

Engaging Conversion Survivors

Guidelines for media and government



SURVIVORS

SOGICE Survivors has worked with a range of advocates and organisations to develop an ethical framework for engaging with survivors of LGBTQA+ conversion practices. This framework is for:

- Broadcasters and podcast producers
- Academics and other researchers
- Journalists
- Filmmakers

- Policy professionals
- Public servants working across a range of government departments
- Political advisors

The guidelines are vital for:

- Protecting mental health and preventing additional trauma for survivors
- Ensuring accuracy in representing the key drivers of conversion practices
- Ensuring accuracy in messaging about conversion practices occurring in the community
- Avoiding inadvertent discriminatory language and concepts

Please note: SOGICE Survivors functions as the advocacy arm of Brave Network. Brave is a non-incorporated entity with a steering committee and an auspicing body (Thorne Harbour Health). SOGICE Survivors is run by survivors of conversion practices and their allies. All information, including guidelines and recommendations, produced by SOGICE Survivors is provided in good faith and should not take the place of advice from health professionals, professional legal advice or legal requirements. These guidelines are not designed for use in crisis situations or legal matters. SOGICE Survivors advises all individuals and organisations to seek professional, clinical guidance before using any resources focused on conversion practices survivor support in practice. This pdf may not be the latest version of this document. Please see https://sogicesurvivors.com.au/mediaguidelines/for the most up-to-date version.



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1. Who should speak for survivors?

Putting survivors at the centre

Survivors of LGBTQA+ conversion practices must be central to conversations and communications about conversion practices in all contexts, including advocacy, media, public policy, legislation drafting, public health, and post-legislation interventions.

Informed survivor self-advocates are best equipped to ensure the issue is framed accurately, taking into consideration not just the survivors' own experience with conversion practices but those of the broader community of survivors of LGBTQA+ conversion practices. These survivor self-advocates will be best able to provide context for conversion-related issues, and synthesise solutions that adequately address the problem.

Allies in a range of settings, such as LGBTQA+ people of faith, are also essential voices. They can help drive change from within faith communities and religious groups, healthcare organisations, human services organisations, cultural community organisations, and educational institutions. However, informed survivor self-advocates are significantly more equipped to communicate the complexity of conversion ideology and practices, and should be consulted first.

Informed and supported survivors

Informed survivor self-advocates are survivors of LGBTQA+ conversion practices who are connected to existing survivor-led advocacy or survivor peer-support networks. They will:

- have a knowledge of the issue of conversion practices that goes beyond their own personal experience and which incorporates the experiences of LGBTQA+ survivors broadly.
- understand that survivors can come from multiple faith and cultural backgrounds, as well as LGBTQA+ identities, and that these different contexts impact survivors in unique and, often, complex ways.
- have a knowledge of or engagement with the latest Australian research into conversion practices.
- have expertise in articulating how conversion ideology and practices work.
- have adequate support, including: a peer-support network, regular support from mental health professional/s, and self-awareness of triggers and the role of trauma in their experience as a survivor.

As conversion practices occur in a wide range of contexts and can take vastly differing forms, survivors who are not connected to existing survivor advocacy or peer-support networks may:

- struggle to accurately represent the breadth of the issue, particularly when presented with questions about government intervention, religious organisations, health and human services systems, and practices that occur in diverse cultural or family groups.
- struggle to differentiate between their own experiences of conversion and the experiences of other survivors, particularly those who experienced practices in different contexts or at different times.

Survivors with no peer or mental health support networks **should not** be approached by media or others to share their stories. Brave Network, SOGICE Survivors, the La Trobe University-led National Conversion Practices Research Team, and other groups **have consistently reported that survivors with insufficient support and experience are at risk of rapid onset of depression, anxiety and/or post-traumatic stress symptoms following advocacy work or media interactions. Moreover, survivors' ability to predict the negative after-effects of advocacy or media work has consistently been found to be poor in cases where the survivors have not had sufficient support or advocacy experience.**

Framing

Conversion practices occur in a range of contexts and are experienced by a broad range of people. This includes:

- Religious and faith communities
- Healthcare settings
- Education settings
- Human services and disability support
- Community groups and organisations, particularly with a specific cultural focus

Some of these contexts may overlap. For example:

- religious schools,
- culturally specific human services providers,
- or religious and cultural communities.

Many of the contexts and attributes featured in media representations of conversion practices today do not reflect the contexts that are currently of most concern. While people in conservative protestant faith communities are still at high risk of exposure to conversion ideology and practices, several other cohorts experience equal or higher risk, particularly:

- People from non-Western backgrounds
- People with intellectual and cognitive disability who rely on family, long-term unpaid carers, or disability support services, particularly supported accommodation.
- Trans and gender diverse people in healthcare settings
- Children and young people in educational settings who may be regularly exposed to messages of conversion ideology, particularly in conservative religious schools.

In addition, many people who have experienced conversion practices do not realise that they are survivors of conversion practices until several years after the event/s. It is common for people to self-identity as survivors only after participating in conversion support or advocacy events (initially as allies) or reading legislative definitions, research reports or online advocacy content. Reporting about conversion practices should reflect this diversity of experience.

2. How should survivors of conversion practices be represented in media?

Putting survivors at the centre

Media representation of this issue has sorely lacked an ethical approach. Journalists have largely sought out sensational accounts of conversion practices, often spicing up stories with superfluous references to egregious historical conversion practices, such as electroshock treatment, or practices that are no longer common in Australia, such as 'pray the gay away' camps or residential programs.

Articles, documentaries and even movies that focus solely on these historical manifestations have flooded Australian audiences. This has created hurdles for survivors and advocates, as well as legislators, as they try to educate the public and the government about what LGBTQA+conversion practices really look like today.

Furthermore, survivors are frequently called upon to share their stories of trauma rather than their expertise as advocates. Such instances are disempowering and represent wasted opportunities for critical insight.

Media representation should seek to maintain accuracy and integrity, moving away from sensationalism and toward an understanding of the ideology that underpins conversion practices in Australia.

An ethical approach to representing survivors and the issue as a whole acknowledges that while strict penalties for people who deliver conversion practices may be one part of an effective approach toward reducing the access to (and prevalence of) LGBTQA+ conversion practices, comprehensive approaches that incorporate education, culture change, investigation, and dialogue have much greater capacity to address the wide range of LGBTQA+ conversion practices that exist in Australia.

An ethical approach returns focus to the erroneous 'conversion ideology' that remains widespread in Australian communities and some professional settings. This ideology asserts that LGBTQA+ identity and experience represent a form of 'brokenness' or a disorder, and which links this brokenness to any number of past traumatic experiences, moral failings, family history or other influences. Conversion ideology is almost always comprised of a combination of cultural (or religious) assertions and pseudoscientific ideas, along with the assertion that something must be done to respond to these assertions. As such, it is vital that the ideas and messages that drive conversion practices are not depicted merely as 'religious tradition' (in the case of conversion practices in religious communities) or 'professional concerns' (in the case of suppression practices in health settings). Accurate framing of conversion ideology will allow media and government to circumvent 'religious freedom' arguments, as well as purported ethical healthcare concerns.

An ethical approach also highlights the nature and prevalence of 'suppression practices' that occur in healthcare and human services settings. These practices are essentially a form of unethical practice, or malpractice. While they look somewhat different to conversion practices in religious settings, they are nonetheless grounded in conversion ideology.

Practically, an ethical approach covering LGBTQA+ conversion practices in the media will:

 Centre the voices and experiences of survivors of conversion practices in such a way that the underlying homophobic, biphobic and transphobic ideology of the LGBTQA+ conversion movement is addressed.

- Communicate that the primary aim of intervention is not necessarily to punish perpetrators but to effectively prevent harm through legislation that mandates community education, research, survivor support and investigation. Criminal penalties alone cannot comprehensively address the wide range of LGBTQA+ conversion practices that exist within conservative faith communities in Australia. A multi-faceted approach is needed and it is the Australian survivorled legislative model adopted in Victoria, the ACT, New Zealand, and in part in NSW that is best placed to prevent harm.
- Discourage allies and journalists from only focusing on the horror stories and fetishised accounts of LGBTQA+ Conversion practices. Historical stories of electroshock/aversion therapy and violent exorcisms may gain the public's attention, however preferencing these historical stories over and above the very real, current and persistent issue of conversion ideology in Australia's religious communities is irresponsible as it misrepresents the current scope and impact of the conversion movement. Of course, these true stories must be told, however, they should be clearly labeled as historical or rare representations and told alongside stories that accurately represent current manifestations of the movement, as well as the recommendations of survivors. A focus on rare or historical instances of conversion practices may drive proposals for narrow, insufficient models of legislation in jurisdictions that do not yet have legislation.
- Not use terms such as 'gay conversion therapy' or 'conversion therapy', as these are misrepresentative. 'LGBTQA+ conversion practices' or 'conversion practices' should be used instead. When referring to a 'ban' on conversion practices, it is important to adequately explain that this should incorporate more than just criminal penalties and that the survivor-led legislation model prioritises community education and survivor support mediated through a central Civil Scheme.
- While we understand that journalists are required to interview people
 with a range of viewpoints, they must clearly represent conversion
 practices and ideology as being thoroughly discredited by all of
 Australia's peak medical and psychological bodies, as well as various
 state and territory governments.

In Summary:

 Many faith communities and fringe health professionals explicitly or implicitly support conversion practices because of conversion ideology, which can include the assertion that LGBTQA+ people are 'broken' and can be fixed. They often have little understanding of the harms caused by these beliefs.

- The conversion movement comprises a broad range of proponents and activities grounded in an ideology. Conversion practices are not a singular practice that can be dealt with through criminal penalties. While LGBTQA+ affirming health professionals and faith leaders are needed to help drive change from within this movement, lawmakers and legal advocates who wish to curtail the movement must pursue strategies that seek to identify and counteract the influence of this ideology in the education and training, community, human services, health, non-profit and media spheres. If lawmakers and advocates feel ill-equipped to implement these strategies, they must defer to the expertise of others.
- There is a strong need to more effectively communicate the lived experience of SOGICE survivors so as not to re-traumatise them or sensationalise their experiences. Survivors' stories should be listened to, validated, and communicated as holistically as possible. These conversations should be driven by survivors themselves.

Failure to ethically and holistically represent the experiences of SOGICE survivors may lead to:

- Significant mental health ramifications for survivors
- Interventions and advocacy that fail to address the ideology and messages that continue to thrive within conservative settings in Australia.

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