



NATIONAL CENTER TO ADVANCE PEACE
for Children, Youth, and Families



Impacts of Conversion “Therapy” on LGBTQ2S+ Individuals Affected by Family Violence

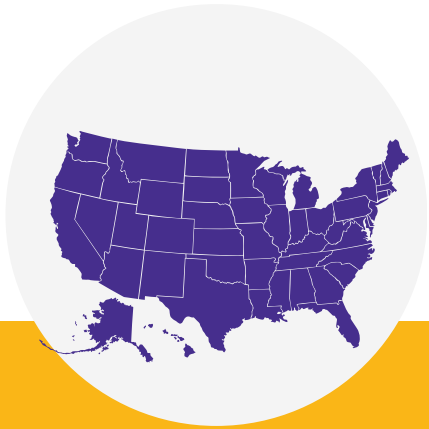
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Conversion “therapy,” also known as reparative “therapy,” is a discredited¹ and harmful practice aimed at changing an individual’s sexual orientation or gender identity. It refers to a range of methods or interventions, such as talk “therapy,” religious or spiritual interventions, aversion techniques, and even more extreme measures such as electroshock “therapy” or forced institutionalization, that attempt to make LGBTQ2S+ individuals heterosexual and/or cisgender. These practices are based on the false belief that being LGBTQ2S+² is a mental disorder or an ailment that needs to be fixed. Oftentimes, LGBTQ2S+ individuals are forced or coerced into participating in these “treatments” by family members who are unsupportive of their sexual orientation or gender identity.



It is important to note that these practices lack scientific validity and are widely condemned by major medical and mental health organizations. In fact, the American Psychological Association (APA) and the World Health Organization (WHO), along with numerous other professional organizations, have denounced conversion “therapy” due to overwhelming research evidence of its harmful effects on individuals’ physical health, mental health, and well-being.³ For example, in their [position statement](#), the APA affirms that sexual orientation and gender identity are not mental illnesses and should be respected and affirmed, rather than subjected to attempts to change or suppress them. Various countries including Canada, Brazil, Ecuador, Spain, Germany, Malta, and

New Zealand have enacted legislation and regulations to ban or restrict the practice of conversion “therapy,” recognizing its harmful nature and the violation of human rights it represents. Despite wide condemnation of this practice, the U.S. has not banned conversion “therapy” at the federal level, leaving the matter up to states. Although some states have banned the practice, the penalties for its use are typically minor,⁴ and religious exemption laws allow for the practice by religious or spiritual advisors even in some states that have bans. Moreover, use of conversion therapy remains legal in 23 states and 4 territories, including some states that have prohibited the implementation of local-level bans.



For more information on which jurisdictions permit or ban conversation therapy, please see:

[Conversion “Therapy” Laws map](#)

The continued use of conversion “therapy” is considerable. According to a 2019 report by the Williams Institute, there are approximately 698,000 LGBTQ2S+ adults in the U.S. who have been exposed to conversion “therapy,” of which 350,000 received this treatment as adolescents. Furthermore, an estimated 57,000 LGBTQ2S+ youth will be subjected to conversion therapy before the age of 18, either by a licensed mental healthcare professional or a religious advisor, if states fail to pass adequate protections. While all LGBTQ2S+ individuals may be at risk of exposure to this treatment, those impacted by family violence, including survivors of domestic violence and survivors of child abuse and neglect, may be especially vulnerable because of the dynamics of power and control in those relationships. Below we highlight some unique considerations for these populations.

¹ See, e.g., the American Psychological Association’s [position statement on conversion therapy](#).

² Caminar Latino-LUPE is committed to being inclusive and seeks to fully reflect and promote the diversity of our communities throughout all our work. When terms such as LGBTQ2S+ are used throughout this paper, the intent is to represent all persons who may identify as Lesbian, Gay, Bisexual, Transgender, Queer, 2-Spirit, Questioning, Gender non-conforming, Non-binary, Intersex, Asexual, Gender Fluid, Sexually fluid, or who identify in other ways outside of heteronormative or cisgender identities, while also acknowledging the shortcomings of these terms.

³ See, e.g., [Conine, Campau, & Petronelli \(2022\)](#); SAMHSA’s (2015) [report on ending conversion therapy](#); and the United Nation’s (2021) [report on conversion therapy](#).

⁴ See, e.g., [Taglienti \(2021\)](#), which discusses the fact that penalties for violating these laws are typically in the form of a small fine.

**CONVERSION “THERAPY”
CAN HAVE ADDITIONAL
IMPACTS ON LGBTQ2S+
INDIVIDUALS WHO ARE
SURVIVORS OF DOMESTIC
VIOLENCE.**



There is a lack of research on the extent to which LGBTQ2S+ survivors of domestic violence have been subjected to conversion “therapy,” either prior to or subsequent to becoming involved in an abusive relationship. Survivors who come out as LGBTQ2S+ while currently in a violent relationship may be coerced by their partner to undergo conversion “therapy,” who may use their identity as justification for the abuse. Unsupportive family and friends might also reinforce this perception that the survivor needs to change.



There is a clear potential for LGBTQ2S+ domestic violence survivors to face unique challenges due to the accumulation of trauma over time.

Conversely, LGBTQ2S+ individuals who are subjected to conversion “therapy” may be at increased risk of subsequently entering into abusive relationships, as the compounding effects of trauma from this treatment and lack of supportive and affirming family relationships may alter their judgement of future relationships. While research in this area is greatly needed, there is a clear potential for survivors to face unique challenges due to the accumulation of trauma over time. Here are a few specific considerations:

- **Reinforcement of Abuse:** Conversion “therapy” can exacerbate the trauma experienced by LGBTQ2S+ survivors of domestic violence. This harmful practice can perpetuate the false belief that their sexual orientation or gender identity is responsible for the violence they endured. As a result, it further invalidates their experiences and diverts attention away from the actual abuse they suffered.

- **Trauma and Mental Health:** Survivors of domestic violence who identify as LGBTQ2S+ already face distinctive challenges, and conversion “therapy” introduces an additional layer of vulnerability. This harmful practice can intensify feelings of powerlessness, fear, and self-blame, making it even more difficult for survivors to seek the help and support they need. Furthermore, survivors of domestic violence often experience trauma and mental health concerns. Conversion “therapy” can compound these issues by increasing feelings of shame, guilt, and internalized homophobia or transphobia, leading to more significant challenges in addressing and overcoming their trauma.
- **Impact on Healing Process:** Conversion “therapy” can hinder the healing process for LGBTQ2S+ survivors of domestic violence. It may complicate their journey toward recovery by introducing conflicting messages about their identity and self-worth, making it harder to rebuild their lives and establish healthy relationships.

It is crucial for survivors of domestic violence, regardless of sexual orientation or gender identity, to have access to comprehensive support services that prioritize their safety and well-being, and that affirm their identities.



Conversion “therapy” can have specific and harmful impacts on LGBTQ2S+ youth in child welfare systems

While concrete data on the extent of conversion “therapy” experienced by LGBTQ2S+ youth in the child welfare system is scarce, there are reasons to suspect its occurrence. This is especially true in states where conversion “therapy” remains legal or is allowed under religious exemption laws within child welfare. Additionally, due to the nature of mental health services provided to children in the child welfare system to address trauma, conversion “therapy” might be disguised or intertwined with other mental health interventions. For instance, foster parents might request therapists to address the child’s sexual orientation or gender identity as part of their treatment, possibly without the case manager’s knowledge. In some cases, foster parents may even seek religious or spiritual advisors to provide such treatment. The limited documentation of specific services received by children and families within state child welfare systems hinders a clear assessment of the prevalence of conversion “therapy,” but the potential for its use is significant. It is essential to consider the following points:

- **Safety Concerns:** LGBTQ2S+ youth in child welfare systems are already vulnerable to discriminatory treatment and abuse; subjecting them to conversion “therapy” further compromises their safety, as it undermines their self-acceptance and can exacerbate feelings of isolation, shame, and stigma.
- **Negative Mental Health Outcomes:** Conversion “therapy” can significantly impact the mental health of LGBTQ2S+ youth in child welfare. It may lead to increased rates of depression, anxiety, self-harm, and suicidality, as these young individuals are subjected to invalidation of their identities and pressured to conform to harmful societal norms.

- **Impaired Identity Development:** Conversion “therapy” interferes with the normal process of identity development in LGBTQ 2S+ youth. It can hinder their ability to explore and understand their authentic selves, as well as embrace their sexual orientation or gender identity. This interference can have long-lasting impacts on their self-esteem, self-acceptance, and overall well-being.
- **Trust and Support:** Participation in conversion “therapy” can erode trust between LGBTQ2S+ youth and child welfare professionals. It creates an environment where their needs, experiences, and identities are not fully recognized or validated, leading to a breakdown in trust and hindering the establishment of a safe and supportive relationship.



Child welfare professionals should prioritize the well-being of LGBTQ2S+ youth by promoting self-acceptance, appropriate mental health support, and safety.

To meet the unique needs of LGBTQ2S+ youth in child welfare, affirming and inclusive practices are essential. Child welfare professionals should prioritize the well-being of LGBTQ2S+ youth by promoting self-acceptance, appropriate mental health support, and safety. Child welfare systems should furthermore foster environments that validate, support, and empower LGBTQ2S+ youth to embrace and express their identities.



NATIONAL CENTER TO ADVANCE PEACE for Children, Youth, and Families

The National Center to Advance Peace for Children, Youth, and Families (NCAP), is a coalition led by Caminar Latino-Latinos United for Peace and Equity and includes Ujima: National Center on Violence Against Women in the Black Community, the Alaska Native Women's Resource Center, the National Indigenous Women's Resource Center, and Futures Without Violence.



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