LGBTQA+ conversion movement, the various practices of the movement, the ideology that underpins almost all LGBTQA+ conversion practices, and the rationale for the recommendations of survivors.

2. **Recommendations –** This outlines our recommendations for addressing the LGBTQA+ conversion movement, preventing further harm, and supporting survivors.

Part 1 Discussion

As survivors of the LGBTQA+ conversion movement (sometimes known as the ex-gay or ex-trans movement) and Sexual Orientation and Gender Identity Change Efforts (SOGICE), we present this Statement calling for Australia's elected representatives to intervene to curtail the ongoing and life-threatening practices employed by this movement. The Statement is accompanied by an online petition. The tally of signatures for this petition was 62,820 on Monday 18 May, 2020 **(www.change.org/EndGayCures)**.

This Statement has been prepared by survivors, allies, advocates, organisations and community groups that support, advocate for, or are led by LGBTQA+ people of faith. The Statement provides a basis for understanding the ideology that drives the conversion movement.

1.1 History of the LGBTQA+ conversion movement

The conversion movement's widespread operations commenced in Australia between the early 1970s and mid-1980s. Faith communities – primarily Christian at this time – saw a need to provide a 'biblical' response to people whose sexuality and gender identity did not fit within the accepted norms of their religious culture.
The prevailing belief was that same-sex attraction (or 'homosexuality') or any gender identity or expression that diverged from cisgender was a perversion of the 'natural order' and ultimately a choice that could be altered by prayer, personal effort, and re-forming 'healthy' habits, such as celibacy or even marrying someone of the opposite sex. In addition to this, some branches of faith traditions also saw same-sex attraction as being the result of spiritual influence. These beliefs formed the basis of early conversion ideology.

In order to explain how people became same-sex attracted or trans, secular psychological reasoning was mis-appropriated by religious leaders, groups and organisations. The predominant reasoning was that same-sex attracted and trans people had a disorder or sickness due to abuse, neglect, other forms of harm, or developmental issues, and could, through therapy, find healing. This is best exemplified by Living Waters and Exodus, two major conversion organisations that are now defunct but that, at their peaks, influenced thousands of LGBTQA+ Australian Christians.

Therapeutic attempts to alter sexual orientation and gender identity have been thoroughly discredited by the psychological community for some time. In 2015, a report by the Office of the United Nations High Commissioner for Human Rights (Discrimination and violence against individuals based on their sexual orientation and gender identity, IV,D,38) included 'conversion therapy' in its list of practices categorised as 'torture and ill-treatment'.

'Conversion (or ex-gay/ex-trans) practices' refers to both formal therapeutic and informal practices occurring in a range of settings that target and attract LGBTQA+ people of faith in order to change or suppress their sexual orientation, gender identity, or gender and sexual expression. LGBTQA+ people of faith may have participated willingly: many formal conversion programs have claimed they only exist to help those who express an independent desire to change. However, many participants report that they were coerced by parents, pastors, and/or as a result of the ideologies implicit within their religious community. They are also often internally driven by the fear of rejection and the desire to be 'whole'. Viewing conversion practices through the lens of 'willing participation' is thus extremely problematic. Equally problematic are attempts to counter the conversion movement that do not bear in mind the ideology that drives it.

1.2 Conversion ideology

Determining which activities can be considered 'conversion practices' is complex unless viewed with an in-depth understanding of the ideology that underpins the LGBTQA+ conversion movement.

LGBTQA+ conversion practices, whether formal or informal, are driven by a set of interconnected assertions that together form conversion ideology:

- With almost no exceptions, humans are born with the potential of developing into heterosexual people whose gender identity reflects their sex assigned at birth.

- In people who are same-sex attracted, trans or gender diverse, this development has been halted or stunted due to one or several factors: abuse, neglect, inappropriate parenting dynamics, social influence, and even spiritual issues (including demonic influence). This phenomenon is often labelled as 'sexual brokenness' or a disorder, particularly if a person has transitioned or had sexual experiences with people of the same sex.

- Same-sex attracted, trans and gender diverse people should live celibate lives or seek healing for their sexual brokenness. This is a core obligation in the faith practice of same-sex attracted, trans and gender diverse people. The pursuit of other spiritual or religious activities is noble, however the failure to pursue healing for one's sexual brokenness is cause for significant concern or disciplinary action.

- Through consistent long-term devotion (for example, through Christian discipleship or strict observance of halacha); committed involvement in a faith community; spiritual mentoring; the avoidance and suppression of all lesbian, gay, bisexual, trans, or queer influences; connection to an ex-gay/ex-trans support group, and/or ongoing conversion practices, a person will either:

    - Experience a change in their sexual orientation and/or gender identity, or
    - Overcome the causes or drivers behind their same-sex attraction or trans identity and remain celibate

- As 'sexual brokenness' is a sign of dysfunction, same-sex attracted, trans and gender diverse people may not be suited to positions of authority within their faith community.

Conversion practices are far broader and more nuanced than 'therapy' alone as they are grounded in an insidious ideology that is difficult to recognise without experience and knowledge of its manifestations in religious culture. LGBTQA+ conversion practices can be recognised and distinguished from other practices that occur in faith communities using the ideology as a reference point.

Another lens through which to view conversion ideology is the false and misleading claims that it makes, none of which are grounded in factual, psychological, or scientific evidence, and are refuted by medical, psychological and secular bodies as being damaging and unfounded. These claims can include the following:

1. That it is possible to change a person's same-gender or multi gender sexual or romantic attractions such that the person becomes exclusively heterosexual.

2. That it is possible to change a person's trans or gender diverse identity such that the person fully identifies with their sex assigned at birth.

3. False and misleading statements that same-sex romantic or sexual attraction, multi-gender romantic or sexual attraction, trans identity and gender non-conformity are forms of 'brokenness' and are causally linked to psychological phenomena stemming from developmental issues, abuse or other causes, and that LGBTQA+ people require pastoral or psychological care to address this brokenness.

1.3 Goals of formal conversion practices

Formal ex-gay/ex-trans/conversion practices generally employ individual or group counselling, pastoral care, or similar means to assist and encourage LGBTQA+ people to:

- live 'healthy heterosexual' lives through mixed-orientation marriage, or
- live 'sexually pure' lives through celibacy or abstinence, even while remaining same-sex attracted, bi+, trans, and/or gender diverse, or
- ultimately change their orientation, attraction, or gender identity, or
- de-transition or not affirm their gender identity

1.4 Types of conversion practices

The ex-gay/ex-trans/conversion movement is amorphic, encompassing a host of varied faith-based organisations and communities. Its main expressions are:

- counselling in secular, unregulated counselling services (to address childhood trauma or work towards 'acceptable' sexual/gender behaviours)
- pastoral care (see 1.5)/counselling
- prayer ministry (including deliverance, the protestant term for 'exorcism')
- support groups
- conferences and rallies
- online interactive coursework and mentoring programs

There is no justification for accredited professions such as psychology or psychiatry – or even allied services such as counselling – to base their practice in theological or pseudo-theological frameworks. The Australian Psychological Society (APS) has prohibited practices based on conversion ideology. Instances of conversion practices being employed by psychologists and psychiatrists are therefore rare and not the primary focus of survivor self-advocates. Most of the manifestations listed above fall outside the jurisdiction of statutory regulatory bodies (such as AHPRA).

In recent years much attention has been given by media to concrete, formal expressions of conversion practices, however little focus has been placed on:

- the ways that conversion practices have been used to target lesbian, bi+ and trans individuals
- the widespread ideology that sustains the movement
- the broader array of Sexual Orientation and Gender Identity Change Efforts (SOGICE) that reach beyond formal therapeutic practices
- the very early exposure of trans and gender diverse people to conversion ideology and practices from within the home by conservative religious family members and moving on to practices outside of the family.

A note on conversion practices and people born with variations of sex characteristics:

The LGBTQA+ conversion movement is primarily a religious phenomenon that specifically focuses on sexual orientation and gender identity, thus SOGICE Survivors use the term LGBTQA+, removing the "I". Intersex people are part of the broader LGBTIQA+ community and many have also been affected by the movement on the basis of their sexual orientation, gender identity or both. However, medical and surgical interventions that contravene the rights and bodily autonomy of intersex infants, children and adults are not generally labelled as conversion practices in SOGICE advocacy globally. This is because the ideology and issues of consent that underpin all conversion practices (see 1.2 below) are somewhat different to the problematic medical justifications and issues of consent that are often present in surgical interventions. The complexity of intersex experiences requires the implementation of a separate and specific set of legislative interventions, such as in the example of Malta whereby conversion practices and surgical intervention on intersex minors were addressed through separate pieces of legislation. SOGICE Survivors fully affirms the right to bodily integrity, physical autonomy and self-determination of people born with variations of sex characteristics. SOGICE Survivors supports the Darlington Statement and the campaigns of associated intersex organisations.

1.5 Pastoral Care

There are a number of factors that distinguish pastoral care when it is being employed as a conversion practice – as opposed to a legitimate form of spiritual care or guidance – and therefore identify it as being in scope of a government intervention into conversion practices. The experience of many survivors has demonstrated that conversion practices occur in pastoral care when:

i. conversion ideology (see 1.2) defines or frames conversation, advice, recommendations or practices that occur in the pastoral care relationship; and when either or both of the following occur:

ii. the person in a pastoral care role is in a position of authority or leadership, creating an imbalanced power dynamic;

iii. the practices and pastoral care occur in a recurrent or semi-regular manner.

Conversion practices can occur in a pastoral care relationship wherever pastoral care or spiritual guidance is offered, within formal religious gatherings, informal community groups such as clubs or support groups, as well as school and university chaplaincy.

1.6 Conversion ideology and practices in communities

While most formal ex-gay/ex-trans/conversion organisations have ceased operations, the beliefs and ideology that formed the basis of the movement still exist in the form of non-therapeutic, underground conversion practices.

Many expressions of the conversion movement exist at the micro level, making them difficult to recognise, quantify, and regulate. Conversion ideology is firmly embedded in the everyday life of many faith communities as a collection of messages and beliefs. For many people of faith, the idea that sexual orientation or gender identity can be 'fixed' is predicated on the notion that God created the universe with a specific order. This order denotes heterosexuality and cisgender identity as the intended order, meaning that LGBTQA+ people are 'broken', and that this brokenness is due to 'sin' (sin being explained using varying definitions and metaphors: inherent dysfunction, spiritual disconnection, immorality, wrongdoing, collective human guilt being some of these).

While SOGICE may not be unique to faith communities, particularly as there may be SOGICE in wider cultural groups where deviation from sexual and gender norms is considered taboo, much of the ideology which drives Australian SOGICE has its genesis in faith communities. Furthermore, while the language of SOGICE looks different depending on the specific religious or faith community, the underlying ideology of 'brokenness' is remarkably consistent.

Most expressions of SOGICE have flown under the radar in recent media coverage of 'gay conversion therapy', particularly as formal 'therapy' that focuses on gay people is only a very small part of the LGBTQA+ conversion movement. Expressions include, but are not limited to:

- Pastoral care/advice (see 1.5) and recommendations of websites, gender-segregated retreats and conferences, books, and other resources.
- Informal prayer ministry (i.e. between peers or during prayer time after religious meetings/services).
- Sermons or textual studies (eg. Bible, Qur'an) that reinforce 'traditional gender roles' and living as 'men and women of God' (i.e. men being strong, the head of the house, the bread-winner and sexually dominant, and women being submissive, motherly, bearing children, and purely romantic in nature within their sexual desire), with the implied directive that variation from these roles represents deviance and/or 'brokenness'.
- Subtle and overt sermons or testimonials that encourage or promote orientation change. It should be noted that almost every global conversion practices organisation has now closed, with the movement's leaders renouncing and apologising for the hurt they have caused LGBTQA+ people of faith.
- An individual's private efforts or attempts to incrementally change their own orientation or identity (via the reading of above-mentioned resources, private prayer time, self-denial or attempts at forming habits in opposition to their orientation or identity).
- Removal from positions of community leadership or influence in order to encourage the LGBTQA+ person to accomplish private 'personal development' work in the area of their sexuality or gender (or to discourage the perceived 'promotion' of queer identity).
- A disowning from faith communities and families until such a time as the person expresses a change in orientation or demonstrates a rejection of their orientation or identity. This includes threats of disowning or removal from the cultural life of diverse communities whereby culture and faith are significantly intertwined.
- Content related to any of the above in education, chaplaincy, sex-and-relationships education programs in schools, or tertiary counselling training courses.
- Enforced traditional gender behavior within the family accompanied by punitive and abusive consequences within family structures.
- Stories of supposed 'successful' instances of conversion. These are often shared in a range of forums, including conferences, sermons, private faith-based groups, and publications. For many survivors, these stories or 'testimonies' were a key driver in their desire to continue their SOGICE journey. These 'success stories' are almost always found to be false, untruthful or skewed as time passes. The 2010-2020 period has been marked by a very high volume of statements from former conversion movement leaders renouncing their 'success stories' and coming forward to apologise.

While participants in SOGICE may be directed and encouraged by faith leaders and counsellors, change attempts can become self-directed. The expressions of SOGICE listed above are intertwined into the fabric of faith communities and conservative theology, though it is the opinion of Australia's leading survivor self-advocate bodies and many Australian denominational and religious leaders that conversion ideology is not theologically sound nor should it be labelled as a 'core tenet' of any denomination or religious tradition.

1.7 Survivors

Survivors of the ex-gay/ex-trans/conversion movement and SOGICE have endured and survived a system that de-humanised and shamed them, despite their sense of deep devotion and connection to their faith communities.

Survivors of SOGICE are diverse.

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

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

LGBTIQA+ people of faith and their nominated allies are essential voices within this conversation as well, particularly in driving change from within faith communities and religious groups.

Much of the work of survivors in media and advocacy in recent years has sought to shift the focus away from less common expressions of the conversion movement toward the carnage that has been wrought upon LGBTIQA+ Australians by the ideology and messaging behind the movement. The petition that this letter accompanies calls for a national response – not just to narrow definitions of conversion 'therapy', but to the movement and ideology. Legislative responses to the conversion movement must comprehensively address the wide range of SOGICE in Australia, including referrals and the communication of conversion ideology. Specifically, there is a need for our elected representatives to play their part in openly challenging the deadly conversion ideology that has been allowed to proliferate in Australia's diverse religious communities.

We encourage questions relating to the ex-gay/ex-trans/conversion movement from government, politicians, policy professionals, academics, and media.

Additional information, including Frequently Asked Questions (FAQ) can be found at:

www.SOGICEsurvivors.com.au

Part 2 Recommendations

We call on Australia's elected representatives to actively work towards curtailing the movement by pursuing strategies that seek to identify and counteract its influence in:

- Primary and Secondary Education
- Religious family structures
- The community, charity and non-profit sectors
- Media and communications
- Religious organisations and pastoral care providers
- Mental and public health

Several overseas jurisdictions have classified therapeutic expressions of the movement as fraudulent, usually for minors. These jurisdictions include Brazil, Germany, Switzerland, Ontario, the City of Vancouver, Ecuador, Malta, Spain, Taiwan, the Church of England, and 20 US states.

While several LGBTIQA+ affirming faith-based organisations are working to create positive change within Australia's religious bodies, the conversion movement must also be addressed through a combination of legislation, regulation, investigation and community education in the following domains:

A. Survivor self-advocacy

Survivors must be equal partners in defining the movement. Attempts to define the movement led by non-survivors consistently result in definitions and interventions that inadequately address the scope, complexity, breadth, motivations and ideology behind the movement. Experienced self-advocates can more accurately describe the diverse expressions of the LGBTQA+ movement and redirect third parties to diverse groups of survivors, including trans and gender diverse people, ace/aro people, bi+ people, women, and people from diverse cultural backgrounds. While the term 'gay conversion therapy' is often used in media and in other countries, organised Australian survivor groups prefer 'LGBTQA+ conversion practices' or 'the LGBTQA+ conversion movement' as these terms more accurately represent their experiences.

B. Broad national inquiry

An inquiry into the extent and prevalence of the ex-gay/ex-trans/conversion movement in the experience of LGBTIQA+ Australians. This should be national and broad enough to examine the influence of the core assertions of the movement, rather than being limited to strictly therapeutic contexts.

C. Legislation and regulation in the mental health sector

Government intervention represents a unique moment in our nation's posture towards the legitimacy of our scientific and medical peak bodies. Exemptions and permissive attitudes regarding conversion ideology and practices will communicate that approaches to human wellbeing are no longer grounded in scientific research and evidence.

SOGICE Survivors therefore calls for regulatory and legislative enforcement of the existing and incoming directives of Australian peak psychological and health bodies that either prohibit or discourage the use of conversion practices by mental health professionals (including psychologists, social workers, unregistered and registered health professionals), teachers and other professionals. These bodies include the Australian Psychological Society (APS), Australian Association of Social Workers (AASW), Australian Counsellors Association

(ACA) and Australia New Zealand Psychiatric Association (ANZPA). Activities prohibited by legislation, regulation, and peak body guidelines must include any attempts to change, suppress, cure, heal or repair the sexual orientation or gender identity of children or adults.

In addition, the term 'pastoral care' should be clearly defined and protected by Australian governments and regulators as this is the primary domain in which conversion ideology is enacted through practices.

D. Consumer affairs and health complaints investigations

Greater powers for health complaints and consumer affairs authorities to support the sufficient investigation of all claims of conversion practices.

E. Public health and awareness

A public health and awareness campaign to explicitly target those at risk of the movement's influence and refute its ideology, key messages, assertions and false and misleading claims.

F. Vilification protections

Modification of legislation to classify as vilification the assertion that trans, gender diverse, and same-sex attracted Australians are inherently disordered. (See information about false and misleading claims in Section 1.2, above.)

G. Protection of young Australians

Protection of young Australians from SOGICE and the ex-gay/ex-trans/conversion movement's practices and ideology. Exposure often comes through third parties entering Australian schools and must therefore be addressed through:

i. Enforced standards for all chaplaincy, guidance counsellor and religious education programs.

ii. Training for all government funded youth and mental health services regarding how to engage with the survivors of the movement, as well as the ideology behind the movement.

iii. Awareness training for teachers in state education systems.

iv. Training to be undertaken by school chaplains that addresses the potential harm caused by conversion practices to same-sex attracted and gender questioning young people.

H. The counselling industry

i. Inclusion of compulsory content and clauses that systematically refute the ideology and practices associated with the conversion movement, with associated audit controls, in all tertiary courses that contain a counselling component.

ii. Implementation of licensing and standards for counsellors through a government regulator(s) to protect LGBTIQA+ Australians from conversion practices.

I. Communications, media, and advertising

Tighter regulation to prevent the promotion, broadcast and advertising of conversion practices and ideology. Conversion ideology underpins almost all advertising and broadcasts by the conversion movement globally. In the past, and in other jurisdictions now, conversion practices have been advertised openly through: conference flyers, supposed 'success stories' or 'testimonies', billboards, websites, faith community newsletters, and marketing activities by counselling businesses.

While we support the prohibition of advertising of conversion practices, we also call for the broadcast of conversion ideology **(see 1.2)** to be subject to similar prohibitions. A government intervention that prohibits conversion practices (and direct advertising of those practices) while continuing to allow the open broadcast of the notion that LGBTQA+ people are 'broken' and 'inherently dysfunctional' would be incomplete.

J. Capacity building of mental health organisations

Funding for LGBTQA+ and mental health organisations to:

i. Boost public awareness and understanding of the ex-gay/ex-trans/conversion movement and SOGICE.

ii. Support survivors of the ex-gay/ex-trans/conversion movement and SOGICE.

K. Government position

Australian Governments must issue statements that clearly address and condemn the damaging ideology behind the ex-gay/ex-trans/conversion movement and conversion practices/SOGICE.

L. Broad and intersectional research

Applied research into specific faith and culturally diverse communities to develop culturally appropriate, evidence-based interventions that will raise awareness about the harm caused by conversion practices and support the development of best practice spiritual care for LGBTQA+ people. This includes investigation into discriminatory practices within communities that see LGBTIQA+ people barred from accessing community institutions, eg. burial in faith and/or community-specific sections of cemeteries, or accessing community centres.

M. Conversion Practices Redress Scheme and Panel of Experts:

A Redress Scheme for survivors of the LGBTQA+ conversion movement should be implemented to support survivors with costs such as psychological, social work, and other counselling supports for recovery, as well as compensation for suffering. As an example of such costs, it is common for survivors to require fortnightly counselling or psychotherapy sessions and to work one or more day per week less than they might otherwise work, over several years. It would not be unusual for the combined figure of costs and lost earnings for an individual survivor to be A$20-30,000.

A panel – or tribunal – of experts, comprised of survivors (at least 50%) and other experts who deeply understand the ideology of LGBTQA+ conversion as well as the doctrines of a range of faiths, should be implemented as part of a Conversion Practices Redress Scheme. Using the ideology outlined above and available local and international research, members would review and investigate accusations made against communities or individuals who may be delivering LGBTQA+ conversion practices or promoting conversion ideology in an informal or religious setting. This has been missing from international examples of conversion practices legislation and other interventions from around the world. It would be ineffective to create legislation or interventions that do not address the ideology or its manifestations in conversion practices. Thus, the purpose of a panel of experts that includes survivors and trained professionals would be to provide preliminary assessments of claims.

N. Criminal law, civil law, and referrals

We advocate for civil penalties for people in non-clinical, informal and non-professional roles. Many people who are involved in these practices through religious communities are also victims of the conversion movement themselves, thus applying criminal penalties would be inappropriate. Survivor groups, such as Brave Network, are rarely focused on punitive justice. While a punitive response may be appropriate in some circumstances, the focus of any legislative response should be preventing harm, supporting survivors, and curtailing the prevalence and communication of conversion ideology through regulation and education.

However, those who administer conversion practices or who perpetuate conversion ideology in formal or clinical settings should be subject to greater penalties, which may include criminal charges. For example, conversion prohibitions in Ireland target any person who performs or advertises conversion practices. Higher penalties are applied for professionals. It would be appropriate to implement civil penalties for all people engaged in informal or unbounded practices, such as in a pastoral care setting. More serious penalties should apply for registered and/or licensed professionals or those working in a professional and/or business capacity as a counsellor. Any attempt to remove a person from Australia for the purposes of conversion practices must be deemed a criminal offence. Furthermore, we recommend that criminal penalties be applied in the case of clear criminal activity such as abuse and cases involving minors, as per the recommendations of the *Preventing Harm, Promoting Justice* (2019) report.

Persons offering conversion practices, whether in a professional or religious capacity, owe a duty of care. In almost all cases, survivors of conversion practices experience significant disruption to their career, education, employment, mental health and life in general. The research, survivor testimonies and the opinions of all peak health bodies in Australia clearly show that conversion practices do not work and are responsible for causing significant harm. Those who offer conversion practices cannot reasonably claim ignorance. A limited warning system should be implemented.

Conversion prohibitions in Malta cover actors and agents who refer people to conversion practices, which is a consideration that should be adopted in Australia. Many leaders in religious communities are responsible for referring persons to formal conversion practices or for recommending that they attempt to suppress or change their sexual orientation or gender identity. Implementing legislation to address these referrals would help to prevent conversion practices and their instigators. Referral is usually the key mechanism that leads LGBTQA+ people from a one-to-one pastoral care **(see 1.5)** experience to an experience of structured activities such as group gatherings and counselling.

Application of recommendations

Protection should apply broadly, as LGBTQA+ individuals are a minority group and any person that is involved in conversion practices is already at risk of discrimination and poor mental health, regardless of age. As such, legislation should be directed towards adults and minors, not minors alone. The experiences of members of SOGICE Survivors demonstrate that conversion practices equally impact people of all ages in negative ways. Limiting interventions only to the scope of minors or formal practices will eventuate in an ineffective response, as evidenced by the many examples of highly symbolic – but minimally effective – legislation in other countries. Most survivors are exposed to conversion ideology from a young age and, though there are some exceptions, usually experience conversion practices when they are young adults or older. Most of the harm observed by SOGICE Survivors has been experienced by adult survivors. Different demographic cohorts – such as minors, people with disability, people from diverse cultural and linguistic communities, and older people, may require specific intervention strategies.

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Organisations and Community Groups
Equality Australia
Uniting Network Australia (Uniting Church LGBTIQA+ network)
Australian Medical Students Association
Amnesty International Australia
National LGBTI Health Alliance
Rainbow Health Victoria
Drummond Street Services
Queerspace
Thorne Harbour Health (formerly VAC), Victoria
Queer Middle Eastern and African Christians in Australia (QMEACA)
Australian GLBTIQ Multicultural Council (AGMC)
ACON, NSW
Metropolitan Community Churches (Australia)
Crave Church, Sydney
Fitzroy North Community Church, Victoria
Activate Church, Bowden, South Australia
Melbourne Inclusive Church
St Cuthbert's Anglican Church, Darlington, WA
Victorian Gay and Lesbian Rights Lobby
The Equality Project, Australia
Acceptance Melbourne Inc
Transcend Support
Just Equal
Bi Alliance Victoria
Transgender Victoria
Diversity ACT
The Institute of Many
Ambassadors and Bridge Builders International (ABBI)
Awareness Psychology Clinic
QUT Queer Collective
RMIT University Student Union (RUSU) Queer Department

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