



**OUTRIGHT
INTERNATIONAL**

Toolkit for Mental Health Providers

Working With Survivors of Conversion Practices in Africa

September 2025



Outright International works together for better LGBTIQ lives.

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Founded in 1990, with staff in over a dozen countries, Outright works with the United Nations, regional human rights monitoring bodies, governments, humanitarian and development institutions, and civil society partners. Outright holds consultative status at the United Nations, where it serves as the secretariat of the UN LGBTI Core Group.

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Executive Summary

The **Toolkit for Mental Health Providers Working With Survivors of Conversion Practices in Africa** is a resource designed to equip practitioners with the knowledge, frameworks, and tools to provide affirming, trauma-informed care. Grounded in the cultural, historical, and systemic realities of the African context, this toolkit bridges the gap between theory and practice, empowering providers to support survivors of conversion practices in ways that are sensitive, effective, and ethical.

PURPOSE AND SCOPE

This toolkit seeks to address the long-term harm caused by conversion practices, which attempt to suppress or alter an individual's sexual orientation, gender identity, or gender expression. Survivors often face enduring psychological, emotional, and social challenges, compounded by systemic stigma and societal rejection. This resource enables providers to navigate these complexities and deliver survivor-centered care that promotes healing and empowerment.

The toolkit provides mental health providers with:

- Clarity on terminology and concepts to ensure accurate, respectful, and affirming communication when working with LGBTIQ individuals. This includes an understanding of sexual and gender diversity contextualized within African cultural and historical frameworks
- A foundation in the cultural, historical, and systemic forces that shape LGBTIQ experiences in Africa, including the legacies of colonialism, religious stigma, and systemic discrimination
- Insights into the lived realities, pathways, and needs of survivors of conversion practices, highlighting both the harm they endure and their capacity for resilience
- Practical strategies for creating safe, affirming, and empowering therapeutic relationships tailored to survivors' unique needs
- Tools and resources to support providers' self-care, reflective practice, and professional ethics, recognizing the emotional demands of this work

KEY OBJECTIVES

The toolkit aims to:

1. Equip mental health providers with the contextual knowledge needed to offer culturally responsive, affirming care in African settings
2. Deepen understanding of survivors' experiences, needs, and recovery pathways to guide survivor-centered interventions
3. Introduce evidence-based frameworks, including affirmative practice and trauma-informed care, to create safe, ethical therapeutic environments
4. Offer adaptable tools and guidelines that address survivors' unique challenges while supporting providers in maintaining their own well-being

Glossary of Terms

Agender: Someone who does not identify with any specific gender.

Anti-Gender Movements: Transnational networks composed of diverse actors that oppose “gender ideology,” which they use as a blanket term for social, political, and cultural developments that they perceive as threats to cisheteronormative structures, such as gender-affirming care, marriage equality, and sexual and reproductive justice.

Asexual: Often describes people who experience little to no sexual attraction.

Bisexual: Often refers to people who are attracted to women and men and/or to people who are attracted to more than one gender.

Cisgender: Denoting or relating to a person whose sense of personal identity and gender corresponds with their sex assigned at birth.

Cisheteronormativity: A pervasive belief system that centers and naturalizes heterosexuality and the gender binary to the extent that it is assumed that the only two “normal” ways of being are cisgender, heterosexual, masculine men, and cisgender, heterosexual, feminine women.

Cisnormativity: A pervasive belief system based on the assumption that every person’s gender identity aligns with the sex they were assigned at birth and that those whose gender identities do not align with their sex assigned at birth are “abnormal.”

Conversion Practices: Practices intended to suppress or change a person’s sexual orientation, gender identity, or gender expression based on cisgender, heteronormative indoctrination and/or the incorrect assumption that such persons’ orientation, identity, or expression is not normal. Conversion practices are more often referred to as “conversion therapy,” a term that incorrectly suggests that treatment is needed for a disorder and that people can be converted to cisgender heterosexuality through such “treatment.”

Endosex: A person who was born with sex characteristics that fit typical binary notions or social expectations of female or male bodies (e.g., non-intersex). An endosex person may identify with any gender identity and any sexual orientation.

Gay: A synonym for homosexual in many parts of the world. In this report, gay is used specifically to refer to the sexual orientation of a man whose primary sexual and/or romantic attraction is toward other men.

Gender: The social and cultural codes (linked to but not congruent with ideas about biological sex) used to distinguish between society's conceptions of "femininity" and "masculinity."

Gender-Affirming Health Care: Health care that may involve psychological, behavioral, medical, and surgical interventions aimed at positively acknowledging an individual's gender identity when it is not in alignment with the assigned sex or gender at birth. Gender-affirming health care is used interchangeably with "trans-affirming health care" or "trans-specific health care." It refers to a broad range of physical and mental health services, including but not limited to hormone therapy, voice therapy, surgeries, and puberty blockers.¹

Gender-Based Violence: Any type of violence that is perpetrated against a person or group of people because of their actual or perceived sex, gender, gender expression, sexual orientation, sex characteristics, or any perceived violation of gender norms.

Gender Expression: How we express our gender through actions and appearance, including attire, speech, and movement. Gender expression is on a spectrum. It can align with social constructs of what it means to be feminine, masculine, androgynous, or any combination thereof. It can also be fluid. For a lot of people, their gender expression aligns with characteristics that society deems to be appropriate for their gender or sex assigned at birth. For other people, it does not. A person's gender expression is not always linked to the person's biological sex, gender identity, or sexual orientation.

Gender Identity: A person's internal, deeply felt sense of being a woman or girl, man or boy, a combination of these, neither, nor something else.

Gender Nonconforming: Behaving or appearing in ways that do not fully conform to social expectations based on one's assigned sex.

Gender Persecution: The crime against humanity of persecution on the grounds of gender, under article 7(l)(h) of the Rome Statute.² Gender persecution is committed against persons because of sex characteristics and/or because of the social constructs and criteria used to define gender.

Genderfluid: Speaks to an experience of gender that is not fixed as one gender or another.

Heteronormativity: A pervasive belief system that centers and naturalizes heterosexuality to the extent that it is assumed that the only two "normal" ways of being are heterosexual men and heterosexual women.

Heterosexual: The sexual orientation of a person whose primary sexual and/or romantic attraction is toward men, if they are women, and toward women, if they are men.

¹ E. Coleman et al., "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8," *International Journal of Transgender Health* 23, no. sup1 (2022): S1–259, <https://doi.org/10.1080/26895269.2022.2100644>.

² Rome Statute of the International Criminal Court, A/CONF.183/9, 17 July 1998, entered into force 1 July 2002, <https://www.icc-cpi.int/sites/default/files/RS-Eng.pdf>.

Homophobia: Fear of, contempt of, and/or discrimination against homosexuals or homosexuality, usually based on negative stereotypes of homosexuality. Homophobia can be both individual and institutional. Entrenched damaging opinions about same-sex attraction may influence the enactment of discriminatory laws and policies and how individuals, the government, organizations, the media, and society in general behave towards people perceived as lesbian, gay, bisexual, or queer.

Homosexual: The sexual orientation of a person whose primary sexual and/or romantic attractions are toward people of the same sex.

Intersex: An umbrella term that refers to a range of traits and conditions that cause individuals to be born with chromosomes, gonads, and/or genitals that vary from what is considered typical for female or male bodies.

Intersexphobia: Fear of, contempt of, or discrimination against persons with biological traits and sex characteristics that are regarded as not within the typical notions of female and male bodies. Intersex phobia, also known as interphobia, often manifests as violence and discrimination, including intersex genital mutilation.

Intersex Genital Mutilation: Medically unnecessary and invasive surgeries and treatments carried out on young intersex people, including babies, to achieve conformity with what medical professionals or society view as typical female or male bodies.

LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer): An inclusive term used to categorize people whose identities or bodies do not meet cultural expectations of endosex, cisgender heteronormativity. Outright uses the term LGBTIQ as an umbrella term that includes people who may not themselves identify as lesbian, gay, bisexual, transgender, intersex, or queer.

Men Who Have Sex With Men (MSM)/ Women Who Have Sex With Women (WSW):

Describes those who engage in sexual behavior with persons of the same sex but may not identify as lesbian, gay, bisexual, queer, or any other identity-based term.

Nonbinary: Describes the gender identity of someone who does not identify exclusively as a woman or girl or as a man or boy. This term is sometimes used interchangeably with the term “genderqueer.”

Pansexual: Describes people who are attracted to people irrespective of gender.

Queer: An inclusive umbrella term covering multiple identities, sometimes used interchangeably with “LGBTIQ.” It is also used to describe divergence from heterosexual and cisgender norms without specifying new identity categories.

Sex Assigned at Birth: Classification of bodies at the time of birth as female, male, or other, based on factors such as external sex organs, internal sexual and reproductive organs, hormones, and chromosomes. Most individuals are “assigned female at birth” or “assigned male at birth.” Typically, the sex assigned at birth is recorded on a person’s birth certificate and some official identification documents. A person’s sex assigned at birth may or may not match their gender identity.

Sexual and Gender Minorities: A category of individuals whose sexual orientation, gender identity and expression, or sex characteristics differ from those in most of the population.

Sexual Orientation: The sexual, romantic, and emotional attraction that one has the capacity to feel for others. An individual's sexual orientation is indicated by one or more of the following: how a person self-identifies their sexual orientation, a person's capacity for experiencing sexual and/or affectional attraction to people of the same and/or different gender, and/or a person's sexual behavior with people of the same and/or different gender.

Sexual Violence: Any sexual act, attempt to obtain a sexual act, or act directed against a person's sexuality using coercion by any person, regardless of their relationship to the victim, in any setting.

Transgender: Describes people whose sex assigned at birth does not conform to their gender identity. A transgender person usually adopts, or would prefer to adopt, a gender expression in accordance with their gender identity but may or may not desire to alter their physical characteristics to conform to their gender identity.

Transgender Men: People designated female at birth but who identify and may present themselves as men. Transgender men are generally referred to with male pronouns.

Transgender Women: People designated male at birth but who identify and may present themselves as women. Transgender women are generally referred to with female pronouns.

Transphobia: Fear of, contempt of, and/or discrimination against transgender, nonbinary, or gender nonconforming people, usually based on negative stereotypes. Transphobia can be both individual and institutional: entrenched damaging opinions about transgender identities may influence the enactment of discriminatory laws and policies and how individuals, the government, organizations, the media, and society in general behave toward people whose identities do not conform to mainstream gender roles.

Orientation: Navigating The Toolkit

This toolkit is a flexible, survivor-centered resource designed to support mental health providers working with survivors of conversion practices. It is structured to guide providers through the theoretical, contextual, and practical aspects of affirming and trauma-informed care. Each section builds on the last, offering a comprehensive foundation while allowing practitioners to adapt the content to the survivor's specific needs or their own development as a provider.

The toolkit is divided into four main sections, each serving a distinct purpose, and includes appendices with practical tools and resources to support implementation.

Below is an overview of each section and suggestions of how it can be used.

SECTION A: CONVERSION PRACTICES AND SEXUAL AND GENDER DIVERSITY

This section provides the foundational knowledge needed to understand the systemic, historical, and cultural forces LGBTIQ identities, particularly in African contexts. It explores the legacies of colonialism, religious stigma, and medical pathologization, and introduces key concepts such as sexual orientation, gender identity, and variations in sex characteristics. It also provides an overview of conversion practices, including their forms, impacts, and the broader systems that sustain them.

This section is ideal for grounding yourself in the cultural and systemic context of conversion practices. Begin here if you are unfamiliar with the broader social, historical, and theoretical frameworks that influence LGBTIQ experiences. This section offers essential context for understanding survivors' journeys and informs the affirmative, trauma-informed principles that underpin the entire toolkit.

SECTION B: UNDERSTANDING THE CONVERSION PRACTICES SURVIVOR

Focusing on survivors, this section explores their lived realities, challenges, and unique needs. It examines who survivors are, the pathways into conversion practices, the intersecting factors that shape their experiences, and the enduring impacts of these harmful interventions. This section also outlines the specific therapeutic needs that form the basis for the guidelines presented later in the toolkit.

Use this section to deepen your understanding of survivors' experiences and the systemic, cultural, and personal challenges they face. This section provides a theoretical framework for survivor-centered care and is particularly helpful when beginning work with a survivor or tailoring your approach to their unique context.

SECTION C: FOUNDATIONS FOR AFFIRMING AND TRAUMA-INFORMED CARE

This section introduces the guiding principles of affirmative practice and trauma-informed care, which form the foundation for effective therapeutic interventions. It bridges the theoretical insights from Sections A and B with practical approaches, equipping providers to engage in care that prioritizes safety, autonomy, and empowerment.

Refer to this section to align your practice with evidence-based principles of care. It is particularly useful when refining your therapeutic approach, addressing complex survivor needs, or seeking practical strategies to create safe, affirming spaces for survivors.

SECTION D: TOOLKIT

This section offers a set of 16 guidelines tailored to the unique needs of survivors and the ethical responsibilities of providers. These guidelines focus on topics such as fostering safety, rebuilding trust, addressing trauma, and supporting resilience while also emphasizing provider self-care and reflective practice.

Engage with the guidelines flexibly, focusing on the area's most relevant to the survivor's needs or your own professional development. Each guideline is designed to function as a standalone resource, enabling you to adapt the toolkit to the specific challenges you face in practice.

ACTIVITIES: PRACTICAL TOOLS AND RESOURCES

The guidelines contain activities that consist of worksheets, guided exercises, and additional resources that correspond to the toolkit's guidelines. These tools are designed to support both survivors and providers in implementing trauma-informed and affirming care. Some activities are applicable to more than one guideline.

Use the activities as needed to supplement your practice. These resources can be incorporated into therapeutic sessions or provided to survivors for use outside of therapy. They are flexible and can be adapted to suit different contexts and needs.

ICONS

Throughout the toolkit, we make use of the following icons:



Notes:
information to be noted



Resources:
some of the resources available for use in that particular section



Importance:
why a specific guideline is important to survivors



Checklist:
activities or things to consider



Provider consideration:
something for the provider to consider



Guided exercise:
exercises a provider can utilize with a survivor

NAVIGATING THE TOOLKIT: TIPS FOR PROVIDERS

Start where it is most relevant: You do not need to work through the toolkit sequentially. Begin with the section, guideline, or resource that best aligns with your current needs or the survivor's immediate challenges.

Revisit sections as needed: Recovery is not linear, and neither is this toolkit. Return to sections or guidelines as the survivor's needs evolve or as you refine your practice.

Engage holistically: While each section and guideline can stand alone, they are interconnected. Consider how insights from one part of the toolkit can inform your approach in others.

Expect intentional repetition: Some key concepts appear across multiple sections, often with slight adaptations to fit the specific context. This intentional repetition ensures that each section functions as a standalone resource while maintaining alignment with the broader framework. Where relevant, cross-references are provided to help you navigate related content efficiently.

Utilize the activities: Practical tools and resources are included throughout the toolkit to simplify implementation. Adapt these materials to fit your therapeutic style and the survivor's unique context.

Keep the frameworks in mind: The principles introduced in sections A and C provide the foundation for all work with survivors. Use these principals as a guide to ensure your practice remains ethical, affirming, and trauma informed.

Adapt to your context: While the toolkit provides broad guidance, each survivor's experience is shaped by cultural, religious, familial, and systemic factors. Modify the approaches as needed to ensure relevance within your local or professional context.

Prioritize survivor autonomy: Survivors of conversion practices often have decisions about their identity and healing taken from them. Encourage choice, flexibility, and self-determination in how survivors engage with recovery processes.

Be mindful of secondary trauma: Working with survivors requires emotional awareness and resilience. Regular self-reflection, supervision, and self-care can help providers sustain their capacity to offer trauma-informed and affirming support.

Use this toolkit as a living resource: As new research, survivor perspectives, and best practices emerge, consider integrating new insights, approaches, and local resources alongside this toolkit's guidance.

SECTION A: CONVERSION PRACTICES AND SEXUAL AND GENDER DIVERSITY

Mental health providers play a vital role in delivering affirming and transformative care to LGBTIQ individuals, particularly survivors of conversion practices. This work requires more than a basic understanding of gender and sexual diversity—it demands an active engagement with the cultural, historical, and systemic forces that shape the experiences of LGBTIQ individuals in Africa. Survivors of conversion practices often face layered trauma, compounded by stigma, discrimination, and coercive interventions, sometimes considered to be for their benefit.

This chapter provides a foundational orientation to support providers in delivering culturally sensitive and trauma-informed care. It covers four key areas:

1. **LGBTIQ Concepts: A Practical Primer in the African Context**—An overview of sexual orientation, gender identity, gender expression, and intersex variations, with a focus on their cultural and historical contexts in Africa
2. **Criminalization and Pathologization**—An exploration of how colonial and medical frameworks have historically pathologized LGBTIQ identities, perpetuating harmful practices
3. **Minority Stress**—Insights into the chronic stressors faced by LGBTIQ individuals, including stigma, discrimination, and systemic exclusion, and their mental health impacts
4. **Conversion Practices: A Brief Overview**—A summary of the history, forms, and impacts of conversion practices, equipping providers to recognize and address their harm

By understanding these interconnected areas, providers will be better equipped to foster affirming spaces that empower survivors, challenge harmful systems, and support healing and resilience. This chapter sets the stage for the practical tools and exercises offered throughout the toolkit, encouraging reflection, humility, and a commitment to respectful, affirming care.

LGBTIQ CONCEPTS: A PRACTICAL PRIMER IN THE AFRICAN CONTEXT

Understanding LGBTIQ identities is vital for mental health providers in Africa, where these identities are shaped by diverse cultural, historical, and social influences. Global terms like “homosexual” and “transgender” often take on locally nuanced meanings, informed by indigenous traditions and contemporary dynamics. Historically, colonial perspectives stigmatized African sexualities, misrepresenting them through Western moral frameworks. Today, African scholars and activists are reclaiming and redefining these narratives, blending local and global concepts to reflect authentically African identities. By grasping these complexities, providers can offer culturally sensitive, affirming care that respects the lived experiences of their clients.

Understanding Sexuality and Gender

Before exploring specific LGBTIQ identities and terms, it is important to grasp the fundamental concepts of sexuality and gender. This section provides an overview of these concepts, highlighting their distinctions and intersections to build a foundation for affirming and competent practice.

Sexuality

Sexuality is a central aspect of being human and encompasses sex, sexual orientation, eroticism, pleasure, intimacy, and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

Sexual orientation refers to a person's enduring physical, romantic, and/or emotional attraction to others. It is about whom we are attracted to and wish to form relationships with. Sexual orientation is a spectrum and includes identities such as:

- **Heterosexual:** Attraction to individuals of an “opposite” gender³
- **Homosexual:** Attraction to individuals of the same gender
- **Bisexual:** Attraction to the same and “opposite” gender
- **Pansexual:** Attraction to people regardless of their gender identity
- **Asexual:** Experiencing little or no sexual attraction to others

Attraction is multifaceted and can manifest in different ways beyond sexual desire. People may experience one or multiple types of attraction, and these forms do not always overlap. Understanding these distinctions is essential for recognizing the diverse ways individuals form relationships and connections.

³ Heterosexual, homosexual, and bisexual orientations rely on a binary understanding of sex and gender. This toolkit acknowledges that both binary and spectrum-based understandings of these phenomena coexist.

Types of Attraction

Table 1: Types of Attraction

Type	Definition	Common Expressions	Can Exist Without Romantic Attraction?	Can Exist Without Sexual Attraction?
Romantic Attraction	Desire for a romantic relationship or partnership with someone May involve longing, infatuation, or a wish to share a deep romantic bond	Dating, romantic gestures (e.g., love letters, anniversaries), wanting to be seen as a romantic partner	x By definition, romantic attraction includes romance	✓ Some asexual people experience romantic attraction (e.g., romantic asexual people)
Sexual Attraction	Desire to engage in sexual activity with someone based on physical or emotional appeal	Sexual fantasies, physical desire, arousal in response to someone's appearance or energy	✓ Many experiences sexual attraction without romantic attraction (e.g., casual sexual relationships, aromantic sexual people)	x By definition, sexual attraction involves sexual desire
Emotional Attraction	Desire to form a deep emotional bond built on trust, vulnerability, and connection Can exist in friendships, mentorships, or committed non-romantic partnerships	Strong platonic bonds, queerplatonic relationships (QPRs), deep conversations, shared emotional support	✓ Many people experience emotional attraction outside of romance (e.g., close friendships, QPRs, familial relationships)	✓ Emotional attraction is independent of sexual attraction
Aesthetic Attraction	Appreciation of someone's physical appearance or presentation without a desire for romance or sex	Admiring someone's beauty, style, voice, or aura without wanting a relationship	✓ Aesthetic attraction is separate from romantic attraction	✓ Many people appreciate physical beauty without experiencing sexual attraction

While individuals may come to understand, express, or navigate their sexuality differently over time, sexuality itself is not something that can be voluntarily changed or imposed upon a person. Acknowledging this helps dispel misconceptions that could justify attempts to alter it—attempts that are not only ineffective but cause significant psychological harm.

Sexuality is a complex phenomenon that is shaped by biological, psychological, and social factors. While some individuals experience sexual orientation as stable and enduring, others may experience fluidity in their attractions over time due to personal growth, relational experiences, cultural contexts, or changing self-awareness. This fluidity does not make sexuality a choice; rather, it reflects the dynamic ways in which people experience attraction and connection throughout their lives.

For example, some people may realize they are attracted to more than one gender after exploring their feelings more deeply. Others may find that past experiences influence how they form relationships later in life. All experiences of sexuality—whether fluid or consistent—are valid and should not be subject to change efforts or pathologization.

Sexuality is understood differently across cultures. In some African communities, same-sex relationships are deeply embedded in family and social life, rather than existing as strictly individual identity markers. For instance, in Akan communities of Ghana, the term **mpena twee**, loosely translated as “female friend who pulls” or “female lover,” describes intimate relationships between women that are integrated into familial and social responsibilities.⁴ These relationships may provide emotional support, practical assistance, and reinforce kinship ties, rather than be defined solely by romantic or sexual attraction in a Western sense.

Rather than categorizing experiences like *mpena twee* as “sexual orientation”—which is a Western identity construct—it is more accurate to understand them as part of the diverse ways in which sexuality is socially and culturally expressed. This does not make these experiences any less valid or legitimate than identity-based sexual orientations; rather, they demonstrate the rich, varied, and often communal ways that attraction and intimacy manifest across cultures.

This understanding reinforces the need for an affirmative and context-sensitive approach to LGBTIQ experiences—one that recognizes both the deeply personal and socially embedded nature of sexuality while rejecting harmful interventions that attempt to “correct” or suppress it.

Gender

Gender is a social and cultural construct that defines roles, behaviors, activities, and attributes considered appropriate by society, often framed within a binary understanding of “man” and “woman.” This binary perspective can overlook or exclude the rich diversity of gender identities and expressions that exist beyond these categories. Challenging this binary and essentialist view of gender recognizes that gender is not inherently tied to one’s anatomy or assigned status at birth but is a personal and dynamic aspect of identity. Understanding gender in this way allows individuals to express themselves authentically and frees them from restrictive societal expectations.

⁴ Serena Dankwa, *Knowing Women: Same-Sex Intimacy, Gender, and Identity in Postcolonial Ghana* (Cambridge University Press, 2021).

The **gender binary** refers to a societal framework or belief system that classifies gender into two distinct and opposite categories: male and female. This binary approach assumes that gender is fixed, biologically determined by sex assigned at birth, and directly aligned with socially constructed roles and expectations of masculinity and femininity.

The gender binary excludes or marginalizes individuals whose identities, expressions, or experiences do not fit neatly within these two categories, such as nonbinary, genderqueer, or genderfluid people. It also disregards the diversity of gender systems that have existed historically and culturally in various societies, many of which recognize more fluid or multiple gender identities.

Table 2. Understanding Gender

Concept	Definition	Key Points
Gender Identity	A person's deeply felt internal sense of their own gender, which may or may not align with the sex they were assigned at birth	Intrinsic and may not be visible to others Can be man, woman, both, neither, nor another gender entirely
Cisgender	Individuals whose gender identity aligns with the sex they were assigned at birth	Example: Someone assigned female at birth (AFAB) who identifies as a woman
Transgender	Individuals whose gender identity does not align with the sex they were assigned at birth	Example: Someone assigned male at birth (AMAB) who identifies as a woman Can include binary trans people (men/women) and nonbinary trans people
Nonbinary / Genderqueer	Individuals who do not exclusively identify as a man or woman May identify as both, somewhere in between, or outside these categories	Some use terms like genderfluid, agender, bigender Not all non-binary people identify as transgender
Gender Expression	How a person outwardly presents their gender through clothing, hairstyle, behavior, voice, or body characteristics	Can be masculine, feminine, androgynous, or fluid Does not always match gender identity or sexual orientation

Masculine	Traits, behaviors, or expressions traditionally associated with men	Can be expressed by people of any gender
Feminine	Traits, behaviors, or expressions traditionally associated with women	Can be expressed by people of any gender
Androgynous	A gender expression that blends or incorporates elements of both masculinity and femininity	Often perceived as gender-neutral or ambiguous
Gender Roles	Societal expectations about how people should behave, think, or feel based on their assigned gender	Influenced by culture, religion, and family Can be restrictive and reinforce gender norms



It is important to note that a person's gender expression may not align with their gender identity or sexual orientation.

For example, a heterosexual, cisgender woman might express herself in a masculine way, but that does not mean she is nonbinary, transgender, or lesbian.

Gender roles are the expectations imposed by society about how individuals should think, act, and feel based on their assigned gender. These roles can dictate acceptable behaviors and opportunities and are often reinforced by cultural, religious, and familial norms.

Many African cultures have long recognized the diversity of gender roles and expressions that exist outside this binary. For example, the **gor-djigeen** (man-woman) in Senegal and **female husbands** in Igbo culture reflect societies that embrace gender diversity, where individuals can take on roles that do not necessarily correspond to their sex assigned at birth.⁵ These cultural practices show that for the diverse societies in Africa, gender identity and expression have been historically more flexible than Western binary understandings of gender.

Another example is the **yan daudu** in Northern Nigeria, who are men that take on roles usually associated with women.⁶ These identities may not map directly onto the Western concept of being transgender, but they reflect the broader cultural acknowledgment of gender fluidity.

⁵ Amadiume, 1987; Marc Epprecht, "Forward," in *Boy-Wives and Female Husbands: Studies in African Homosexualities*, ed. Stephen O. Murray and Will Roscoe (State University of New York Press, 2021).

⁶ Rabi Madaki, "The 'Yan Daudu' Dilemma: Navigating a Pre-Islamic Queer Identity in the Modern World," *Minority Africa*, 29 June 2024, <https://minorityafrica.org/the-yan-daudu-dilemma-navigating-a-pre-islamic-queer-identity-in-the-modern-world>.

Distinctions and Overlaps Between Sexuality and Gender

While sexuality and gender are interconnected aspects of human identity, they refer to different concepts:

- Sexuality is about who you are attracted to sexually and romantically.
- Gender identity is about your own personal sense of being a man, a woman, both, neither, nor another gender altogether.

Key distinctions:

- An individual's sexual orientation does not determine their gender identity, and vice versa. For example, a transgender man (someone assigned female at birth who identifies as a man) may be attracted to men, women, both, or neither.
- Gender expression is not indicative of a person's sexual orientation. A person may express themselves in ways that are traditionally masculine, feminine, or androgynous regardless of whom they are attracted to.

Areas of overlap:

- Both sexuality and gender are fundamental to an individual's identity and can influence their experiences, relationships, and how they interact with the world.
- Societal expectations and norms about gender and sexuality can impact how individuals express themselves and how they are perceived by others.
- Discrimination or misunderstanding related to either sexuality or gender can lead to similar challenges, such as stigma, marginalization, and mental health concerns.

Understanding the distinctions and overlaps between sexuality and gender is essential for mental health providers:

- **For affirming care:** Recognizing and respecting each client's unique experiences with their sexuality and gender identity promotes a supportive therapeutic environment.
- **For avoiding assumptions:** Providers should avoid making assumptions about a client's sexual orientation based on their gender identity or expression, and vice versa.
- **For addressing intersectionality:** Many individuals experience intersectionality, where multiple aspects of their identity (such as race, culture, sexuality, and gender) intersect, affecting their experiences and needs.

VARIATIONS IN SEX CHARACTERISTICS AND INTERSEX IDENTITIES

Variations in sex characteristics (VSC), often referred to as intersex, describe physical differences in chromosomes, gonads, or genitalia that do not align with conventional definitions of male or female. Historically, African communities held diverse attitudes toward intersex individuals. In some societies, intersex people were integrated into community life and, in certain cases, viewed as possessing unique spiritual or cultural roles. However, in other

contexts, traditional beliefs framed intersex traits as unnatural, leading to marginalization or harmful practices such as infanticide or abandonment.⁷

The colonial era institutionalized the pathologization of intersex bodies, introducing terms like “hermaphrodite” and framing intersex variations as abnormalities requiring medical intervention. These frameworks not only reinforced rigid sex and gender binaries but also legitimized invasive and non-consensual medical procedures aimed at “normalizing” intersex traits. These colonial legacies continue to shape contemporary attitudes, particularly in healthcare and legal systems, where intersex individuals often face systemic discrimination.⁸

Today, stigma persists in many African societies, where intersex individuals may be subjected to abandonment or medical interventions without informed consent. Activists and scholars are increasingly advocating for the recognition of intersex rights, emphasizing the need to protect bodily autonomy, end harmful practices, and ensure legal protections. This advocacy challenges the lingering colonial and traditional frameworks, calling for an approach that respects intersex individuals as part of human diversity.⁹

Today, terms like VSC are being adopted as more inclusive alternatives to pathologizing terms, allowing for a more respectful approach to intersex identities. Mental health providers must be aware of these historical and ongoing stigmas and use non-pathologizing language that affirms clients’ bodily autonomy.

It is important to note that intersex individuals can also have different sexual orientations and gender identities.

WHAT IS LGBTIQ?

The acronym **LGBTIQ** stands for **lesbian, gay, bisexual, transgender, intersex**, and **queer** individuals. Each part of the acronym represents a specific set of identities and experiences:

- **Lesbian** refers to women who are attracted to other women. This is applicable to both transgender and cisgender women.
- **Gay** generally refers to (transgender and cisgender) men who are attracted to other (transgender and cisgender) men but is also used broadly to describe same-sex attraction.
- **Bisexual** describes people who are attracted to two genders, traditionally thought of as both men and women.
- **Transgender** refers to individuals whose gender identity differs from the sex they were assigned at birth.
- **Intersex** refers to individuals whose physical sex characteristics (such as chromosomes, hormones, or genitalia) do not fit typical binary notions of male or female bodies.

⁷ Amanda Swarr, *Envisioning African Intersex: Challenging Colonial and Racist Legacies in South African Medicine* (Duke University Press, 2023); Switbert Rwechungura Kamazima, “Intersexuality: The Role of Political Elite in Recognizing, Respecting, Protecting and Affirming Persons Born with Intersex Variations’ Human and Citizenship Rights in Tanzania,” *EAS Journal of Humanities and Cultural Studies* 5, no. 5 (2023): 250–64, <https://doi.org/10.36349/easjhcs.2023.v05i05.005>.

⁸ Morgan Carpenter, “The OHCHR Background Note on Human Rights Violations against Intersex People,” *Sexual and Reproductive Health Matters* 28, no. 1 (2020): 1–4, <https://doi.org/10.1080/26410397.2020.1731298>; Kevin G. Behrens, “A Principled Ethical Approach to Intersex Paediatric Surgeries,” *BMC Medical Ethics* 21, no. 1 (2020), <https://doi.org/10.1186/s12910-020-00550-x>; Swarr, *Envisioning African Intersex*.

⁹ Behrens, “A Principled Ethical Approach to Intersex Paediatric Surgeries,” Carpenter, “The OHCHR Background Note on Human Rights Violations against Intersex People,” Kamazima, “Intersexuality.”

- **Queer** is an umbrella term used by some to describe identities that challenge gender and sexuality norms. It embraces fluidity and can be a reclaimed term of empowerment.

While these terms are widely recognized in global LGBTIQ discourse, their relevance and usage in African contexts often reflect the unique cultural, historical, and social landscapes of the continent. As such, global definitions may not always align with local experiences, as African LGBTIQ individuals often navigate intersecting influences of tradition, community expectations, and contemporary understandings of gender and sexuality. Local expressions and identities frequently complement or reinterpret global terminology to better fit personal and communal realities.



The Tshisimani Centre for Activist Education's *Pocket Queerpedia*

The Desmond Tutu Health Foundation's *SOGIE Universe*

The *Gender Unicorn* by the Trans Student Educational Resources

Appendix 2: Language Matters

See MJ Barker on *Gender and Sexuality*

Given the diversity of terminology and understanding across cultures, we will use “sexually and gender-diverse people” and “LGBTIQ people” interchangeably as umbrella terms to encompass everyone and reflect the full spectrum of sexual and gender diversity, identities, and experiences discussed in this toolkit.

For mental health providers, it is vital to recognize how African LGBTIQ individuals adapt and redefine these terms to reflect their lived experiences. Sensitivity to this process of identity formation enables providers to communicate more effectively and offer support that resonates with clients' cultural contexts.

CRIMINALIZATION AND PATHOLOGIZATION

LGBTIQ identities in Africa have evolved within a complex framework shaped by indigenous practices, colonial disruptions, and modern religious and political influences. While the continent's vast cultural diversity makes it difficult to generalize historical attitudes toward gender and sexual diversity, colonialism undeniably introduced legal systems that criminalized these identities and framed them as immoral, institutionalizing discrimination and leaving a legacy of stigma that persists today.

These legal frameworks were reinforced by medical and psychiatric systems that pathologized sexual and gender diversity, categorizing it as a mental illness requiring correction. Religious ideologies further entrenched this stigma, often portraying LGBTIQ identities as moral failings or spiritual deviance.

The rise of human rights frameworks, decolonial movements, and efforts to re-indigenize knowledge have begun to shift attitudes. Advocacy, increased visibility, and the work of African scholars and activists are reclaiming and redefining indigenous perspectives on gender and sexuality.

These efforts challenge pathologization, highlight the dignity and autonomy of LGBTIQ individuals, and foster inclusive, culturally affirming understandings of sexual and gender diversity.

Despite this progress, the legacies of colonialism, pathologization, and religious stigma continue to contribute to systemic discrimination and social exclusion.



See **Appendix 1: The Historical and Social Context of Sexual and Gender Diversity in Africa** for further discussion on the historical and social context of sexual and gender diversity in Africa

LEGACY OF PATHOLOGIZATION

LGBTIQ identities have long been subjected to medicalization and pathologization, processes that treat non-heteronormative sexual orientations and gender identities as medical disorders that need correction or intervention. This legacy is deeply ingrained in the history of psychiatry and medicine and continues to affect contemporary understandings of LGBTIQ identities, especially in African contexts. The pathologization of these identities has been used to justify harmful practices like so-called conversion therapy and other forms of “reparative” treatments—a link that has been documented globally, including in Outright International’s 2019 report on the reach and rationale of such practices.¹⁰ This section explores the historical and modern-day pathologization of LGBTIQ identities and its impact in the African context.

The pathologization of LGBTIQ people dates back to the 19th century when same-sex attraction and gender nonconformity were classified as mental disorders in Western medical frameworks. The first edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in 1952 listed homosexuality as a mental illness, marking a significant moment in the medicalization of LGBTIQ identities.¹¹ This pathologization was rooted in the colonial mindset that viewed non-heteronormative sexualities and gender identities as abnormal or deviant.

MODERN-DAY PATHOLOGIZATION

Although the medical and psychiatric fields have evolved, elements of pathologization still persist. For example, the *DSM-5*, while no longer labelling homosexuality as a disorder, continues to use terms such as “gender dysphoria” to describe the distress that some transgender individuals may experience when their gender identity differs from their sex assigned at birth.¹² While the focus is now on the distress, rather than the identity itself, this term continues to pathologize gender diversity by framing it as a medical condition that requires intervention.

¹⁰ Outright International, *Harmful Treatment: Global Reach of So-Called Conversion Therapy*, 2019, <https://outrightinternational.org/our-work/human-rights-research/global-reach-so-called-conversion-therapy>.

¹¹ Jack Drescher, “Out of DSM: Depathologizing Homosexuality,” *Behavioral Science* 5, no. 4 (2015), 565–575, <https://doi.org/10.3390/bs5040565>.

¹² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. (American Psychiatric Publishing, 2023), <https://doi/book/10.1176/appi.books.9780890425596>; Michael B. First et al., “DSM-5-TR: Overview of What’s New and What’s Changed,” *World Psychiatry* 21, no. 2 (2022): 218–19, <https://doi.org/10.1002/wps.20989>.

The World Health Organization's *International Classification of Diseases (ICD-11)* made significant strides by declassifying gender incongruence as a mental health disorder, instead categorizing it under "conditions related to sexual health."¹³ However, the use of medicalized terms such as "gender dysphoria" still implies that non-binary and transgender identities are deviations from the norm, even in more affirming frameworks. This continues to influence how gender-diverse individuals are perceived and treated by medical professionals, and by society at large.

While some countries in Africa are beginning to decriminalize same-sex relationships and recognize gender diversity, many still view these identities through a pathologizing lens.¹⁴ For instance, in countries where homosexuality is criminalized, LGBTIQ individuals are often subjected to psychiatric evaluations that pathologize their identities, leading to practices that mirror colonial-era treatments. This continuation of pathologization in modern times is a barrier to accessing affirming care and contributes to the ongoing stigma faced by LGBTIQ individuals in many African nations. As the Outright report on healthcare ethics in Africa highlights, these practices are often legitimized through outdated medical frameworks and are sometimes carried out within health systems under the guise of treatment or care.¹⁵

¹³ World Health Organization (WHO), *International Statistical Classification of Diseases and Related Health Problems*, 10th rev., 1992, <https://books.google.co.za/books?id=DFM0DgAAQBAJ>.

¹⁴ Ezra Chitando and Pauline Mateveke, "Africanizing the Discourse on Homosexuality: Challenges and Prospects," *Critical African Studies* 9, no. 1 (2017): 124–40, <https://doi.org/10.1080/21681392.2017.1285243>.

¹⁵ Outright, *Health Ethics and the Eradication of Conversion Practices in Africa*, 2024, [https://outrightinternational.org/sites/default/files/2024-05/042524_African%20CP%20Mental%20Health%20Practitioner%20\(1\).pdf](https://outrightinternational.org/sites/default/files/2024-05/042524_African%20CP%20Mental%20Health%20Practitioner%20(1).pdf).

Minority Stress

Minority stress theory explains how systemic stigma, prejudice, and discrimination create environments that undermine the well-being of LGBTIQ individuals. It highlights the chronic stressors resulting from societal rejection, internalized stigma, and the anticipation of harm. These stressors, both external and internal, contribute significantly to health disparities by fostering shame, guilt, and hypervigilance. For survivors of conversion practices, these stressors are often intensified by intersecting cultural, religious, and legal pressures, shaping both their vulnerabilities and their pathways to resilience and recovery.

KEY CONCEPTS IN MINORITY STRESS

Proximal and distal stressors:

- **Distal stressors** refer to external events, such as discrimination, victimization, and systemic exclusion. In many African contexts, LGBTIQ individuals face criminalization, familial rejection, and exclusion from social or economic opportunities.¹⁶ Survivors of conversion practices often endure additional stress from direct coercion or abuse within these interventions.
- **Proximal stressors** are internal, arising from the anticipation of discrimination, internalized stigma, and concealment of identity. Survivors may internalize messages from conversion practices that frame their identities as immoral or unnatural, leading to cycles of shame, guilt, and diminished self-worth.¹⁷

Multilevel stigma:

- Minority stress operates across multiple levels, including individual, interpersonal, and structural domains. Individual stigma manifests as internalized negativity, while interpersonal stigma includes rejection or microaggressions from family, peers, and colleagues. Structural stigma encompasses laws, policies, and societal norms that marginalize LGBTIQ identities.¹⁸
- Survivors of conversion practices are particularly vulnerable to multilevel stigma, as these practices are often endorsed or facilitated by family, religious institutions, and community leaders, reinforcing exclusion at every level.¹⁹

¹⁶ Stephanie Haase, Virginia Zweigenthal, and Alex Müller, “‘You Can’t Thrive When You Are Being Suffocated’: Quantitative and Qualitative Findings on Minority Stress in Kenyan Queer Womxn and Trans Men,” *Sexuality, Gender & Policy* 6, no. 2 (2023): 58–80, <https://doi.org/10.1002/sgp2.12062>; Zethu Matebeni, Surya Monro, and Vasu Reddy, *Queer in Africa: LGBTIQ Identities, Citizenship, and Activism*, 1st ed. (Routledge, 2018).

¹⁷ David M. Frost and Ilan H. Meyer, “Minority Stress Theory: Application, Critique, and Continued Relevance,” *Current Opinion in Psychology* 51 (2023): 101579, <https://doi.org/10.1016/j.copsyc.2023.101579>; Mark L. Hatzenbuehler and John E. Pachankis, “Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications,” *The Pediatric Clinics of North America* 63, no. 6 (2016): 985–97, <https://doi.org/10.1016/j.pcl.2016.07.003>.

¹⁸ Hatzenbuehler and Pachankis, “Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth.”

¹⁹ Haase, Zweigenthal, and Müller, “‘You Can’t Thrive When You Are Being Suffocated.’”

Mechanisms of harm:

- Minority stress impacts mental and physical health through mechanisms such as hypervigilance, rumination, and isolation. Survivors of conversion practices may experience constant anxiety due to anticipatory stress—expecting discrimination or harm in various settings.²⁰
- Physiological responses to stress, such as elevated cortisol levels, further contribute to long-term health disparities, including heightened risks of depression, anxiety, and suicidal ideation.²¹

Microaggressions and macroaggressions:

- **Microaggressions** include subtle, often unintentional expressions of bias, such as misgendering or dismissive comments. Survivors may experience microaggressions within healthcare or therapeutic spaces that fail to affirm their identities.²²
- **Macroaggressions**, such as discriminatory laws or exclusionary religious doctrines, create systemic barriers that perpetuate harm and limit access to affirming resources.²³

RESILIENCE AMID MINORITY STRESS

While minority stress highlights the systemic and interpersonal harms faced by LGBTIQ individuals, it also emphasizes the role of resilience as a mitigating factor. Survivors often demonstrate resourcefulness and adaptability, drawing strength from community connections, cultural practices, and personal identity reclamation. Key protective factors include:

- **Social Support:** Affirming networks of friends, LGBTIQ groups, or community organizations provide critical buffers against stress and isolation.
- **Identity Affirmation:** The process of reclaiming and celebrating one's identity—particularly after experiences of conversion practices—is a vital component of healing.
- **Advocacy and Activism:** Engaging in collective efforts to challenge systemic oppression can foster empowerment and solidarity, counteracting feelings of helplessness or isolation.

Cultural and Regional Specificity

The manifestations of minority stress are deeply influenced by cultural and regional factors, particularly in some African societies where religious condemnation and colonial-era laws significantly shape societal attitudes toward LGBTIQ individuals. As Brown and Njoko highlight, religion often functions as a dominant influence, framing LGBTIQ identities as immoral or

²⁰ Hatzenbuehler and Pachankis, "Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth."

²¹ Frost and Meyer, "Minority Stress Theory: Application, Critique, and Continued Relevance."

²² Haase, Zweigenthal, and Müller, "You Can't Thrive When You Are Being Suffocated."

²³ Hatzenbuehler and Pachankis, "Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth."

unnatural, with terms like “lost souls” or “demon-possessed” reflecting deep stigmatization and dehumanization.²⁴

However, this framing is not necessarily an inherent African perspective but rather a product of religious, legal, and political forces that supplanted pre-colonial understandings of sexuality. As Tamale argues, Messianic religious values displaced indigenous African perspectives, which historically viewed same-sex relationships as having healing, spiritual, and communal significance rather than being inherently deviant.²⁵ The criminalization and moral condemnation of LGBTIQ identities are therefore colonial and religious imports, reinforcing the constructed nature of homophobia in many African societies.

Similarly, Haase, Zweigenthal, and Müller note that religious and cultural norms amplify internalized stigma, making it harder for individuals to reconcile their identities with communal expectations.²⁶ Survivors navigating collectivist cultural values often face intense obligations to conform, creating conflicts between personal authenticity and familial or societal pressures.

These challenges are further compounded by systemic factors. Hatzenbuehler and Pachankis discuss how structural stigma—such as laws criminalizing same-sex relationships—limits access to affirming care and perpetuates exclusion.²⁷ In addition, Matebeni, Monro, and Reddy emphasize the enduring impact of colonial-era laws and cultural narratives framing LGBTIQ identities as “un-African.”²⁸ Such narratives contribute to internalized shame and guilt among individuals, exacerbating their psychological distress. Recognizing these sociocultural dynamics is essential to understanding how minority stress operates within specific regional and cultural contexts, particularly for survivors of conversion practices who experience compounded layers of stigma and exclusion.

²⁴ A. Brown and S. Njoko, “‘They Are Demon Possessed’: Educational Psychology Student Responses to Gender and Sexual Diversity at a South African University,” *Gender & Behaviour* 17, no. 4 (2019): 14014–25.

²⁵ Sylvia Tamale, “Exploring the Contours of African Sexualities : Religion, Law and Power,” *African Human Rights Law Journal* 14, no. 1 (2014): 150–77.

²⁶ Haase, Zweigenthal, and Müller, “You Can’t Thrive When You Are Being Suffocated.”

²⁷ Hatzenbuehler and Pachankis, “Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth.”

²⁸ Matebeni, Monro, and Reddy, *Queer in Africa: LGBTQI Identities, Citizenship, and Activism*.

Conversion Practices: A Brief Overview

In this section we give a brief overview of conversion practices, how they manifest and play out, what their impact is and how affected communities have mobilized. It is not meant to be complete. For an in-depth overview, please read the Outright reports on the topic.²⁹

WHAT ARE CONVERSION PRACTICES AND HOW ARE THEY LOCATED HISTORICALLY?

“Conversion practices” are described by Outright as “an umbrella term for various techniques or actions that attempt to change or alter sexual orientation or reduce a person’s attraction to other persons of the same sex and instill conventional gender roles.”³⁰

In these guidelines, we use the term “conversion practices” to include all efforts to change, divert or suppress sexual orientation, gender identity, and gender expression, regardless of whether they are conducted by medical or mental health professionals, religious personnel, traditional or spiritual healers or practitioners, other entities such as social or self-help groups, as well as educators, family members and peers.

These guidelines acknowledge that as understanding of, and research into, conversion practices expand, definitions too may evolve. We encourage users of these guidelines to look at all efforts to change, divert, or suppress sexual orientation, gender identity, and gender expression with a critical lens—especially when these efforts are conducted not just by medical or mental health professionals, religious personnel, traditional or spiritual healers or practitioners (often at the behest of families, as the Outright research has shown), but also by other entities such as social or self-help groups, educators, and peers.

In this light, we also invite the reader to think of unnecessary surgical and medical procedures which try to “fix” variations in sex characteristics, or to modify them to conform to binary notions of being male or female, through a conversion practices lens. Many intersex individuals have been subjected to these procedures at very young ages (usually without their consent), often causing both physical harm and psychological distress.³¹

Furthermore, any intersex person who does not identify with their sex assigned at birth may be subjected to conversion practices, as we formally know them, around their gender identity or sexual orientation.

²⁹ Outright, Harmful Treatment; Outright, The Applicability of African Human Rights Standards in Addressing Conversion Practices, 2024, https://outrightinternational.org/sites/default/files/2024-06/Outright_African_Human_Rights_System_Eradication_of_Conversion-Practices.pdf; Outright, Health Ethics and the Eradication of Conversion Practices in Africa.

³⁰ Outright, The Applicability of African Human Rights Standards in Addressing Conversion Practices, 8.

³¹ The Trevor Project, “Research Brief: Experiences and Mental Health Outcomes of Intersex LGBTQ+ Young People,” October 2024, <https://www.thetrevorproject.org/wp-content/uploads/2024/10/Experiences-and-Mental-Health-Outcomes-of-Intersex-LGBTQ-Young-People.pdf>.

These guidelines also acknowledge the power of broad political and social movements and cultural norms to create a climate for anti-LGBTIQ practices (such as conversion practices) to thrive. Examples include daily microaggressions (e.g., an insult, a refusal to help an LGBTIQ patient, failure to acknowledge a partner or a pronoun); psychotherapeutic approaches which appear to be neutral and supportive of the gender questioning person (the Gender Exploratory Model is one example, described in more detail later); and bias-motivated rape of masculine-presenting lesbian women.

Conversion practices are based on the scientifically unsupported view that sexual orientation and gender identity can be changed; that being LGBTIQ is a disorder or illness that requires treatment or a cure; and that cisgender heterosexuality is inherently normal and preferred.³² While these practices can spring from hostile sources, they can also be pursued by well-intentioned persons who are concerned that being LGBTIQ will make an individual's life more difficult within society.³³

Terms used to describe conversion practices include:

- Conversion therapy
- Sexual orientation change efforts (SOCE)
- Sexual orientation, gender identity, or gender expression change efforts (SOGIECE)
- Reorientation therapy
- Reparative therapy
- Reintegrative therapy
- Gay cure therapy
- Ex-gay therapy

Some of these terms have emerged in recent years to disguise or soften the actual purpose of these unethical practices.

Conversion “therapy,” when it is conducted by registered mental health practitioners (MHPs, such as psychologists, psychiatrists, social workers, psychiatric nurses, registered counselors), may seem, to the outsider, to be a legitimate enterprise because it is portrayed as using therapy techniques, draws on psychological theory, and is conducted in professional spaces. Not only is this unethical, there is no scientific evidence that these attempts at “therapy” work, and they are rejected by major mental health associations worldwide.³⁴ Even if these efforts are driven by a sincere desire to “help,” they are, like all conversion practices, abusive, invasive, and harmful.³⁵

³² United Nations Office of the High Commissioner for Human Rights (OHCHR), Practices of So-Called “Conversion Therapy”: Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, A/HRC/44/53, 1 May 2020, <https://undocs.org/A/HRC/44/53>.

³³ Centre for Human Rights, Ending Violence and Other Human Rights Violations Based on Sexual Orientation and Gender Identity: A Joint Dialogue of the African Commission on Human and Peoples’ Rights, Inter-American Commission on Human Rights and United Nations (Pretoria University Law Press: Pretoria University Law Press PULP, 2016).

³⁴ Outright International, Health Ethics and the Eradication of Conversion Practices in Africa, 2024, [https://outrightinternational.org/sites/default/files/2024-05/042524_African%20CP%20Mental%20Health%20Practitioner%20\(1\).pdf](https://outrightinternational.org/sites/default/files/2024-05/042524_African%20CP%20Mental%20Health%20Practitioner%20(1).pdf); Jarred H. Martin and Pierre Brouard, “Conversion Therapy in Africa: An Assault on Human Rights and Ethical Healthcare,” *AfricLaw*, 18 July 2024, <https://africlaw.com/2024/07/18/conversion-therapy-in-africa-an-assault-on-human-rights-and-ethical-healthcare/>.

³⁵ Outright, Harmful Treatment.

Conversion “therapy,” as practiced by psychologists and psychiatrists, is rooted in early sexuality science, starting in the mid-19th century, and further reinforced by the mental “disorder” classifications of the 1940s through the early 1970s.³⁶ Often used interchangeably with conversion “therapy,” the term “reparative therapy” arose in the 1980s and 1990s. Led by Joseph Nicolosi, this particular approach included “a fusion of spiritual and psychoanalytic thought,” drawing on literature from the field of pastoral counseling.³⁷

Although widely discredited, these theories are unfortunately still in circulation in many parts of the world.

It is worth noting that some proponents of “ex-gay therapy” (focusing on sexual orientation) acknowledged that it was not possible to change same-sex desire/attraction and so they focused on same-sex behavior. So, those exposed to this work may have stopped identifying as gay, lesbian, or bisexual but their desires remained unchanged. This split between identity and practice is important to note in these guidelines: not all same-sex attracted people will act on those desires, and not all people who do act on those desires will use gay/lesbian/bisexual labels. This can complicate the conversion practices terrain, as well as the work with survivors.

Conversion practices are “legal” in most parts of the world, including much of the African continent, because there are no laws to prevent the practices or sanction the perpetrators.³⁸ This is partly because anti-LGBTIQ laws are in place, or because there is no interest in protecting LGBTIQ people from these practices. In many countries, governments, politicians, and other leaders support conversion practices, and the criminal justice system may in some instances mandate “conversion therapy” as a diversion from imprisonment.³⁹

WHO CONDUCTS CONVERSION PRACTICES, IN WHAT CONTEXTS, AND IN WHAT FORMS?

Outright’s research in Kenya, South Africa, and Nigeria found that religious leaders, mental health practitioners, and family members are all among the main perpetrators of conversion practices. Family members were found to be the main instigators of conversion practices in Africa.⁴⁰

Outright’s research found that conversion practices take on various forms, including what they term “physical” and “non-physical” forms.⁴¹

Physical forms of conversion practices include overt violence and affect a person’s physical integrity; this includes bias-motivated sexual assault, beatings, forced starvation,

³⁶ American Psychological Association, Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009, <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>; Outright, Harmful Treatment.

³⁷ Jack Drescher, “I’m Your Handyman: A History of Reparative Therapies,” *Journal of Homosexuality* 36, no. 1 (1998): 19–42, https://doi.org/10.1300/J082v36n01_02.

³⁸ ILGA World, “Regulation of So-Called ‘Conversion Therapies,’” map, May 2025, https://ilga.org/wp-content/uploads/2025/05/Conversion_therapy_regulations_ILGAWorld_May_2025-scaled.png.

³⁹ (Mendos, 2020).

⁴⁰ Outright, *Converting Mindsets, Not Our Identities: Summary of the Research Findings on the Nature, Extent, and Impact of Conversion Practices in Kenya, Nigeria, and South Africa*, 2022, https://outrightinternational.org/sites/default/files/2023-05/SOGIESummary_ConversionPractices_En_Updated2023_0.pdf.

⁴¹ Ibid.

forced isolation and confinement and other forms of arbitrary detention, electric shock administration, administration of drugs or other substances, and other actions that have a physical impact on the survivor's body, many of which amount to torture or cruel, inhuman, and degrading treatment.⁴²

The **non-physical** forms of conversion practices include "talk therapy," religious or spiritual counseling, prayer, and rituals, and other efforts to change a person's sexual orientation through communication when they are not accompanied by physical force.⁴³ In faith settings, group processes and group accountability strategies can add pressure on the LGBTIQ person to conform. In some instances it is "reformed" LGBTIQ persons who run these "support" group processes.

Faith-based conversion practices also include prayer and exorcism, both within the home and in places of worship or special camps, as well as traditional healing practices like drinking herbs and undergoing deprivations. Some faiths perceive same-sex desire or gender non-conformity as possession by spirits, thereby justifying the use of exorcism to "cure" the person.⁴⁴ We note that in some faith settings use of "acceptable" force may be at play (hitting and pushing for example), as well as acts of "care" (such as bathing and baptizing) blurring the lines between physical and non-physical practices and notions of what is "harmful" and what is "healing." This is often very confusing and damaging to the survivor.

In many of these instances, the victim may be willing or cooperative in the practice, often seeing no path to safety and social inclusion apart from attempted "conversion." However, many forms of conversion practices, such as beatings, whippings, burnings, electric shocks, and nausea-inducing medication are violent and coercive. While appropriate legal and policy responses may depend on whether there is some level of consent, albeit under constrained circumstances or direct force or coercion, all these forms of conversion practices can cause grave harm to the victim.⁴⁵

It is important to note that conversion practices are often not one-off events. *As Outright noted in its findings from Nigeria, South Africa, and Kenya:*⁴⁶

- Several forms of conversion practices are combined in an effort to change the identity or sexual orientation of one person, either simultaneously or over different periods.
- Many survivors report that they had undergone more than one form of conversion practice.
- Conversion practices against LGBTIQ individuals increase in intensity from the moment of discovery (of sexual orientation, gender identity, or gender non-conformity), starting with

⁴² Similar abusive forms of conversion practices have been documented globally, including chemical castration, forced sterilization, hormone injections, surgical removal of sexual organs, and even lobotomy. These practices, historically and in some cases contemporarily, have targeted individuals perceived as homosexual, bisexual, transgender, or gender non-conforming. Documented examples include the injection of chemicals and other substances, surgical removal of the testicles, uterus, ovaries, or clitoris, and reportedly lobotomy Mendos, 2020, p. 23, citing Vernon A. Rosario, *Homosexuality and Science: A Guide to the Debates* (ABC-CLIO, 2002); OHCHR, *Practices of So-Called "Conversion Therapy,"* A/HRC/44/53, para. 46, citing Adamson, Baral, & Beyrer.

⁴³ Emily Reynolds, "The Cruel, Dangerous Reality of Gay Conversion Therapy," *Wired UK*, 7 July 2018, <https://www.wired.co.uk/article/what-is-gay-conversion-therapy>.

⁴⁴ (Mendos, 2020).

⁴⁵ Outright, *Converting Mindsets, Not Our Identities*, 3. 30% of South African respondents, 23% of Nigerian respondents, and 14% of Kenyan respondents reported having actively sought out conversion practices.

⁴⁶ Ibid.

family talks and conversations and escalating to counseling or prayer, and then to violence, economic duress, and/or ostracization when other methods do not work.

- Conversion practices are often perpetuated over a long period of time with the aim for change to occur, and they usually do not end until the victims affirm that they have been changed and are now heterosexual and/or cisgender.

DO CONVERSION PRACTICES WORK?

All forms of conversion practices described above have been proven ineffective. As the UN Independent Expert on violence and discrimination based on sexual orientation and gender identity concludes, “based on the overwhelming evidence available, none of these practices can be considered effective in ‘converting’ an individual’s sexual orientation or gender identity.”⁴⁷ Instead, these practices are harmful, causing physical and psychological harm, including feelings of shame, depression, and suicidal ideation experienced by the individuals who have undergone these practices.⁴⁸

There is also consensus among reputable medical and psychological associations globally that conversion therapy lacks scientific validity. Not only does the World Health Organization accept diversity in sexual orientation and gender identity, but the American Psychological Association, American Psychiatric Association, World Medical Association, and the World Psychiatric Association have criticized conversion practices as ineffective and harmful, calling for their eradication.⁴⁹ Few African mental health bodies, with the exception of the Psychological Society of South Africa (PsySSA) have denounced conversion therapy.⁵⁰ PsySSA has, however, also published *Practice Guidelines For Psychology Professionals Working With Sexually And Gender-Diverse People*.⁵¹

WHAT IS THE IMPACT OF CONVERSION PRACTICES?

As expressed by numerous professional associations, efforts to change sexual orientation, gender identity, or gender expression have been found to cause serious psychological harm, including treatment-related anxiety, confusion, anger, guilt, shame, low self-esteem, self-loathing and hopelessness, and loss of social support, deteriorated relationships with family,

⁴⁷ OHCHR, Practices of So-Called “Conversion Therapy,” A/HRC/44/53, para. 21.

⁴⁸ Ibid.

⁴⁹ World Health Organization (WHO), The ICD-10 Classification of Mental and Behavioural Disorders Clinical Descriptions and Diagnostic Guidelines (WHO, 1992); Barry S. Anton, “Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts,” in “Proceedings of the American Psychological Association for the Legislative Year 2009: Minutes of the Annual Meeting of the Council of Representatives and Minutes of the Meetings of the Board of Directors,” American Psychologist 65, no. 5 (2010): 385–475, <https://www.apa.org/about/policy/sexual-orientation.pdf>; American Psychiatric Association, “Position Statement on Conversion Therapy and LGBTQ+ Patients,” 2024, <https://www.psychiatry.org/getattachment/3d23f2f4-1497-4537-b4de-fe32fe8761bf/Position-Conversion-Therapy.pdf>; World Medical Association, “WMA Statement on Natural Variations of Human Sexuality,” adopted by the 64th WMA General Assembly, Fortaleza, Brazil, October 2013, <https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality/s-2013-03-2013 ove/>; Dinesh Bhugra et al., “WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction and Behaviours,” World Psychiatry 15, no.3 (2016): 299–300, <https://doi.org/10.1002/wps.20340>.

⁵⁰ Psychological Society of South Africa (PsySSA), “The Psychological Society of South Africa’s Position on Sexual and Gender Diversity,” 11 November 2020, <https://www.psyssa.com/wp-content/uploads/2020/11/PsySSA-Statement.pdf>.

⁵¹ Psychological Society of South Africa (PsySSA), Practice Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People, 2nd ed., 2025, <https://www.psyssa.com/wp-content/uploads/2025/03/SGD-Guidelines-Working-with-sexually-and-gender-diverse-people-2nd-ed-online-11-Mrch.pdf>.

social isolation, sexual dysfunction, depression, self-harm and suicidal ideation, all of which makes them inconsistent with the right to health and psychological integrity.⁵²

By reason of their physical and psychological immaturity, children and young people are more vulnerable to the harms of conversion practices, in particular at the instigation of their parents or guardians, usually through pressure or coercion.⁵³

The impact of conversion practices can be thought of as occurring in a number of domains:

- **Intrapsychic:** through its impact on psychological well being
- **Interpersonal and relational:** affecting ability to trust and connect, including with professionals, as well as impacting healthy sexual and love relationships
- **Social and community links:** through loss of community and connection with family and LGBTIQ peers
- **Cultural and spiritual:** through loss of trust in leaders and contexts which offer meaning and purpose
- **Education and work:** through failure to thrive in schools and workplaces, resulting in economic hardship
- **Health:** trauma and rejection can lead to poor health-seeking behavior, poor decision-making, and poor health care

In sum, the lens of “trauma” is useful for thinking about survivors of conversion practices. One of the biggest studies of its kind (looking at conversion therapy) found in almost 4,500 participants that conversion therapy was linked to greater symptoms of depression, post-traumatic stress disorder (PTSD), and suicidality.⁵⁴

ATTEMPTS TO ADDRESS CONVERSION PRACTICES

- **Survivor groups and civil society organizations:** In several countries, survivor groups have been instrumental in creating resources for other survivors, in raising awareness about the existence of groups or institutions offering and providing conversion practices and advocating before the authorities to bring about legal reform. Numerous organizations working on sexual orientation, gender identity, gender expression, or sex characteristics issues have started working systematically on this specific issue and have contributed to campaigns and lawsuits before courts.
- **Religious institutions and organizations against sexual orientation, gender identity, or gender expression change efforts:** Even though religious institutions are among the most vocal proponents of conversion practices, in recent years some religious institutions and

⁵² (Mendos, 2020)

⁵³ American Psychological Association, Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation; United Nations General Assembly, Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on the Relevance of the Prohibition of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to the Context of Domestic Violence, A/74/148, 12 July 2019, <https://undocs.org/A/74/148>, para. 48.

⁵⁴ Krista Conger, “Conversion Practices Linked to Depression, Ptsd and Suicide Thoughts in LGBTQIA+ Adults,” Stanford Medicine News Center, 30 September 2024, <https://med.stanford.edu/news/all-news/2024/09/conversion-practices-lgbt.html>.

organizations in certain contexts have started to join the consensus against conversion practices.

- **Repudiation of sexual orientation, gender identity, or gender expression change efforts by so-called “ex-gay” leaders:** A considerable number of high-profile leaders of organizations promoting these efforts have denounced these practices, sometimes offering apologies for the harm they had caused.
- **Professional associations:** In the last 30 years, numerous national, regional, and international professional associations have adopted specific position statements against the administration of conversion practices. Most of them elaborate on the lack of evidence to support their effectiveness, the risks of harm, and the ethical implications of offering these “therapies.” ILGA World (the International Lesbian, Gay, Bisexual, Trans, and Intersex Association) was able to track position statements adopted by more than 65 professional organizations.

The International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPsyNet) has a position statement on “concerns” around how LGBTIQ people are treated.⁵⁵ The Psychological Society of South Africa and its Sexuality and Gender Division, at a meeting of mental health professionals sponsored by Outright, developed the Johannesburg Declaration against Conversion Practices.⁵⁶

The Johannesburg declaration makes it clear that all efforts to change people’s sexual orientation or gender identity are:

unnecessary, harmful and traumatic; are human rights abuses, forms of gender-based violence and, in some instances, torture; are unscientific, not rooted in authoritative scholarly theories of sexuality and/or gender, and not proven to be efficacious; are unethical and in breach of internationally accepted professional codes of ethics; go against all contemporary and accepted best practices in mental healthcare; and must be unequivocally rejected in the interests of human rights, health and wellbeing.⁵⁷

CONCLUSION

Conversion practices persist in many parts of the world, including Africa, and are fueled by misinformation, stigma, and the lasting influence of colonial, religious, and political ideologies that pathologize LGBTIQ identities. The colonial imposition of rigid gender and sexual binaries, coupled with narratives portraying LGBTIQ identities as “un-African” or immoral, continues to shape attitudes and justify these harmful practices. International right-wing funding further entrenches these ideas, complicating efforts for legal and social progress.

⁵⁵ American Psychological Association, “IPsyNet Statement on LGBTIQ+ Concerns,” accessed 25 May 2025, <https://www.apa.org/ipsynet/advocacy/policy/statement-context-english.pdf>.

⁵⁶ “Support The Johannesburg Declaration Against SOGIE Change Efforts and Conversion Practices,” Change.org, accessed 26 May 2025, <https://www.change.org/p/support-the-johannesburg-declaration-against-sogie-change-efforts-and-conversion-practices>.

⁵⁷ Ibid.

Religious institutions and outdated medical frameworks often reinforce these harmful views, framing LGBTIQ identities as disorders or sins requiring intervention. These systemic forces, combined with societal rejection and internalized stigma, contribute to the chronic stressors described by minority stress theory. This framework highlights how external discrimination, internalized shame, and the anticipation of harm create significant mental health challenges for LGBTIQ individuals and survivors of conversion practices.

By understanding the historical, social, and systemic contexts discussed in this chapter, mental health providers are better positioned to recognize and challenge the narratives that sustain conversion practices. This awareness enables them to provide affirming, trauma-informed care, support survivors in their healing journeys, and advocate for systemic change.

The following chapter centers on survivors, delving into the complex realities they navigate in the aftermath of conversion practices. By grounding this exploration in survivors' experiences, mental health providers are invited to reflect on the depth of harm caused and the importance of creating spaces for healing, affirmation, and resilience.



SECTION B: UNDERSTAND- ING THE CONVERSION PRACTICES SURVIVOR

Understanding the experiences of survivors of conversion practices is essential for mental health providers committed to offering affirming, trauma-informed care. The preceding sections outlined the broader frameworks that shape societal attitudes and institutional responses to LGBTIQ identities, providing context for the persistence of these harmful interventions. Building on this foundation, this chapter turns its focus to the survivors—their lived experiences, challenges, and needs. This perspective is not only vital for supporting recovery but also for addressing the systemic and interpersonal forces that perpetuate harm, fostering a survivor-centered approach to care.

The following subchapters outline key topics to guide this understanding:

1. Who is a conversion practices survivor?

This section provides an overview of who survivors are, and the varying personal, familial, and societal pressures they face.

2. Intersectionality and the survivor

This section examines how intersecting identities—like race, class, and gender—shape survivors’ experiences, amplifying harm while also offering pathways to resilience. It highlights the need for nuanced, culturally sensitive care.

3. Pathways into conversion practices

An exploration of the personal, familial, religious, and societal influences that lead individuals to engage with conversion practices, whether voluntarily or through coercion.

4. The impact of conversion practices

A discussion of the psychological, emotional, social, and spiritual harm survivors endure, emphasizing the enduring consequences of these practices on survivors’ lives and identities.

5. Barriers to healing

This section identifies the systemic, social, and personal challenges that hinder survivors’ recovery.

6. Unique needs of survivors of conversion practices

A focus on survivors’ specific therapeutic needs which underpin the guidelines in this toolkit.

This section offers a comprehensive exploration of the realities faced by survivors, providing insight into their lived experiences and in doing so, lays the groundwork for providers to engage with survivors in ways that honor their autonomy, humanity, and capacity for growth.

WHO IS A CONVERSION PRACTICES SURVIVOR?

A conversion practices survivor is someone who has experienced attempts to change or suppress their sexual orientation, gender identity, gender expression, and/or variations in sex characteristics (also known as differences in sex development). These practices, which are often framed as “therapeutic” or “spiritual” interventions, can involve a range of tactics,

including religious counseling, psychological therapy, medical procedures, or even physical acts aimed at altering an individual's LGBTIQ identity.⁵⁸ At the core of these practices is the belief that LGBTIQ identities are “wrong” or “abnormal,” and that individuals need to be “corrected” or “healed.”

Importantly, not all survivors are forced into conversion practices—some voluntarily enter these spaces due to a combination of internalized stigma, fear of rejection, or societal pressure. In contexts where LGBTIQ identities are criminalized or strongly condemned, especially in many African countries, people may feel a sense of hopelessness or desperation. This pressure can lead individuals to believe that conversion practices are their only means of finding acceptance, safety, or divine approval.⁵⁹ In these settings, conversion practices are framed as a necessary evil, with the survivor's identity and authenticity put aside in exchange for conformity to religious or societal norms.

Survivors of conversion practices may include those coerced by family members, religious leaders, or legal authorities, as well as those who sought these practices independently due to their own struggles with internalized homophobia, transphobia, or fear of societal rejection. The experience of conversion practices is often complex, shaped by personal, familial, and community factors. Understanding these dynamics is key for mental health providers, as it allows for a compassionate approach that acknowledges the survivor's personal context, beliefs, and trauma history.⁶⁰

INTERSECTIONALITY AND THE SURVIVOR

Survivors of conversion practices embody a diversity of identities, shaped not only by their sexual orientation, gender identity, or gender expression but also by intersecting factors such as race, ethnicity, socio-economic status, disability, mental health, religion, refugee status, and cultural heritage. These overlapping dimensions of identity significantly influence their experiences of harm, access to support, and pathways to recovery. Understanding these intersections is essential for mental health practitioners to offer effective, culturally sensitive, and affirming care.

THE INTERSECTIONS OF IDENTITY

Kimberlé Crenshaw's concept of intersectionality provides a framework for understanding how multiple systems of oppression interact to create unique experiences of marginalization.⁶¹ For survivors of conversion practices, this framework illuminates how intersecting factors compound the harm they endure, shaping the way they navigate societal, familial, and

⁵⁸ Annesa Flentje, Nicholas C. Heck, and Bryan N. Cochran, “Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy: Reasons for Seeking Treatment, Perceived Helpfulness and Harmfulness of Treatment, and Post-Treatment Identification,” *Journal of Homosexuality* 61, no. 9 (2014): 1242–68, <https://doi.org/10.1080/00918369.2014.926763>.

⁵⁹ Caitlin Ryan et al., “Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment,” *Journal of Homosexuality* 67, no. 2 (2020): 159–73, <https://doi.org/10.1080/00918369.2024.2319615>.

⁶⁰ Joel R. Anderson et al., “Mental Health Practitioners' Knowledge of LGBTQ+ Conversion Practices and Their Perceptions of Impacts on Survivors,” *Journal of Homosexuality* 72, no.2 (2024): 213–227, <https://doi.org/10.1080/00918369.2024.2319615>.

⁶¹ Kimberlé Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum* 1989, 139–167, <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

institutional pressures. However, an intersectional lens should not be mistaken as a ranking of oppression or harm. Rather than positioning marginalization as a hierarchy, intersectionality recognizes that different identities and experiences interact in complex ways, requiring a range of affirming interventions that acknowledge these interconnected realities. Every survivor's experience is valid, and all forms of harm deserve meaningful and affirming support.

For example:

- **Race, ethnicity, and cultural identity:** In African contexts, colonial legacies and systemic inequities intersect with heteronormativity (the assumption that heterosexuality is the default or natural orientation, straight and cisnormativity to create unique challenges for LGBTIQ individuals).⁶² Survivors who belong to racially marginalized groups, linguistic minorities, or ethnic minorities often face additional layers of discrimination. These identities intersect with cultural dynamics—such as expectations of family honor, the influence of religious or traditional healing systems over medical care, and the stigma around discussing gender and sexuality—which can shape access to affirming services and the ability to navigate societal and familial pressures.



Heteronormativity refers to the assumption that heterosexuality is the default or natural orientation, structuring society in ways that privilege heterosexual relationships while marginalizing diverse sexual identities. Cisnormativity refers to the assumptions that all people are (or should be) cisgender, meaning their gender identity aligns with the sex they were assigned at birth. This framework marginalizes transgender, non-binary and gender-diverse people by treating their identities as abnormal or exceptional rather than as natural variations of human diversity.

- **Gender and disability:** A transgender survivor with a disability may encounter compounded barriers, such as ableism within LGBTIQ spaces or transphobia in disability advocacy contexts. This dual marginalization often leaves survivors isolated and excluded from critical resources.⁶³
- **Neurodiversity:** All human beings exist along a spectrum of neurological functioning, with different ways of processing, sensing, and engaging with the world. Neurodiversity acknowledges that some individuals—such as those with autism, ADHD, or other cognitive and sensory processing differences—experience the world in ways that diverge from dominant societal norms. These variations are not deficits but are natural expressions of human diversity.⁶⁴

⁶² Matebeni, Monro, and Reddy, *Queer in Africa: LGBTIQ Identities, Citizenship, and Activism*. It is important to recognize that all individuals—including mental health providers—are shaped by the norms of the societies in which they live. Heteronormativity and cisnormativity are deeply embedded in cultural, legal, and institutional structures, meaning that even those who consider themselves progressive may have internalized assumptions that influence their professional practice. Engaging in self-reflection is crucial for recognizing and challenging these normative influences in order to provide truly affirming and equitable care.

⁶³ Ikekhwa A. Ikhile, Azwihangwisi H. Mavhandu-Mudzusi, and Ndlovu Sinogugu, "Addressing Unique Challenges and Crafting Inclusive Policies for Queer Living with Disabilities," *African Journal of Disability* 13 (2024): 1418–12, <https://doi.org/10.4102/ajod.v13i0.1418>.

⁶⁴ Patrick Awondo, Peter Geschiere, and Graeme Reid, "Homophobic Africa? Toward A More Nuanced View," *African Studies Review* 55, no. 3 (2012): 145–68, <https://doi.org/10.1017/S00020202060007241>.

- Survivors of conversion practices who are neurodivergent may face distinct challenges due to normative expectations around communication, gender, and sexuality. For example, rigid social norms may make it especially difficult for neurodivergent survivors to navigate identity exploration, particularly when expressions of gender and attraction do not fit conventional categories. Sensory sensitivities, emotional regulation differences, and a preference for structured or alternative communication styles may require tailored approaches to support survivors effectively.
- Additionally, many LGBTIQ and mental health services are designed with neurotypical assumptions in mind, which can create barriers to access. Survivors may struggle with verbal processing expectations, require more predictable therapeutic frameworks, or benefit from sensory-friendly and nonverbal support options. Recognizing these needs ensures that affirming care is accessible to all survivors, regardless of their place on the neurodiversity spectrum.
- **Age and generational factors:** Survivors of conversion practices may face age-specific vulnerabilities that shape their experiences of harm and access to support. Younger survivors—especially those who are minors—are often at higher risk of forced conversion practices due to legal and financial dependence on families or guardians who seek to change their gender identity or sexual orientation. Older LGBTIQ survivors, on the other hand, may have endured conversion practices under historically more repressive legal and social conditions, leaving them with long-term trauma and fewer support networks. Additionally, older survivors may struggle with ageism in LGBTIQ spaces, limiting their access to intergenerational solidarity and healing opportunities.
- **Socio-economic status:** Poverty and economic insecurity can exacerbate a survivor's vulnerability to conversion practices. Limited financial resources may compel individuals to seek support from unregulated, harmful practices or prevent them from accessing affirming care.⁶⁵
- **Religion:** Religion plays a complex role in the lives of LGBTIQ individuals, often serving as both a source of oppression and potential support. In many African contexts, religious doctrines are deeply intertwined with cultural and social norms, framing LGBTIQ identities as immoral or sinful. For example, in countries like Nigeria, religious geographies—such as the predominance of Islam in the north and Christianity in the south—overlap with language and ethnic differences, further complicating the experiences of LGBTIQ people. These dynamics can reinforce stigmatization and create significant barriers to acceptance and healing, especially when religious leaders endorse conversion practices or denounce LGBTIQ identities as incompatible with faith.
- **Citizenship and refugee status:** Survivors who are refugees, asylum seekers, or stateless individuals face significant challenges due to their precarious legal status and limited access to resources. These barriers are compounded by anti-LGBTIQ sentiment, cultural dislocation, and the stigma associated with being both a sexual or gender minority and a migrant. The intersection of these factors can exacerbate feelings of isolation and create significant obstacles to accessing affirming care and community support.

⁶⁵ Kim A. Case et al., "Intersectional Patterns of Prejudice Confrontation by White, Heterosexual, and Cisgender Allies," *Journal of Social Issues* no. 76, no. 4 (2020): 899–920, <https://doi.org/10.1111/josi.12408>.

INTERSECTIONAL HARM IN CONVERSION PRACTICES

Conversion practices exploit these intersecting vulnerabilities, targeting individuals' identities at multiple levels. Survivors may be subjected to:

- **Racialized religious practices:** Conversion practices rooted in colonial interpretations of religion often reinforce racial and cultural hierarchies while framing LGBTIQ identities as “Western” and “un-African.”⁶⁶
- **Economic exploitation:** Survivors from economically marginalized backgrounds may face coercion through financial dependency or promises of material support in exchange for participation in conversion practices.⁶⁷
- **Cultural and familial pressures:** Survivors from collectivist cultures may experience intense familial or community expectations to conform to heteronormative norms, further complicating their ability to assert their authentic selves.⁶⁸

INTERSECTIONALITY AND RESILIENCE

While survivors often face significant harm at the intersection of multiple systems of oppression, these same intersections can also serve as sources of resilience. Survivors draw strength from their lived experiences, cultural and community ties, and their capacity to adapt to complex and challenging circumstances. For instance, collective cultural values that may initially pressure individuals into conformity can also foster solidarity and support networks that promote healing and empowerment.

Resilience among survivors is not merely an individual trait but is shaped by their relational and communal contexts. Survivors who are able to connect with affirming communities—whether based on shared identities, cultural heritage, or advocacy goals—often report greater feelings of empowerment and self-acceptance.⁶⁹ Mental health practitioners play a critical role in helping survivors recognize and harness these strengths, creating therapeutic spaces that honor their multifaceted identities and promote sustainable recovery.

INTERSECTIONALITY AS A PATHWAY TO EMPOWERMENT

While intersectionality exposes the compounded harm survivors endure, it also highlights pathways for resilience and empowerment. Survivors' identities are sources of strength, offering them the ability to navigate complex systems and build coalitions across diverse communities. Mental health practitioners play a vital role in helping survivors reclaim these strengths, fostering a sense of pride in their multifaceted identities. By embracing an intersectional approach, practitioners can honor the full complexity of survivors' experiences, providing care that is affirming, nuanced, and transformative.

⁶⁶ Patrick Awondo, Peter Geschiere, and Graeme Reid, “Homophobic Africa? Toward A More Nuanced View,” *African Studies Review* 55, no. 3 (2012): 145–68, <https://doi.org/10.1017/S0002020600007241>.

⁶⁷ Ikhlile, Mavhandu–Mudzusi, and Sinegugu, “Addressing Unique Challenges and Crafting Inclusive Policies for Queer Living with Disabilities.”

⁶⁸ Matebeni, Monro, and Reddy, *Queer in Africa: LGBTQI Identities, Citizenship, and Activism*.

⁶⁹ Ikhlile, Mavhandu–Mudzusi, and Sinegugu, “Addressing Unique Challenges and Crafting Inclusive Policies for Queer Living with Disabilities.”

Pathways Into Conversion Practices

The journey into conversion practices is rarely straightforward and is often shaped by a complex interplay of personal, familial, religious, and societal factors. Survivors of conversion practices often experience these influences in different combinations, leading to a range of pathways into these harmful interventions.

CULTURAL PRESSURES

Cultural traditions and customs play a significant role in shaping societal expectations around gender and sexuality. In many African contexts, these traditions often uphold rigid gender roles and expectations of heterosexuality as essential to family lineage and social cohesion. LGBTIQ identities are frequently framed as threats to these values, leading to exclusion or coercion aimed at restoring conformity.

However, cultural traditions are neither homogeneous nor static. As Tamale argues, what is presented as “tradition” at any given time is shaped by historical, political, religious, and legal influences rather than an unchanging or inherently African cultural truth.⁷⁰ The claim that gender and sexual diversity are “un-African” is not based on enduring indigenous traditions but rather on the intersections of colonial legal systems, religious ideologies, and shifting socio-political norms.

The expectation to conform to traditional gender roles and heteronormative standards is deeply embedded in cultural practices, ceremonies, and familial obligations. These pressures create an environment where non-conforming individuals are compelled to align with societal norms, often by engaging in conversion practices as a perceived means of regaining cultural and social acceptance.

RELIGIOUS INFLUENCES

In many African contexts, Christianity and Islam are deeply intertwined with social identity, providing moral frameworks that frequently condemn LGBTIQ identities as sinful or unnatural.⁷¹ Religious beliefs and practices often coerce individuals into conversion practices, with leaders framing these interventions as necessary for spiritual redemption. This tension is particularly acute in environments where religion dictates communal values, making nonconformity a source of both spiritual and social alienation.

Survivors may feel intense pressure to conform, fearing ostracization from their religious communities or divine punishment. Evangelical movements, often bolstered by foreign funding, have further entrenched anti-LGBTIQ sentiment, promoting conversion practices as “spiritual healing.”⁷² These dynamics leave survivors trapped between the desire for religious acceptance and the profound harm caused by denying their authentic selves.

⁷⁰ Tamale, “Exploring the Contours of African Sexualities.”

⁷¹ Chitando and Mateveke, “Africanizing the Discourse on Homosexuality.”

⁷² The Institute for Journalism and Social Change (IJSC), Inside the U.S. Christian Right’s Spending Boom in Africa, 23 October 2024, www.theijsc.org.

LEGAL AND SOCIAL COERCION

In many African countries, such as Uganda and Nigeria, legal and social frameworks that criminalize same-sex relationships and gender non-conformity add another layer of pressure. Under these circumstances, LGBTIQ individuals may feel that they have no choice but to participate in conversion practices, not because of internalized shame, but because of the tangible threat of legal action or violence. The 2014 Anti-Homosexuality Act in Uganda, for example, criminalized homosexuality and introduced harsh penalties, including life imprisonment.⁷³ Faced with such consequences, individuals may feel forced to undergo conversion practices to avoid persecution or secure their safety. In these contexts, the choice to engage with conversion practices is not about aligning with social or religious norms but about survival in an environment that criminalizes one's very existence.

FAMILIAL PRESSURES AND EXPECTATIONS

For many survivors, family expectations play a significant role in driving conversion practices. In cultures that emphasize collective identity and interconnectedness, LGBTIQ individuals may face pressure to conform to heteronormative or cisnormative norms to maintain family unity and honor. Families often perceive LGBTIQ identities as conflicting with societal expectations or cultural values, leading to fears of social rejection or shame within the community.⁷⁴ These pressures stem from a desire to preserve familial harmony and navigate broader societal dynamics rather than an inherent rejection of the individual. For many families who have internalized dominant cultural narratives that frame LGBTIQ identities as problematic, seeking conversion practices may be viewed as an act of care—an attempt to help their loved one “correct” what they perceive as a source of suffering or social exclusion.

In these contexts, conversion practices may be viewed by families as a means to address perceived conflicts between personal identity and collective well-being. Survivors may feel compelled to comply out of a sense of duty or responsibility, believing their actions impact not only themselves but also their family's acceptance and standing within the community. These dynamics highlight the need for nuanced understanding of how familial and cultural values intersect with stigma, shaping survivors' pathways into harmful interventions.

INTERNALIZED STIGMA

Some individuals enter conversion practices voluntarily, not due to coercion from family or religious groups, but driven by their own internalized stigma. They may have absorbed the societal messages that LGBTIQ identities are morally wrong, sinful, or unnatural. As a result, they may seek out conversion practices in the hope of “fixing” themselves and conforming to heteronormative or cisnormative standards. This is particularly common among those who have been exposed to negative portrayals of LGBTIQ individuals through their upbringing or religious teachings. The emotional turmoil created by this internal conflict—where the individual feels that their sexual orientation or gender identity is incompatible with societal expectations—can make conversion practices appear as the only way to restore a sense of self-worth and belonging.⁷⁵

⁷³ Outright, “Country Overview: Uganda,” <https://outrightinternational.org/our-work/sub-saharan-africa/uganda>.

⁷⁴ Ryan et al., “Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents.”

⁷⁵ Tiffany Jones et al., “Supporting LGBTQ+ Peoples' Recovery from Sexual Orientation and Gender Identity and Expression Change Efforts,” *Australian Psychologist* 57, no. 6 (2022): 359–72, <https://doi.org/10.1080/00050067.2022.2093623>.

COVERT CONVERSION PRACTICES

Another pathway into conversion practices that is often overlooked is covert conversion. In this form, individuals may seek therapy or counseling for issues related to their sexuality or gender, without realizing that the therapist may be subtly guiding them toward conforming to cisnormative or heteronormative ideals. The Gender Exploratory Model (GET) is a prime example of covert conversion practices. Framed as a neutral, non-judgmental approach to exploring gender identity, GET can subtly pressure individuals to doubt their gender identity, encouraging conformity to traditional gender roles or presenting gender non-conformity as a “phase.”⁷⁶ In these cases, survivors may not even realize that they are being steered toward rejecting their authentic selves. Instead, they may believe they are receiving unbiased guidance, only to find that their sense of gender identity is undermined, leading to confusion and emotional distress. This covert approach can be just as damaging as more overt forms of conversion practices, as it involves a slow erosion of autonomy under the guise of support.

Importantly, mental health professionals must critically reflect on their own assumptions and practices, as covert conversion is not always intentional. Many providers, influenced by societal norms and professional training that reinforce cisnormativity and heteronormativity, may unknowingly steer survivors toward suppressing aspects of their identity. Discursive clearing—the process of actively questioning and unlearning ingrained biases—can help providers recognize how their own beliefs and training may have shaped the way they engage with gender and sexuality in therapy. Without this awareness, even well-intentioned interventions can inadvertently reinforce normative pressures, limiting a survivor’s ability to explore their identity authentically.

In summary, the pathways into conversion practices are diverse and shaped by a combination of internal and external pressures. Whether driven by familial expectations, religious beliefs, societal laws, or internalized stigma, survivors often feel compelled to conform to heteronormative and cisnormative standards, even when these practices cause significant harm to their well-being. Understanding these pathways is essential for mental health providers, as it allows them to approach survivors with empathy, acknowledging the complex factors that led them to engage with conversion practices while offering support for their recovery and healing.

⁷⁶ Florence Ashley, “Interrogating Gender-Exploratory Therapy,” *Perspectives on Psychological Science* 18, no. 2 (2023): 472–81, <https://doi.org/10.1177/17456916221102325>.

The Impact of Conversion Practices

The journey into conversion practices is often shaped by deeply rooted societal, familial, and religious pressures. While each survivor's path may vary, the common thread is that these practices—whether coerced or voluntary—attempt to suppress or alter essential aspects of an individual's identity. The impact of conversion practices is far-reaching, influencing many aspects of survivors' lives, including their psychological, emotional, social, physical, and spiritual well-being. These consequences are often long-lasting, requiring sensitive, specialized approaches in therapy to support recovery.

PSYCHOLOGICAL AND EMOTIONAL IMPACT

The psychological and emotional effects of conversion practices can be severe. Survivors frequently experience anxiety, depression, post-traumatic stress disorder (PTSD), and dissociation. A pervasive sense of shame regarding their identity is also common. Efforts to alter or erase essential parts of a person's identity—whether related to sexual orientation or gender—can cause significant emotional distress, confusion, and self-doubt about their worth and identity.

Survivors often feel betrayed, especially when conversion practices were imposed by trusted individuals such as family members or religious leaders. Goodyear et al. found that survivors often experience a deep sense of alienation, which complicates their ability to reconnect with their authentic selves.⁷⁷ These feelings of betrayal are especially harmful when the individuals or institutions involved were meant to offer love and support.

Many survivors also internalize negative societal beliefs about LGBTIQ identities, which can manifest as self-loathing or a belief that their identity is fundamentally flawed. Hallman, Yarhouse, and Suárez highlight that the shame survivors experience is often persistent, requiring specific therapeutic strategies to challenge and overcome.⁷⁸ This internalized negativity often manifests as deeply ingrained self-doubt, creating a barrier to healing and self-acceptance.

Survivors also experience significant identity confusion, as they struggle to reconcile their authentic selves with the version they were pressured to adopt. This internal conflict often complicates their journey toward self-acceptance, as survivors must navigate between the self they were encouraged to reject and the self they are learning to embrace.

SOCIAL AND RELATIONAL IMPACT

The social and relational effects of conversion practices are profound and often enduring. Many survivors face fractured relationships, particularly with family members, religious

⁷⁷ Trevor Goodyear et al., "They Want You to Kill Your Inner Queer but Somehow Leave the Human Alive": Delineating the Impacts of Sexual Orientation and Gender Identity and Expression Change Efforts," *The Journal of Sex Research* 59, no. 5 (2022): 599–609, <https://doi.org/10.1080/00224499.2021.1910616>.

⁷⁸ Janelle M. Hallman, Mark A. Yarhouse, and Elisabeth C. Suárez, "Shame and Psychosocial Development in Religiously Affiliated Sexual Minority Women," *Journal of Psychology and Theology* 46, no. 1 (2018): 3–21, <https://doi.org/10.1177/0091647117748450>.

leaders, and communities that played a role in coercing them into conversion practices. These betrayals often lead to feelings of abandonment and social isolation. The emotional fallout from these breaches of trust can leave survivors disconnected from their families and communities.⁷⁹

In many African contexts, coercion into conversion practices often stems from cultural or familial expectations that relate to “family honor” or social status. In these cases, LGBTIQ identities are seen as a threat to the family’s reputation or position within the community, leading to intense pressure to conform.⁸⁰ Survivors may feel compelled to submit to conversion practices to regain their family’s approval, despite the harm it causes.

Alienation from cultural or religious groups can be particularly painful. When these practices are enforced by figures of authority within faith or cultural settings, survivors may find it difficult to reconcile their identities with their cultural or spiritual values. In some cases, this estrangement results in a complete disconnection from supportive networks, making it hard for survivors to find emotional safety and care.

The damage caused by conversion practices often extends beyond family and faith. Survivors may face difficulties in their educational and professional lives as well. Rejection from family can lead to underachievement in school, social difficulties, and a lack of support in forming healthy friendships. These challenges can make it harder to build a stable career or gain social independence, reinforcing feelings of isolation.⁸¹

Additionally, survivors may experience mistrust or alienation within LGBTIQ communities. The shame and fear from past rejection can make it difficult for them to connect with others who share their identity. This sense of loss and disconnection can also affect their ability to participate in social or political organizing, deepening the sense of erasure from both their chosen and birth communities.

PHYSICAL AND SPIRITUAL IMPACT

The physical and spiritual impacts of conversion practices are often intertwined with their emotional and psychological consequences. Survivors who have endured invasive practices such as fasting, exorcisms, medical interventions, or physical abuse may face long-term health issues. These health problems can range from injuries sustained during “treatment” to complications arising from starvation or forced medication. Despott et al. note that many survivors avoid seeking medical care due to a fear of further trauma or disbelief from healthcare providers, leaving these wounds unaddressed.⁸²

Many survivors experience spiritual crises, particularly when their conversion practices are rooted in religious beliefs. For some, reconciling their faith with their LGBTIQ identity becomes a significant challenge. They may feel caught between religious teachings that label their identities as sinful and their authentic selves. Dromer et al. describe how survivors may

⁷⁹ Ryan et al., “Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents.”

⁸⁰ Ibid.

⁸¹ Jones et al., “Supporting LGBTQ+ Peoples’ Recovery from Sexual Orientation and Gender Identity and Expression Change Efforts.”

⁸² Nathan Despott et al., *Supporting Survivors of LGBTQ+ Conversion Ideology and Practices: A Reference Guide* (La Trobe University, Melbourne, 2022).

experience intense guilt and question their worthiness of spiritual acceptance and love.⁸³ This internal conflict often leads to spiritual trauma, where individuals feel disconnected from both their faith and their identity.

For some survivors, the process of healing includes reconciling their faith with their identity. However, this reconciliation can be complicated by the deeply held beliefs of the religious community that once shaped their worldview. This process may involve redefining their relationship with religion or seeking out affirming religious communities that support both their faith and their sexual or gender identity.

⁸³ Ibid.



Barriers To Healing and Help-Seeking

Survivors of conversion practices often face significant barriers when seeking healthcare. These barriers can hinder their access to both physical and mental health services, exacerbating the trauma they've experienced. Prominent barriers are included below.

MISTRUST OF HEALTHCARE PROVIDERS

Many survivors of conversion practices develop mistrust of mental health professionals due to past negative experiences, particularly when healthcare providers were involved in or endorsed such practices. This mistrust often acts as a barrier to seeking further care, as survivors may associate psychological interventions with the trauma, judgment, and humiliation they endured.

Trispiotis and Purshouse conceptualize conversion “therapy” as a degrading and humiliating practice, reinforcing the harm it inflicts on survivors.⁸⁴ These elements of disrespect and dehumanization exacerbate the psychological trauma associated with the practice. Consequently, survivors often develop a deep aversion to mental health practitioners and psychotherapy, as these can become symbolic of their past trauma. For many, engaging with mental health services may trigger memories of judgment, coercion, and devaluation of their identity, making it challenging to trust practitioners or believe in the potential for affirming care.

INSTITUTIONAL BARRIERS

The LGBTIQ community has historically been marginalized, mistreated, and overlooked by society and healthcare systems. As a result, this community encounters numerous barriers to accessing quality healthcare and experiences poorer physical and mental health outcomes compared to their heterosexual and cisgender counterparts.⁸⁵ One of the contributing factors to these disparities is the scarcity of healthcare providers who are knowledgeable about LGBTIQ issues and trained to offer affirming care. This lack can make it challenging for survivors to find professionals who understand their specific needs and can provide appropriate support. Healthcare systems in many African countries lack the necessary training and resources to provide competent and culturally appropriate care for LGBTIQ individuals. There is often a lack of understanding the specific health needs of this community, leading to inadequate, inappropriate, or even discriminatory care.

⁸⁴ Ilias Trispiotis and Craig Purshouse, “‘Conversion Therapy’ As Degrading Treatment,” *Oxford Journal of Legal Studies* 42, no. 1 (2022): 104–32, <https://doi.org/10.1093/ojls/ggab024>.

⁸⁵ Miriam M. Moagi et al., “Mental Health Challenges of Lesbian, Gay, Bisexual and Transgender People: An Integrated Literature Review,” *Health SA = SA Gesondheid* 26, no. 1 (2021): 1487–1487, <https://doi.org/10.4102/hsag.v26i0.1487>.

FINANCIAL BARRIERS

LGBTIQ individuals often face significant financial barriers when accessing affirming healthcare. Specialized medical services such as hormone therapy, gender-affirming surgeries, and mental health support are typically expensive due to limited availability and high costs. Many healthcare systems such as medical aids may also not cover certain medications and procedures leaving LGBTIQ people to bear the full expense of necessary treatments. High rates of poverty and unemployment in many African countries lead to lower socioeconomic status for LGBTIQ individuals, making it even more challenging to afford healthcare. As research in South Africa shows, this economic marginalization is directly linked to stigma and discrimination, which restrict access to education, employment, and financial stability.⁸⁶ The scarcity of affirming healthcare providers, especially in rural areas, may require long-distance travel, adding further financial strain.

In some contexts, socioeconomic precarity can heighten a family's vulnerability to coercive religious or cultural narratives that frame queerness as the cause of hardship. Families facing poverty, illness, or unemployment may be told by traditional healers or religious leaders that the presence of an LGBTIQ family member is to blame for their "bad luck" or spiritual imbalance. This scapegoating can lead to immense pressure on both survivors and their families, with conversion practices falsely offered as a path to healing or restoration. In settings where access to accurate information is limited and survival is a daily concern, these beliefs can become powerful tools of coercion, making economically strained families more susceptible to harmful interventions.

Moreover, the public stigma attached to having an LGBTIQ+ child or family member can lead to social exclusion from extended family, churches, or community support networks, further isolating families and intensifying their economic challenges. In extreme cases, families may disown their child altogether to "rid" themselves of bad luck, viewing the act of rejection as a necessary sacrifice for acceptance or financial prosperity. This tragic intersection of cultural superstition, religious beliefs, and economic vulnerability creates an environment where LGBTIQ individuals are not only denied access to affirming healthcare but are also scapegoated for broader systemic issues their families face.

LEGAL AND POLICY BARRIERS

In some countries, the absence of laws banning conversion practices, coupled with limited legal protections for LGBTIQ individuals, creates significant barriers to seeking support and accessing affirming care. This lack of legal protection often leaves survivors of conversion practices hesitant to come forward or seek help, fearing further harm or lack of recourse. The situation is further complicated in some African countries where laws criminalize same-sex relationships and "non-conforming" gender identities.⁸⁷ Such laws perpetuate a hostile

⁸⁶ S. N. Nyeck and Debra Shepherd, The Economic Cost of LGBTQ Stigma and Discrimination in South Africa, UCLA School of Law, Williams Institute, December 2019, <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Impact-LGBT-Discrimination-South-Africa-Dec-2019.pdf>.

⁸⁷ Lere Amusan, Luqman Saka, and O. Adekeye Muinat, "Gay Rights and the Politics of Anti-Homosexual Legislation in Africa: Insights from Uganda and Nigeria," *Journal of African Union Studies* 8, no. 2 (2019): 45–66, <https://www.jstor.org/stable/26890403>; Augustine Edobor Arimoro, "Interrogating the Criminalisation of Same-Sex Sexual Activity: A Study of Commonwealth Africa," *Liverpool Law Review* 42 (2021): 379–399, <https://doi.org/10.1007/s10991-021-09280-5>; Luvo Kasa, "Queer Affirmative Practice in Africa: A Social Work Practice Model for Working with LGBTQIA+ People," *Research in Social Sciences and Technology* 9, no. 1 (2024): 279–90, <https://doi.org/10.46303/ressat.2024.16>; Moagi et al., "Mental Health Challenges of Lesbian, Gay, Bisexual and Transgender People."

environment, making LGBTIQ individuals reluctant to engage with healthcare systems due to fears of Exposure, legal repercussions and possible punishment. As a result, LGBTIQ individuals are less likely to access healthcare services, significantly increasing their risk of adverse physical and mental health outcomes.⁸⁸

African countries that criminalize homosexuality and gender diversity are significantly less likely to have institutions that provide affirming healthcare services due to the legal, societal, and systemic barriers these laws create. Governments in such contexts are unlikely to allocate resources or develop policies that support affirming care, as doing so would be seen as contradictory to the legal framework. Advocacy groups that might push for inclusive healthcare are often silenced or restricted which further limits any progress. Even if there are affirming and well-intentioned providers, the anti- LGBTIQ laws discourage them from offering affirming care due to concerns about legal uncertainties, professional risks, and potential backlash. In such contexts, practitioners may be hesitant to provide necessary support or advocate for LGBTIQ health rights, fearing that their actions could be misinterpreted as promoting “homosexual practices” and thus contravening discriminatory laws. This reluctance creates a critical gap in the availability of affirming healthcare, leaving LGBTIQ individuals with limited or no access to providers who are knowledgeable and supportive.

CULTURAL AND RELIGIOUS BARRIERS

Cultural and religious barriers actively hinder LGBTIQ individuals in Africa from accessing necessary healthcare services. In many African societies, traditional beliefs and norms often stigmatize non-heteronormative sexual orientations and gender identities, labelling them as immoral or unnatural. Religious teachings prevalent across the continent may condemn LGBTIQ identities, reinforcing negative perceptions and leading to discrimination.

Healthcare providers, as products of their cultural and social contexts, are likely to be influenced by cultural and religious biases. This can manifest in various ways, including overt discrimination, refusal to provide care, or a lack of sensitivity when interacting with LGBTIQ clients. Providers may consciously or unconsciously prioritize their personal beliefs over their professional responsibilities, leading to substandard care, inappropriate questioning, or even outright denial of services. For LGBTIQ individuals, such experiences create fear of judgment or mistreatment among LGBTIQ individuals, discouraging them from seeking essential healthcare.

Stigma and discrimination are also significant barriers to healthcare for LGBTIQ individuals, as they contribute to poor healthcare-seeking behaviors by fostering an environment of fear, mistrust, and marginalization.⁸⁹ Negative attitudes and biases among healthcare providers can lead to inadequate care, misdiagnoses, or outright denial of services. As a result, LGBTIQ people may delay or avoid seeking medical attention to prevent potential discrimination, which exacerbates health disparities within this community. These barriers contribute to higher rates of mental health issues, substance abuse, and preventable diseases among LGBTIQ individuals.

⁸⁸ Abbas Jessani et al., “Healthcare Access and Barriers to Utilization among Transgender and Gender Diverse People in Africa: A Systematic Review,” *BMC Global and Public Health* 2, no. 1 (2024): 44–12, <https://doi.org/10.1186/s44263-024-00073-2>.

⁸⁹ Ibid.

Survivors of conversion practices face multifaceted barriers to accessing healthcare, significantly impacting their physical and mental well-being. These barriers are rooted in mistrust of healthcare providers, institutional shortcomings, stigma, financial constraints, legal and policy obstacles, fear of exposure, and cultural or religious discrimination. Together, these challenges perpetuate health disparities and create environments where LGBTIQ individuals are denied equitable care. Addressing these barriers requires an integrated approach that includes trauma-informed, affirmative practices, culturally competent care, and systemic changes to create inclusive healthcare systems.



Unique Needs of Survivors of Conversion Practices

Survivors of conversion practices enter therapeutic spaces with needs that are deeply shaped by the harm they experienced. These needs reflect the long-lasting impact of efforts to suppress or erase fundamental aspects of their identity. Coercive and stigmatizing interventions often leave survivors with internalized shame, fractured relationships, and unresolved grief, all of which influence their recovery journey.

The effects of conversion practices are not confined to the time of their occurrence. Survivors may continue to experience emotional, relational, spiritual, and physical challenges long after the practices have ended. Their needs are complex and multifaceted, shaped by cultural, familial, and societal contexts. While each survivor's experience is unique, common themes emerge that highlight the need for safety, affirmation, connection, and empowerment. These needs are also shaped by intersecting factors such as race, disability, socio-economic barriers, and systemic discrimination, requiring responses that are culturally responsive and accessible.

This section outlines 16 needs that correspond to the guidelines in this toolkit. These needs form a conceptual framework for understanding the survivor's journey, providing insight into the long-term impact of conversion practices. They are not prescriptive or exhaustive but reflect key areas that are central to the survivor's well-being and self-reclamation.

SAFE AND AFFIRMING ENVIRONMENT

Survivors require therapeutic spaces that provide not only physical safety, but also emotional and psychological safety. Conversion practices often instill deeply harmful messages that frame survivors' identities as unacceptable, thus fostering feelings of shame, fear, and self-doubt. An affirming environment counteracts these messages by offering consistent validation and unconditional acceptance of their authentic selves.

This need extends beyond neutrality; it involves creating an actively affirming space where survivors feel seen, valued, and free from judgment. Emotional safety allows survivors to explore and express their experiences and identities without fear of rejection or minimization. A safe and affirming environment lays the groundwork for trust, openness, and engagement, enabling survivors to begin reconnecting with their sense of self and embarking on their healing journey.⁹⁰

While the concept of safety in therapeutic work is context-dependent, it can be informed by broader human rights frameworks that emphasise dignity, autonomy, and non-discrimination. The Yogyakarta Principles (see APPENDIX 1. THE HISTORICAL AND SOCIAL CONTEXT OF SEXUAL AND GENDER DIVERSITY IN AFRICA), though primarily legal in scope, offer a helpful backdrop for understanding what a rights-affirming approach to safety might entail. Grounding therapeutic practice within such frameworks underscores the ethical imperative to create spaces where survivors are free from coercion, and where their identities are not only protected but affirmed.

⁹⁰ Ryan et al., "Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents."

TRUST IN RELATIONSHIPS

Trust is a fundamental need for survivors of conversion practices, yet it is often profoundly disrupted by their experiences. Authority figures such as therapists, religious leaders, or family members—who should have been sources of safety—may have played direct roles in their harm. This betrayal can leave survivors questioning whether trust is possible in any relationship, especially those involving power dynamics.

For survivors, trust is not just about feeling safe in the moment but also about believing that relationships can be dependable and mutually respectful over time. The ability to trust requires survivors to feel that their autonomy, boundaries, and experiences are consistently honored. Survivors may approach relationships cautiously, testing the waters as they work to rebuild their confidence in others and, ultimately, in themselves. Trust is both a relational and internal process, shaped by survivors' unique histories and ongoing efforts to reconnect with their sense of safety and control.⁹¹

SUPPORT FOR TRAUMA RESPONSES AND EMOTIONAL REGULATION

The psychological impact of conversion practices often manifests as trauma responses, including anxiety, depression, post-traumatic stress, dissociation, and emotional dysregulation. These responses are not just reactions to the original harm but also to the ongoing challenges of navigating stigma, rejection, and internalized shame. Survivors may find themselves overwhelmed by emotions they cannot easily identify or manage, particularly when exposed to triggers that evoke memories of their experiences.

This need reflects the importance of creating a space where survivors can begin to understand the effects of trauma on their thoughts, feelings, and behaviors. Emotional regulation is not just about managing distress but about building tools for resilience and self-connection. Survivors often benefit from learning to recognize triggers, developing strategies to ground themselves in moments of overwhelm, and fostering a sense of control over their emotional world. Addressing this need helps survivors move toward stability and enables them to more fully engage in the healing process.⁹²

PROCESSING GRIEF, LOSS, AND REGRET

Survivors of conversion practices often carry deep emotional burdens, including grief for what was lost, regret over actions taken under coercion, and anger at those who caused harm. These emotions often center on missed opportunities to live authentically, damaged relationships, or the time and energy spent suppressing their true selves. The layered nature of these feelings can make them difficult to confront, particularly when they are intertwined with shame or self-blame. Grief in this context extends beyond mourning the past—it reflects survivors' ongoing efforts to reconcile their experiences with their present reality.

Acknowledging these emotions is a key part of survivors' healing journey, as it allows them to process their pain without judgment. Survivors often seek to make sense of what was lost,

⁹¹ Joel R. Anderson et al., "Engaging Mental Health Service Providers To Recognize and Support Conversion Practice Survivors Through Their Journey to Recovery," *Cognitive and Behavioral Practice* 31, no.1 (2024): 20–25, <https://doi.org/10.1016/j.cbpra.2023.08.005>.

⁹² Flentje, Heck, and Cochran, "Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy."

while also envisioning ways to reclaim agency and purpose in their lives. The process of working through grief and regret involves holding space for both the harm endured and the potential for growth, enabling survivors to rebuild a sense of hope and self-compassion as they move forward.

RECLAIMING IDENTITY AND BUILDING PRIDE

Conversion practices often leave survivors disconnected from their authentic selves, instilling confusion, self-doubt, and internalized shame about their identities. These experiences create a sense of disconnection, as survivors are often taught to view fundamental aspects of who they are as wrong or in need of change. This can lead to a fragmented identity, where survivors struggle to reconcile the person they were forced to be with the person they truly are.⁹³

Reclaiming identity is a deeply personal process that involves rediscovering and affirming one's true self while challenging the harmful messages survivors internalized. Survivors often seek to rebuild a positive and cohesive sense of identity, grounded in self-acceptance and pride. This reclamation is not only about rejecting past shame but about creating space for self-expression, celebrating individuality, and embracing the multifaceted aspects of who they are. Survivors may also reconnect with cultural or community identities that affirm and validate their experiences, strengthening their sense of belonging.⁹⁴

BUILDING RESILIENCE

Conversion practices often erode survivors' sense of agency, leaving them feeling disempowered and ill-equipped to face ongoing challenges. These experiences can create a perception of helplessness, where survivors doubt their ability to navigate adversity or make meaningful decisions for themselves. The stigma and rejection they encounter may further compound this sense of vulnerability, making it difficult to move forward with confidence.⁹⁵

Building resilience involves recognizing personal strengths and developing adaptive strategies that help survivors regain a sense of control and self-efficacy. This process is not only about recovering from past harm but also about fostering the ability to manage future challenges. Resilience is often cultivated through reframing negative beliefs, identifying sources of internal and external support, and fostering hope for the future. For many survivors, resilience becomes a pathway to reclaiming their sense of purpose and stability, enabling them to envision a life beyond the harm they endured.

ESTABLISHING SAFETY AND BOUNDARIES

Survivors of conversion practices often struggle with establishing and maintaining boundaries, particularly in relationships with individuals or communities that caused harm. The coercive and manipulative nature of conversion practices frequently violates personal autonomy, leaving survivors uncertain about their rights and how to protect themselves in future interactions. This erosion of agency can create patterns of over-accommodation or self-silencing, which further undermine their sense of safety and self-respect.⁹⁶

⁹³ Hallman, Yarhouse, and Suárez, "Shame and Psychosocial Development in Religiously Affiliated Sexual Minority Women."

⁹⁴ Ryan et al., "Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents."

⁹⁵ Flentje, Heck, and Cochran, "Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy."

⁹⁶ Despott et al., Supporting Survivors of LGBTQ+ Conversion Ideology and Practices.

Re-establishing safety and boundaries is central to survivors' recovery, as it allows them to regain a sense of control over their emotional and physical well-being. Boundaries help survivors differentiate between affirming and harmful relationships, enabling them to navigate interactions with greater clarity and confidence. This process also fosters a renewed understanding of their own needs, rights, and worth, laying the foundation for healthier and more supportive connections moving forward.⁹⁷

MANAGING CRISIS AND EMOTIONAL DISTRESS

Survivors of conversion practices may face episodes of intense emotional distress, such as panic attacks, overwhelming anxiety, self-harm or suicidal ideation. These crises often stem from the cumulative harm of conversion practices, including the internalized stigma and rejection they endured. Survivors may also experience heightened vulnerability during key moments of stress, such as confrontations with unsupportive individuals or reminders of past trauma.⁹⁸

The ability to manage emotional distress is critical for survivors' sense of stability and safety. In moments of crisis, survivors may feel isolated or powerless, underscoring the importance of developing strategies that foster a sense of control. This includes recognizing triggers, grounding themselves in the present, and accessing supportive networks or resources. Effective management of distress not only reduces immediate risks but also strengthens survivors' overall capacity to navigate challenging emotions and situations in the future.

RECONNECTION AND RECONCILIATION WITH SIGNIFICANT OTHERS AND COMMUNITIES

Survivors often experience fractured or distant relationships with significant others and communities as a result of conversion practices. These practices may have created or reinforced estrangement, whether through imposed rejection, survivors' own protective distancing, or shifts in their sense of belonging. Survivors may need opportunities to reconnect with supportive people or groups who were once important to them, while also navigating the complex dynamics of reconciliation.

Reconnection is deeply personal and may involve a range of emotions, including hope, apprehension, or grief. Survivors may grapple with questions of trust, safety, and whether reconciliation is possible or desirable in certain relationships. Rebuilding these connections often plays a key role in fostering a renewed sense of belonging and support, enabling survivors to move forward with stronger, affirming relationships in their lives.

SPIRITUAL AND RELIGIOUS RECONCILIATION

For many survivors, spirituality or religion remains a meaningful part of their identity, even when it has been weaponized against them through conversion practices. These practices often use faith-based rhetoric to frame LGBTIQ identities as incompatible with religious beliefs,

⁹⁷ Anderson et al., "Engaging Mental Health Service Providers."

⁹⁸ Flentje, Heck, and Cochran, "Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy."

creating deep internal conflicts. Survivors may feel alienated from their spiritual communities or struggle to reconcile their faith with their authentic selves, leading to feelings of guilt, confusion, or loss.⁹⁹

The need for spiritual or religious reconciliation is highly personal and may take many forms. Some survivors may seek to redefine their relationship with faith, finding affirming ways to integrate their beliefs and identities. Others may choose to disengage from harmful religious communities or explore new spiritual paths that align with their values. Whether survivors maintain, modify, or release their connection to spirituality, the process of reconciliation often involves addressing feelings of betrayal, restoring a sense of agency, and seeking spaces that affirm both their identity and their beliefs.

INTIMACY AND SEXUAL WELL-BEING

Survivors of conversion practices often carry shame and discomfort related to intimacy and sexuality. Conversion practices explicitly or implicitly teach that certain forms of intimacy or sexual expression are unnatural, undesirable, or wrong, leaving survivors with distorted beliefs about their own bodies and relationships. This harm can manifest as difficulty trusting others, fear of rejection, or avoidance of intimacy altogether.¹⁰⁰

The need to rebuild a healthy sense of intimacy and sexual well-being is multifaceted. Survivors may seek to reframe negative messages they internalized and explore what intimacy and connection mean to them in affirming ways. This includes addressing both emotional vulnerability and the physical aspects of sexual relationships, such as seeking sexual health care. Survivors may initially struggle to engage in health-seeking behaviors related to their sexual health, such as STI prevention or treatment, due to shame or fear. Rediscovering their capacity for connection, trust, and pleasure is central to reclaiming these aspects of their identity and well-being.

NAVIGATING FAMILY DYNAMICS

Family relationships are often deeply impacted by conversion practices, particularly when family members have played a role in endorsing or enforcing them. Survivors may feel betrayed by loved ones who were complicit in these practices or failed to protect them. This can lead to strained or fractured relationships, where trust is eroded and survivors feel emotionally unsafe. Conversely, some survivors may experience grief over the loss of familial closeness or connection, even when relationships were harmful.¹⁰¹

Navigating family dynamics involves untangling the complex interplay of loyalty, pain, and autonomy. Survivors may need to evaluate which relationships can be repaired and which may require distance to protect their well-being. For some, reconciliation may be a possibility, involving difficult but meaningful conversations to rebuild trust and mutual understanding. Others may need to prioritize setting firm boundaries to safeguard their emotional and psychological safety. These dynamics are further shaped by cultural, religious, and intergenerational factors, making each survivor's path deeply personal and context-specific.

⁹⁹ Elisabeth Dromer et al., "Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors," *SSM - Qualitative Research in Health* 2 (2022): 100194, <https://doi.org/10.1016/j.ssmqr.2022.100194>.

¹⁰⁰ Hallman, Yarhouse, and Suárez, "Shame and Psychosocial Development in Religiously Affiliated Sexual Minority Women."

¹⁰¹ Anderson et al., "Engaging Mental Health Service Providers."

SAFE ENGAGEMENT IN DIGITAL SPACES

For many survivors, digital spaces offer opportunities to reconnect with affirming communities and access support, but they also present significant risks. Survivors may encounter cyberbullying, harassment, or exposure to invalidating content that mirrors the rejection and stigma experienced during conversion practices. For some, the anonymity of online spaces can provide a buffer that fosters exploration and connection, but for others, these spaces can exacerbate feelings of vulnerability if boundaries and privacy are compromised.¹⁰²

Navigating digital spaces safely is critical for survivors as they seek to rebuild their sense of trust and connection. Survivors often need support to develop digital literacy skills, such as recognizing affirming online communities, protecting their privacy, and managing negative interactions. When used intentionally, digital platforms can become empowering tools that provide survivors with access to accurate information, opportunities for advocacy, and affirming relationships, helping to counter the isolation and misinformation often perpetuated by conversion practices.¹⁰³

NAVIGATING DISINFORMATION AND MISINFORMATION

Survivors of conversion practices often face a barrage of disinformation and misinformation about LGBTIQ identities and the harmful impacts of conversion practices. These false or distorted narratives, perpetuated by anti-LGBTIQ groups and societal stigma, can deepen survivors' internalized shame and complicate their understanding of their own experiences. Disinformation may frame conversion practices as legitimate or beneficial, while undermining evidence-based, affirming perspectives, creating confusion and mistrust in survivors' paths to healing.¹⁰⁴

The need to navigate misinformation is critical for survivors to reclaim their autonomy and self-understanding. Developing critical thinking skills and media literacy enables survivors to recognize and challenge harmful narratives while seeking credible, affirming resources. Access to accurate information about LGBTIQ identities and affirming care helps counter the lingering impact of conversion practices and fosters confidence in survivors' ability to advocate for themselves in the face of misleading or hostile rhetoric.¹⁰⁵

EQUITY IN RELATIONSHIPS

Survivors of conversion practices often experience heightened sensitivity to power dynamics, stemming from past coercion or manipulation by authority figures such as therapists, religious leaders, or family members. These dynamics can leave survivors feeling disempowered or hesitant to fully engage in relationships where they perceive an imbalance

¹⁰² Nkem Agunwa, "Feminism and the Digital Era: Challenges and Opportunities in Africa," *Feminist Africa* 5, no. 2 (2024): 113–126, <https://feministafrica.net/2024/08/30/feminisms-in-the-digital-age-feminism-and-the-digital-era-challenges-and-opportunities-in-africa/>; Anderson et al., "Engaging Mental Health Service Providers."

¹⁰³ Despott et al., Supporting Survivors of LGBTQ+ Conversion Ideology and Practices; Stephan Lewandowsky, Ullrich K. H. Ecker, and John Cook, "Beyond Misinformation: Understanding and Coping with the 'Post-Truth' Era," *Journal of Applied Research in Memory and Cognition* 6, no. 4 (2017): 353–69, <https://doi.org/10.1016/j.jarmac.2017.07.008>.

¹⁰⁴ Despott et al., Supporting Survivors of LGBTQ+ Conversion Ideology and Practices; Meredith McNamara et al., "Scientific Misinformation and Gender Affirming Care: Tools for Providers on the Front Lines," *Journal of Adolescent Health* 71, no. 3 (2022): 251–53, <https://doi.org/10.1016/j.jadohealth.2022.06.008>.

¹⁰⁵ Lewandowsky, Ecker, and Cook, "Beyond Misinformation;" Anderson et al., "Engaging Mental Health Service Providers."

of control. Survivors may also struggle with asserting their autonomy, particularly when they have been conditioned to suppress their needs or defer to others.¹⁰⁶

Equity in relationships is essential for survivors to rebuild trust and regain a sense of agency. Survivors need relationships where their voices are respected, their autonomy is prioritized, and collaboration is central. Equitable relationships provide a foundation for survivors to feel valued and empowered, creating spaces where they can navigate interactions without fear of judgment or invalidation. This need reflects survivors' desire to move beyond dynamics of power and control toward connections rooted in mutual respect and understanding.¹⁰⁷

CONSISTENT AND ETHICAL CARE

Survivors of conversion practices often have a heightened sensitivity to inconsistency or breaches of trust due to past experiences with coercive and manipulative interventions. Authority figures, including therapists, religious leaders, or family members, may have played roles in their harm, leaving survivors wary of relationships that involve power dynamics. Survivors need assurance that their therapeutic care will be reliable, ethical, and affirming, creating a foundation of safety and predictability.¹⁰⁸

Consistent and ethical care reflects not only adherence to professional standards but also an ongoing commitment to respecting survivors' autonomy and dignity. Survivors benefit from therapeutic relationships that are clear in their boundaries, transparent in their intentions, and affirming in their approach. Such care provides survivors with the stability needed to rebuild trust and engage meaningfully in the healing process, helping them move toward long-term resilience and empowerment.¹⁰⁹

CONCLUSION

This section has provided a comprehensive exploration of the unique experiences, challenges, and needs of survivors of conversion practices, offering mental health providers critical insights into the profound impact of these harmful interventions. From understanding who survivors are, to recognizing the intersectional factors that shape their experiences, to outlining the specific therapeutic needs that underpin recovery, this chapter serves as a foundation for survivor-centered care.

By acknowledging the multidimensional harm survivors endure—across psychological, emotional, relational, spiritual, and societal domains—practitioners are better equipped to engage survivors with empathy and affirmation. Survivors' needs for safety, trust, connection, and empowerment require thoughtful, culturally responsive, and intersectional approaches that honor their autonomy and resilience. These needs also underscore the systemic barriers

¹⁰⁶ Despott et al., Supporting Survivors of LGBTQ+ Conversion Ideology and Practices; Anderson et al., "Engaging Mental Health Service Providers."

¹⁰⁷ Jill S. Levenson, Shelley L. Craig, and Ashley Austin, "Trauma-Informed and Affirmative Mental Health Practices With LGBTQ+ Clients," *Psychological Services* 20, no. S1 (2023): 134–44, <https://doi.org/10.1037/ser0000540>; Tyler M. Argüello, "LGBTQ+-Affirmative Practice in Social Work," In *Social Workers' Desk Reference*, 4th ed., ed. L. Rapp-McCall, K. Corcoran, and B. Roberts (Oxford University Press, 2022), 77–83.

¹⁰⁸ Despott et al., Supporting Survivors of LGBTQ+ Conversion Ideology and Practices; Anderson et al., "Engaging Mental Health Service Providers."

¹⁰⁹ Levenson, Craig, and Austin, "Trauma-Informed and Affirmative Mental Health Practices With LGBTQ+ Clients;" Psychological Society of South Africa, 2024.

survivors face, from internalized stigma to structural inequities, reinforcing the importance of both individual care and broader advocacy.

Building on this understanding, SECTION C: FOUNDATIONS FOR AFFIRMING AND TRAUMA-INFORMED CARE delves into the principles and approaches that guide effective therapeutic interventions. These frameworks, rooted in trauma-informed and affirmative practice, provide practitioners with the tools to create safe, empowering, and transformative spaces for survivors. By integrating this knowledge into their practice, mental health providers can move beyond simply addressing harm to fostering resilience, healing, and self-reclamation for survivors of conversion practices.



SECTION C: FOUNDATIONS FOR AFFIRMING AND TRAUMA- INFORMED CARE

Supporting survivors of conversion practices requires more than therapeutic insight—it necessitates a paradigm shift in how care is conceptualized and delivered. Section C explores two complementary approaches essential for fostering healing and empowerment: the affirmative approach and trauma-informed care.

These frameworks challenge the discriminatory and pathologizing narratives that have historically shaped mental health and societal responses to LGBTIQ identities. Together, they form a robust foundation for practitioners to engage with survivors in ways that validate their identities, restore their autonomy, and prioritize safety and well-being.

The affirmative approach underscores the inherent worth and natural diversity of LGBTIQ identities, advocating for a practice that centers acceptance, validation, and social justice. It aims to dismantle stigma and internalized oppression, fostering an environment where clients can explore and embrace their authentic selves without fear of judgment or coercion.

Trauma-informed care complements this by providing a framework to understand and respond to the profound harm caused by conversion practices. Recognizing the pervasive impact of trauma, this approach emphasizes safety, trust, and empowerment while actively avoiding re-traumatization. For survivors, whose experiences often include systemic betrayal and identity erasure, trauma-informed care offers a pathway to healing grounded in respect, sensitivity, and resilience-building.

By integrating these approaches, mental health practitioners are better equipped to provide compassionate, affirming, and culturally responsive care, addressing the unique needs of survivors while advocating for systemic change to prevent future harm.

AFFIRMATIVE PRACTICE

Affirmative practice is an approach that recognizes and validates the identities, experiences, and needs of LGBTIQ individuals. It goes beyond tolerance or neutrality by actively embracing, affirming, and advocating for diverse sexual orientations, gender identities, and expressions. This approach challenges cisnormativity and heteronormativity, ensuring that LGBTIQ people are seen, heard, and supported in ways that affirm their dignity and self-determination.

For a more comprehensive understanding of affirmative practice, consult PsySSA's *Practice Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People*.¹¹⁰

DEFINING AFFIRMATIVE PRACTICE

Affirmative practice is more than just validation—it is a holistic, intentional approach to working with LGBTIQ individuals that actively challenges societal biases and structural inequalities. It is rooted in curiosity, critical thinking, and ethical responsibility, ensuring that every person is supported in ways that honor their agency, lived experiences, and evolving self-understanding.

At its core, affirmation means recognizing LGBTIQ identities as inherent, valid, and not in need of change or correction. It is not about reinforcing a singular narrative of identity development

¹¹⁰ PsySSA, *Practice Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People*.

but about creating space for exploration, nuance, and complexity. It involves meeting people where they are, respecting the pace of self-discovery, and ensuring that care is always contextually, developmentally, and ethically appropriate.

What affirmation is not:

- It is not passive agreement or immediate validation without reflection—affirmation does not mean unquestioningly agreeing with a client but rather fostering an environment where they feel safe to explore and express themselves.
- It is not prescriptive—affirmative practice does not dictate a specific path for identity development but rather supports self-determination.
- It is not about rushing decisions—affirmative care, including gender-affirming care, is exploratory, client-centered, and informed by best practices in psychological and medical ethics.

GENDER-AFFIRMING CARE: A NUANCED PERSPECTIVE

One area where misunderstanding is common is gender-affirming care. Contrary to misconceptions, it is not a rigid or automatic process, nor is it solely focused on medical interventions.

Gender-affirming care:

- ***Affirms people, not just gender***—it is about supporting the whole person, not just their gender identity
- ***Is exploratory, not rushed***—affirmative care supports questioning, reflection, and exploration, allowing individuals to navigate their identity at their own pace
- ***Is developmentally appropriate***—it considers the unique needs of children, adolescents, and adults, ensuring that interventions align with capacity, autonomy, and informed consent
- ***Recognizes diversity of experiences***—not all trans or gender-diverse people pursue medical transition, and gender-affirming care is about respecting diverse pathways

Informed consent is a cornerstone of affirmative practice—this means ensuring that individuals have access to accurate, developmentally appropriate information and that decisions are made collaboratively, with consideration of factors like language, disability, and support systems.

The Broader Affirmative Lens

Affirmative practice extends beyond gender and sexuality—it is a framework for engaging with all marginalized identities in ways that recognize historical, systemic, and cultural contexts. It requires continual reflection, unlearning of biases, and a commitment to equity,

justice, and inclusive care. It is not about political correctness but about ensuring that no one is made to feel that their identity is an obstacle to receiving care, support, or dignity.

Affirmative practice is also not just about individual validation; it also requires awareness of cultural and spiritual narratives that have shaped LGBTIQ people's lives, particularly for survivors of conversion practices. Many have been taught that their gender identity or sexual orientation conflicts with their faith or cultural heritage, leading to profound spiritual trauma and cultural disconnection.¹¹¹ Affirmative practitioners must be prepared to support clients in navigating these tensions, whether that involves reclaiming faith and tradition, finding new affirming spaces, or disengaging from harmful religious or cultural structures altogether. This requires a non-prescriptive, client-led approach that honors the survivor's right to define their own relationship with spirituality and culture.

MINORITY STRESS AND AFFIRMATIVE PRACTICE

As discussed in Section A, minority stress theory explains how systemic stigma, discrimination, and exclusion create environments that negatively impact LGBTIQ individuals' well-being. For survivors of conversion practices, these stressors are even more acute, as they often experience multiple layers of rejection—from family, religious institutions, and broader societal structures. The effects of internalized stigma, anticipatory stress, and structural discrimination contribute to significant mental health disparities, reinforcing shame and making resilience an ongoing challenge.¹¹²

Understanding minority stress in practice means recognizing that many LGBTIQ individuals—particularly those who have survived conversion practices—may struggle with self-doubt, anxiety about acceptance, or hypervigilance in new spaces. An affirmative approach actively counters these harms by fostering environments where LGBTIQ people feel safe, valued, and empowered.

This includes:

- Helping clients recognize how external oppression has shaped their experiences—affirmation means naming and dismantling internalized narratives of shame, not just offering validation
- Providing space for self-exploration without pressure or expectation, ensuring clients feel free to engage with their identities at their own pace
- Addressing resilience as an active, community-supported process, rather than something individuals must navigate alone¹¹³

Minority stress is not just about personal struggles—it is about the broader systems that create those struggles. Affirmative practice must go beyond individual support to advocate for structural change, challenge exclusionary policies, and ensure LGBTIQ individuals have access to affirming spaces.

¹¹¹ Clark, "Looking Back and Moving Forward."

¹¹² Ilan H. Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," *Psychological Bulletin* 129, no. 5 (2003): 674–97, <https://doi.org/10.1037/0033-2909.129.5.674>; Frost and Meyer, "Minority Stress Theory: Application, Critique, and Continued Relevance."

¹¹³ Argüello, "LGBTQ+-Affirmative Practice in Social Work."

Relevance of the Affirmative Approach for Survivors of Conversion Practices

Conversion practices are designed to undermine self-acceptance, leaving survivors with deep shame, internalized stigma, and a fractured sense of identity. An affirmative approach directly counters these harms by validating identity, restoring autonomy, and fostering self-worth. It provides a framework for healing that centers the survivor's agency, allowing them to reclaim their identity on their own terms.

The following principles guide affirmative practice in supporting survivors of conversion practices and LGBTIQ individuals more broadly.

ACCEPTANCE AND VALIDATION

Affirmative practice starts with unconditional positive regard—a foundational principle in client-centered care.¹¹⁴ This means recognizing that LGBTIQ identities are natural and valid and creating a safe, non-judgmental space where clients feel free to express themselves without fear of rejection or correction.

What this means in practice:

- Offering explicit affirmation rather than just passive neutrality
- Acknowledging and validating the client's lived experiences, particularly the harm caused by conversion practices
- Countering internalized stigma, helping clients recognize that the distress they feel often stems from societal rejection rather than an inherent flaw in themselves

For survivors of conversion practices, acceptance is not just about recognizing identity—it is about undoing years of imposed self-rejection.

CLIENT-CENTERED AND COLLABORATIVE CARE

Affirmative care places the client at the center of their healing process, ensuring that they have control over their journey. Conversion practices often strip individuals of their autonomy, forcing them into rigid, coercive frameworks. Affirmative practice does the opposite—it honors self-determination and allows clients to explore their identity at their own pace.¹¹⁵

¹¹⁴ Carl R. Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," *Journal of Consulting Psychology* 21 (1957): 95-103, <http://dx.doi.org/10.1037/h0045357>.

¹¹⁵ Carl R. Rogers, *Client-Centered Therapy, Its Current Practice, Implications, and Theory* (Houghton Mifflin, 1951); PsySSA, *Practice Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People*.

What this means in practice:

- Meeting clients where they are, rather than imposing a specific “affirmative” trajectory
- Allowing space for identity exploration and uncertainty without pressure or expectation
- Collaborating with clients to develop individualized, affirming strategies for self-acceptance and coping

For some survivors, this may mean reclaiming faith or cultural belonging, while for others, it may mean disengaging from harmful environments. Either way, the client leads the process.

NON-PATHOLOGIZING APPROACH

Historically, LGBTIQ identities were treated as mental illnesses, reinforcing harmful narratives that fueled conversion practices.¹¹⁶ Affirmative care rejects this history, emphasizing that distress experienced by LGBTIQ individuals is a response to external oppression, not an inherent flaw.¹¹⁷

What this means in practice:

- Recognizing that mental health challenges in LGBTIQ clients are often linked to minority stress and past trauma, not identity itself
- Ensuring that clinical spaces do not replicate past harms—for example, avoiding neutrality when a client describes being pressured to change
- Offering care that supports identity exploration without framing it as a “treatment” process

For survivors of conversion practices, this shift is critical—many were explicitly told they were broken, sinful, or disordered. Non-pathologizing care helps them unlearn these messages and recognize that their struggles are not a result of being LGBTIQ, but of being forced to deny who they are.

INTERSECTIONAL AND CULTURALLY RESPONSIVE CARE

LGBTIQ individuals exist within multiple social, cultural, and historical contexts—race, class, disability, and religion all shape their experiences.¹¹⁸ Survivors of conversion practices often grapple with complex intersections, particularly in contexts where religious or cultural belonging is deeply tied to identity.¹¹⁹

What this means in practice:

- Understanding that some clients may feel conflicted about their LGBTIQ identity and their cultural or religious background
- Recognizing how structural oppression, such as anti-LGBTIQ laws or religious condemnation, affects identity development¹²⁰

¹¹⁶ Jack Drescher, “Out of DSM: Depathologizing Homosexuality.”

¹¹⁷ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*.

¹¹⁸ Kimberlé Crenshaw, “Demarginalizing the Intersection of Race and Sex.”

¹¹⁹ Brown and Njoko, “They Are Demon Possessed.”

¹²⁰ Matebeni, Monro, and Reddy, *Queer in Africa: LGBTIQ Identities, Citizenship, and Activism*.

- Supporting clients in navigating cultural or spiritual reconciliation, whether that means reclaiming faith or detaching from harmful teachings¹²¹

Affirmative care does not assume that a client's goal is to fully integrate into Western LGBTIQ spaces—cultural nuance matters.

EMPOWERMENT AND ADVOCACY

Survivors of conversion practices often experience deep disempowerment, having been denied agency over their own identity and choices. Affirmative practice actively restores autonomy, ensuring that clients have the tools to make informed decisions about their lives.

What this means in practice:

- Providing access to accurate information about LGBTIQ identities, rights, and community resources
- Equipping clients with self-advocacy skills, helping them navigate healthcare, family, or faith-based environments
- Challenging systemic barriers, including discrimination in healthcare, legal systems, and religious institutions¹²²

Empowerment is not just about helping clients feel confident in themselves—it is about giving them the tools to navigate and challenge oppressive systems.

ETHICAL RESPONSIBILITY AND CONTINUOUS LEARNING

Affirmative practice is an ongoing commitment, not a static framework. Practitioners must engage in continuous education and self-reflection, recognizing that LGBTIQ identities and experiences are diverse, evolving, and shaped by historical and cultural contexts.

What this means in practice:

- Staying informed about current LGBTIQ research, policies, and best practices¹²³
- Engaging in self-reflection, questioning biases, and recognizing areas for growth¹²⁴
- Ensuring that affirmative care is dynamic and responsive, not rigid or prescriptive

This is particularly important for working with survivors of conversion practices, as the psychological impacts of these experiences require deep sensitivity and an awareness of ethical complexities.

¹²¹ Rakgwata Phoke Alpha and Sekgobela Tumelo, "Conflict Resolution in Indigenous Communities: A Social Work Perspective," *International Journal of Research in Business and Social Science* 13, no. 10 (2024): 68–77, <https://doi.org/10.20525/ijrbs.v13i10.3789>.

¹²² PsySSA, Practice Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People.

¹²³ Ibid.

¹²⁴ Hyunmin Yu et al., "LGBTQ + Cultural Competency Training for Health Professionals: A Systematic Review," *BMC Medical Education* 23, no. 1 (2023): 558–558, <https://doi.org/10.1186/s12909-023-04373-3>.

CULTURAL HUMILITY AND RESPONSIVENESS

Cultural humility is essential in affirmative practice, ensuring that care is respectful, inclusive, and attuned to the diverse lived experiences of LGBTIQ individuals. Rather than assuming expertise in another's identity or background, cultural humility requires an ongoing commitment to learning, self-reflection, and adaptability.¹²⁵

What this means in practice:

- Understanding the historical and cultural contexts that shape LGBTIQ experiences, particularly in relation to faith, ethnicity, disability, and socio-economic status
- Addressing barriers in healthcare and social services, ensuring that LGBTIQ individuals have access to competent, affirming, and culturally responsive care¹²⁶
- Recognizing and mitigating microaggressions, fostering meaningful relationships between service providers and LGBTIQ clients through active listening, accountability, and openness to growth

Initially applied to race and ethnicity, cultural humility has since been expanded to encompass gender and sexual diversity, acknowledging the need for continuous learning and reflexivity when working with LGBTIQ individuals.¹²⁷ Rather than viewing cultural competency as a final goal, cultural humility recognizes that understanding identity is an ongoing process, shaped by each client's unique experiences and evolving self-perception.

Affirmative practice is not just about making LGBTIQ individuals feel welcome in therapeutic or support settings—it is about actively dismantling the shame, stigma, and oppression they have faced. For survivors of conversion practices, this means offering space for healing without pressure, supporting their self-determination, and equipping them with the tools to rebuild their sense of self.

By prioritizing validation, empowerment, intersectionality, and ethical responsibility, affirmative care provides a framework for not only supporting LGBTIQ individuals but also advocating for broader systemic change.



This connects to the next section on trauma-informed care, which explores how affirmative practice aligns with trauma-sensitive approaches for survivors of conversion practices.

¹²⁵ Temitope Ogundare, "Culture and Mental Health: Towards Cultural Competence in Mental Health Delivery," *Journal of Health and Social Sciences* 5, no. 1 (2020): 23–34, <https://doi.org/10.19204/2019/cltr6>.

¹²⁶ Yu et al., "LGBTQ + Cultural Competency Training for Health Professionals."

¹²⁷ Ibid.

Practitioner Self-Reflection Tool for Affirmative Practice

This self-reflection tool is designed for practitioners to critically engage with their own biases, assumptions, and practices when working with LGBTIQ individuals, particularly survivors of conversion practices. It goes beyond a checklist, encouraging deeper introspection and accountability. Practitioners are encouraged to journal their responses, revisit them periodically, and use them as a foundation for continuous learning and growth.

CULTURAL HUMILITY AND REFLEXIVITY

Cultural humility is not about mastering knowledge—it is about continuously questioning what you think you know.

How do I approach working with LGBTIQ clients whose cultural or religious backgrounds differ from my own?

- Do I assume my cultural perspective on identity and sexuality is “neutral” or universal?
- How do I navigate my own discomfort when engaging with cultural or religious beliefs that have historically marginalized LGBTIQ people?
- Am I actively learning from LGBTIQ individuals within different cultural contexts rather than relying solely on Western psychological frameworks?

Am I aware of how my own shared background with a client may shape my assumptions?

- If I come from a similar cultural, religious, or regional background as my client, do I assume that our experiences are the same?
- Do I unconsciously project my own healing journey or perspectives onto them rather than allowing space for their unique process?
- Am I remaining curious and open, even when I feel I “understand” where a client is coming from?

In what ways might my assumptions about “affirmation” be shaped by dominant cultural narratives?

- Do I assume that embracing LGBTIQ identity should always follow a specific (often Western) trajectory?
- How do I respond when a client expresses ambivalence or conflict about their identity due to cultural, familial, or religious pressures?
- Do I support clients in navigating their identity on their own terms, even when their process does not align with my personal or professional expectations?



Action Step

Engage with literature and perspectives from non-Western LGBTIQ communities and practitioners working in faith-based or collectivist cultural settings. Additionally, reflect on instances where sharing a background with a client may have led to assumptions rather than open-ended exploration—how can you ensure curiosity remains central to your approach?

POWER, PRIVILEGE, AND BIAS IN THERAPEUTIC SPACES

Practitioners hold power in therapeutic relationships, even when they strive for collaboration. How do you acknowledge and navigate this?

- Am I aware of how my own positionality (gender, race, class, sexuality, religion, ability) shapes my perspective on LGBTIQ identity?
 - Have I critically examined how my personal beliefs about gender and sexuality might influence the way I engage with clients?
 - Do I unconsciously prioritize LGBTIQ narratives that align with my own worldview while dismissing those that challenge it?
- How do I ensure that my clinical approach does not replicate the same dynamics of control and coercion that define conversion practices?
 - Do I create space for genuine exploration rather than assuming that affirmation means immediate certainty?
 - Am I able to sit with a client's uncertainty, grief, or fear, without pushing them toward a particular resolution?
 - How do I balance affirming a client's identity while also ensuring they have the space to critically engage with their experiences?



Action Step

Reflect on a moment in practice where your own biases, discomfort, or assumptions may have shaped your engagement with an LGBTIQ client. What would you do differently now?

ETHICAL RESPONSIBILITY AND THE LIMITS OF “NEUTRALITY”

Neutrality often benefits dominant systems rather than marginalized people. How does this show up in your work?

- When confronted with a client who has experienced religious or familial rejection, do I avoid discussing oppression in an attempt to “remain neutral?”
 - If so, who benefits from this silence?

- How do I ensure that I am acknowledging harm without retraumatizing the client or positioning them as powerless?
- How do I respond to a client who expresses internalized homophobia or transphobia as a result of conversion practices?
 - Do I rush to challenge their beliefs, or do I allow space for them to process and unlearn at their own pace?
 - Am I unintentionally reinforcing the idea that healing should be linear, immediate, or tied to a Western model of LGBTIQ identity?
- In my interactions with colleagues, do I challenge outdated or harmful beliefs about LGBTIQ clients, or do I stay silent to avoid discomfort?



Action Step

Read and critically engage with the PsySSA Guidelines on Ethical Considerations in Affirmative Care. Consider how your approach aligns with these principles.

INTERSECTIONALITY AND STRUCTURAL AWARENESS

LGBTIQ experiences are shaped by multiple intersecting identities—does your practice reflect this complexity?

- How do I ensure that my approach is responsive to the needs of LGBTIQ individuals with intersecting marginalized identities?
 - Do I consider how race, disability, class, and legal status impact a client's access to affirming care?
 - Have I educated myself on the unique challenges faced by neurodivergent LGBTIQ individuals, disabled trans people, or asylum seekers fleeing anti-LGBTIQ persecution?
- How do I incorporate an understanding of systemic oppression into my practice?
 - Am I familiar with how laws, religious doctrines, and cultural norms shape LGBTIQ experiences differently in various contexts?¹²⁸
 - Do I ensure that my clinical interventions are not individualizing systemic problems, placing the burden on the client rather than acknowledging structural harms?



Action Step

Identify one systemic barrier LGBTIQ clients in your region face (e.g., lack of gender-affirming healthcare, criminalization, housing discrimination). How can you advocate for change in your professional role?

¹²⁸ Matebeni, Monro, and Reddy, *Queer in Africa: LGBTQI Identities, Citizenship, and Activism*.

LANGUAGE, REPRESENTATION, AND ACCESSIBILITY

Affirmative practice is not just about what we do—it is also about how we communicate, both verbally and non-verbally.

- Do I use inclusive and precise language when discussing LGBTIQ identities?
 - Have I updated my language to reflect current best practices, avoiding outdated or pathologizing terms?¹²⁹
 - Am I mindful of using affirming terminology without imposing labels that a client may not identify with?
- How accessible is my practice for LGBTIQ clients?
 - Are my intake forms, policies, and visual materials reflective of diverse LGBTIQ identities?
 - Have I ensured my practice is physically and digitally accessible to disabled LGBTIQ individuals?



Action Step

Conduct an audit of your professional materials (intake forms, website, office environment). Do they reflect an inclusive and affirming approach?

FINAL REFLECTION

Affirmative practice is not a static competency—it is an ongoing commitment to critical self-awareness, learning, and systemic change.

- What is one area of affirmative practice where I feel confident?
- What is one area where I recognize the need for deeper engagement and reflection?
- What concrete steps will I take in the next three months to strengthen my ability to provide affirming, ethical, and culturally responsive care?



Action Step

Practitioners are encouraged to engage with this tool regularly, using it to guide professional development, clinical supervision, and peer discussions.

¹²⁹ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5.

Trauma-Informed Care

Trauma-informed care (TIC) is a holistic framework that recognizes the pervasive impact of trauma on individuals, families, and communities, and seeks to provide services that prioritize safety, empowerment, and healing.¹³⁰ For survivors of conversion practices, TIC offers a critical approach to addressing the unique and often significant harm caused by interventions aimed at suppressing or altering their sexual orientation, gender identity, or gender expression. This chapter provides an overview of TIC principles and their application to the care of conversion practices survivors, emphasizing the importance of culturally sensitive, affirming, and strengths-based approaches.

DEFINING TRAUMA-INFORMED CARE

TIC is not a specific technique but a framework that influences every aspect of care delivery. It is grounded in the understanding that trauma disrupts an individual's sense of safety, trust, and control, often leading to long-lasting psychological, physical, and relational harm.¹³¹ TIC shifts the focus from "What's wrong with you?" to "What happened to you?"¹³² This reframing reduces stigma, recognizes trauma as a response to adverse experiences, and fosters healing environments. The framework rests on several principles:

- **Safety:** Ensuring physical and emotional security
- **Trustworthiness and transparency:** Building reliable and consistent relationships
- **Peer support:** Leveraging shared experiences to foster connection and understanding
- **Collaboration and mutuality:** Emphasizing partnership in care delivery
- **Empowerment, voice, and choice:** Promoting agency and self-determination
- **Cultural, historical, and gender sensitivity:** Recognizing systemic influences on trauma experiences¹³³

THE RELEVANCE OF TIC FOR SURVIVORS OF CONVERSION PRACTICES

Conversion practices inherently inflict trauma by targeting fundamental aspects of a person's identity. Survivors often emerge from these practices with complex trauma, betrayal trauma, and identity-related harm. TIC is uniquely suited to address these challenges by focusing on healing, affirmation, and empowerment.

Understanding the Trauma of Conversion Practices

Conversion practices invalidate LGBTIQ identities, perpetuating shame and fear. Survivors often experience coercion, psychological manipulation, and betrayal by trusted figures such

¹³⁰ Substance Abuse and Mental Health Services Administration (SAMHSA), SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, July 2014, <https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>.

¹³¹ Sophie Isobel, "The 'Trauma' of Trauma-Informed Care," *Australasian Psychiatry : Bulletin of the Royal Australian and New Zealand College of Psychiatrists* 29, no. 6 (2021): 604–6, <https://doi.org/10.1177/10398562211022756>.

¹³² SAMHSA, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

¹³³ Levenson, Craig, and Austin, "Trauma-Informed and Affirmative Mental Health Practices With LGBTQ+ Clients."

as family members or religious leaders.¹³⁴ The harm extends beyond the practices themselves, as survivors frequently face systemic oppression and societal stigma that exacerbate their trauma.¹³⁵ TIC acknowledges these layered experiences and provides a framework to address the relational, cultural, and systemic dimensions of trauma.

Restoring Safety and Trust

Many survivors approach care with distrust, particularly if previous therapeutic or religious spaces reinforced the harm of conversion practices. TIC prioritizes creating safe environments where survivors feel respected and valued. Transparent communication, clear boundaries, and consistent care are essential for rebuilding trust and fostering a sense of security.¹³⁶

Empowering Survivors and Restoring Agency

Conversion practices strip survivors of autonomy, forcing them to suppress or deny their authentic selves. TIC counters this disempowerment by promoting self-determination and affirming survivors' identities.¹³⁷ Empowerment involves validating their experiences, supporting their decisions, and encouraging self-exploration without judgment.

Recognizing Intersectionality and Cultural Context

African LGBTIQ survivors often navigate unique intersections of cultural, religious, and systemic pressures. TIC emphasizes cultural humility and responsiveness, recognizing that survivors' experiences are shaped by the interplay of their identities and societal contexts.¹³⁸ Practitioners must understand the role of family, faith, and community in shaping survivors' experiences of harm and healing.

Minimizing Re-Traumatization

Conversion practices often replicate patterns of coercion, judgment, and control. Survivors may encounter similar dynamics in therapeutic or community settings, risking further harm. TIC seeks to avoid re-traumatization by fostering non-hierarchical relationships and ensuring survivors have control over their therapeutic journey.¹³⁹ Sensitivity to potential triggers, such as religious language or therapy structures that mimic conversion practices, is critical.

Fostering Resilience and Connection

Despite the harm of conversion practices, many survivors demonstrate remarkable resilience. TIC builds on this resilience by highlighting strengths and fostering connection to

¹³⁴ Ryan et al., "Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents."

¹³⁵ Joseph Mumba Zulu et al., "Living a Private Lie: Intersectional Stigma, Depression and Suicidal Thoughts for Selected Young Key Populations Living with HIV in Zambia," *BMC Public Health* 24, no. 1 (2024): 1937–15, <https://doi.org/10.1186/s12889-024-19278-z>.

¹³⁶ Isobel, "The 'Trauma' of Trauma-Informed Care."

¹³⁷ Levenson, Craig, and Austin, "Trauma-Informed and Affirmative Mental Health Practices With LGBTQ+ Clients."

¹³⁸ Hyojin Im, Cecily Rodriguez, and Jill M. Grumbine, "A Multitier Model of Refugee Mental Health and Psychosocial Support in Resettlement: Toward Trauma-Informed and Culture-Informed Systems of Care," *Psychological Services* 18, no. 3 (2021): 345–64, <https://doi.org/10.1037/ser0000412>.

¹³⁹ Isobel, "The 'Trauma' of Trauma-Informed Care."

affirming communities.¹⁴⁰ Peer support networks, LGBTIQ organizations, and trauma-informed community spaces can play a pivotal role in recovery.

Participatory Healing

Healing from trauma is not always an individual process—it is often deeply communal and cultural. Clark emphasizes that participatory, collective approaches to healing—such as storytelling, community-based support, and traditional conflict resolution practices—are essential in addressing trauma caused by systemic oppression, cultural alienation, and religious harm.¹⁴¹ This is particularly relevant for survivors of conversion practices, many of whom have experienced not just personal rejection, but institutionalized and community-wide forms of harm. Trauma-informed care, therefore, must be culturally responsive, survivor-led, and adaptable to Indigenous, faith-based, or collective healing practices where relevant.

THE “WINDOW OF TOLERANCE”

The “window of tolerance” is a foundational concept to trauma-informed care introduced by Dr. Daniel Siegel to describe the optimal zone of arousal in which individuals can function effectively and maintain emotional regulation.¹⁴² Within this window, people are able to think clearly, process information, and respond adaptively to challenges. For survivors of trauma, understanding and expanding their window of tolerance is crucial for healing and recovery.

Key Concepts of the Window of Tolerance

1. Optimal zone of arousal

- In the window of tolerance, individuals feel calm yet alert. They are able to manage stress, engage socially, and process emotions without becoming overwhelmed or shutting down.

2. Hyperarousal

- When outside the upper limit of the window, individuals experience heightened arousal, often characterized by fight-or-flight responses.
- Symptoms include anxiety, panic, hypervigilance, or anger.

3. Hypoarousal

- When outside the lower limit of the window, individuals may experience a state of reduced arousal or dissociation.

¹⁴⁰ Christopher S. Guelbert, “Providing Trauma-Informed Care to Patients Who Identify as LGBTQAI,” *Nursing* (Jenkintown, Pa.) 53, no. 4 (2023): 45–48, <https://doi.org/10.1097/01.NURSE.0000920440.68593.aa>.

¹⁴¹ Jude Clark, “Acting up and Speaking out: Using Theatre of the Oppressed and Collective Memory Work as Alternative Research Methods and Empowerment Tools in Work with Girls,” *Agenda* (Durban) 23, no. 79 (2009): 49–64, <https://doi.org/10.1080/10130950.2009.9676223>.

¹⁴² Daniel J. Siegel, *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, 2nd ed. (Guilford Press, 2012).

- Symptoms include numbness, detachment, or feeling “shut down.”

4. Impact of trauma on the window of tolerance

- Trauma can narrow an individual’s window of tolerance, making it more difficult to stay within this optimal zone.
- Survivors of trauma, including conversion practices, may frequently find themselves in hyperarousal or hypoarousal states due to triggers or unresolved trauma.

TITRATION: GRADUAL PROCESSING OF TRAUMA

Titration is a trauma-informed therapeutic approach that involves processing traumatic material in small, manageable amounts to ensure emotional safety and prevent overwhelm. This method is particularly relevant for survivors of conversion practices, as the trauma they have endured is often deeply entrenched and tied to their identity, relationships, and sense of self. By pacing the therapeutic process, titration supports survivors in building resilience, fostering trust, and gradually reclaiming their autonomy.

Titration focuses on balancing activation (engaging with trauma-related material) and regulation (returning to a state of calm and safety). The goal is to help survivors develop the capacity to tolerate distress while maintaining emotional stability. This approach avoids retraumatization and supports survivors in integrating their experiences in a way that promotes healing.

Key principles of titration

1. Fragmented processing

- Break down the trauma into smaller, less overwhelming components to address one aspect at a time.
- For example, begin by exploring external details (e.g., the setting of an event) before delving into emotions or sensations.

2. Pendulation

- Move back and forth between activating traumatic material and focusing on neutral or positive topics.
- For instance, after discussing a distressing memory, shift attention to a grounding exercise or a discussion of strengths.

3. Somatic focus

- Pay attention to physical sensations rather than the full emotional or narrative experience of the trauma.
- Survivors might focus on the feeling of tightness in their chest rather than the memory itself, using grounding techniques to release tension.

4. Pacing and consent

- Survivors should guide the pace of the process, deciding when and how much they are ready to address.

- Regularly check in to ensure they feel safe and empowered to pause or redirect if needed.

5. Balancing activation and regulation

- Each step into trauma exploration should be followed by an opportunity to regulate emotions and return to a state of calm.

Benefits of titration for survivors of conversion practices

1. Prevents overwhelm

- By addressing trauma in small doses, survivors can engage with their experiences without feeling emotionally flooded.

2. Builds emotional resilience

- Gradual exposure to trauma strengthens survivors' ability to manage distress, expanding their emotional capacity over time.

3. Empowers survivors

- Titration places control in the hands of the survivor, fostering trust and collaboration in the therapeutic relationship.

4. Promotes integration

- Survivors can process their trauma in a way that feels safe, integrating their experiences into a coherent narrative.

THE BROADER IMPACT OF TIC

In addition to addressing individual trauma, TIC provides a framework for systemic change. Mental health services adopting TIC principles can challenge the societal stigma and discrimination that enable conversion practices to persist. By advocating for affirming policies and practices, practitioners can contribute to creating environments that support LGBTIQ individuals' well-being and autonomy.¹⁴³

CONCLUSION

The affirmative approach and trauma-informed care together form a cohesive foundation for supporting survivors of conversion practices. While each approach brings distinct perspectives—affirmative care emphasizing validation and celebration of LGBTIQ identities, and trauma-informed care focusing on safety, empowerment, and resilience—they are deeply interconnected. Both prioritize the dignity and self-determination of survivors, addressing the significant harm caused by systemic discrimination, coercion, and erasure of identity.

By integrating these approaches, mental healthcare providers are equipped to meet the complex needs of survivors in ways that are compassionate, respectful, and culturally

¹⁴³ Levenson, Craig, and Austin, "Trauma-Informed and Affirmative Mental Health Practices With LGBTIQ+ Clients."

responsive. Affirmative care ensures that survivors feel seen, valued, and supported in their identities, while trauma-informed care provides a structured framework to address the layered impact of trauma and foster pathways toward healing.

As we move into Section D, we translate these theoretical principles into practical, actionable guidelines that mental health practitioners can implement in their work with survivors. This section offers step-by-step guidance on creating therapeutic environments that are safe and affirming, rebuilding trust with survivors, and supporting them in navigating trauma, reclaiming their identities, and rebuilding their lives.

The practical guidelines also extend to fostering community connections, addressing systemic and relational challenges, and empowering survivors to critically engage with disinformation and digital spaces. Additionally, the toolkit provides essential guidance for practitioners on navigating their own positionality, ensuring ethical and equitable care, and practicing self-care to sustain their capacity to provide effective support.

Through these guidelines, practitioners can translate the affirming and trauma-informed frameworks explored in Section C into meaningful interventions, creating transformative therapeutic spaces that support survivors in their journey from trauma to healing, resilience, and self-empowerment.



SECTION D: TOOLKIT

This toolkit provides mental health providers with a flexible and responsive framework to support survivors of conversion practices while maintaining ethical and emotionally grounded care. Grounded in affirmative practice and trauma-informed care, it is designed to be adaptable to each survivor's unique journey, recognizing that healing is deeply personal and non-linear.

HOW TO USE THIS TOOLKIT

The toolkit is divided into two parts:

- **Part One: Survivor-Oriented Care** focuses on practical strategies to meet survivors' immediate and long-term needs, including fostering safety, rebuilding trust, affirming identity, and reconnecting with supportive communities.
- **Part Two: Provider-Oriented Practice** centers on the mental health provider's role in sustaining ethical, equitable, and affirming care. It explores topics such as navigating power dynamics, recognizing privilege, and prioritizing self-care to maintain professional and emotional resilience.

HOW THE TOOLKIT IS STRUCTURED

Each guideline is structured to be practical and accessible, offering a consistent format to help providers engage with the material effectively:

1. **Why?**—This introductory section explains the purpose and significance of the guideline, addressing the broader context or challenges it aims to resolve.
2. **What To Do**—Concrete strategies, skills, and approaches are outlined here, helping providers take actionable steps tailored to survivors' and practitioners' needs.
3. **Activities**—Each guideline highlights relevant resources, such as guided exercises, worksheets, and practical tools. Some are relevant across guidelines and so may be repeated in the toolkit, providing flexible and adaptable options for use in therapy sessions or as take-home materials.
4. **Application Checklist**—Each guideline concludes with a checklist to help practitioners review their application of the material, ensuring it has been effectively integrated into practice.

USING THE TOOLKIT

Providers are encouraged to engage with the toolkit holistically but flexibly, recognizing that each survivor's healing journey will be different. While some may require immediate support in managing a crisis, others may benefit from focusing on identity reclamation, resilience-building, or community connection. Similarly, providers may begin with the sections most relevant to their own development, such as navigating power dynamics or sustaining self-care. As a reminder, the section Navigating the Toolkit: Tips for Providers at the start of this document offers further guidance on how to approach the toolkit flexibly and adaptively.

While the guidelines are organized into two broad parts—**Part One: Survivor-Oriented Care**, and **Part Two: Provider-Oriented Practice**—this is not a linear or step-by-step model.

We chose to begin with the survivor-oriented section to centre survivor needs and experiences, and to highlight the areas where providers can offer the most immediate support. However, the toolkit is intentionally modular and flexible. Providers are encouraged to start with whichever guideline best aligns with the needs of the survivor they are supporting, or with their own areas of growth and reflection.

Many of the activities and tools are relevant across multiple guidelines. For example, if you begin with Guideline 3: Navigating Trauma Responses and Emotional Regulation, you may also wish to consult the **Activity 26 Trauma-Sensitive Communication Guide** found in Guideline 7: Establishing Boundaries and Safety in Relationships, as it offers complementary strategies.

ICONS

Throughout the toolkit, we make use of the following icons:



Notes:
information to be noted



Resources:
some of the resources available for use in that particular section



Importance:
why a specific guideline is important to survivors



Checklist:
activities or things to consider



Provider consideration:
something for the provider to consider



Guided exercise:
exercises a provider can utilize with a survivor

The following pages provide brief summaries of the 16 standalone guidelines included in the toolkit.

Overview of the Guidelines

Guideline 1: Creating a Safe and Affirming Environment

Creating an environment of safety is the foundation for effective care. Survivors of conversion practices often carry deep mistrust and fear of judgement due to their experiences. By incorporating visible affirming symbols, inclusive language, and practices that prioritize confidentiality and safety, providers communicate acceptance and care from the outset.

Guideline 2: Rebuilding Trust in the Therapeutic Relationship

Rebuilding trust after the harm caused by conversion practices is a complex but vital process. Survivors' autonomy and identity have often been invalidated, making it essential to establish clear boundaries, maintain transparency, and engage in collaborative decision-making. Trust-building is framed as a gradual, mutual process where survivors regain confidence in themselves, others, and the therapeutic relationship.

Guideline 3: Navigating Trauma Responses and Emotional Regulation

Survivors of conversion practices often struggle with trauma triggers and emotional overwhelm. This guideline equips them with tools to identify triggers, regulate emotions, and build resilience. Foundational concepts such as the window of tolerance and grounding techniques help create a sense of stability and safety, enabling survivors to reclaim control and fully engage in their healing journey.

Guideline 4: Healing From Loss, Shame, and Regret: Finding Hope and Meaning

Survivors frequently experience grief, shame, and regret related to their experiences. This guideline supports them in processing these emotions, reframing their narratives, and rediscovering a sense of hope and purpose. By fostering self-compassion and growth, survivors can find meaning and move forward in their lives with renewed confidence.

Guideline 5: Reclaiming and Affirming Identity

The harm of conversion practices often leaves survivors disconnected from their authentic selves. This guideline supports them in exploring, affirming, and celebrating their multifaceted identities. By addressing internalized stigma and rejection, survivors can rebuild self-esteem. Culturally nuanced approaches also help them reclaim and celebrate pride in their LGBTIQ and African identities.

Guideline 6: Building Resilience and Strength

This guideline focuses on helping survivors identify and develop their inner strengths. Strategies include normalizing fear, introducing gradual exposure to challenges, and celebrating successes. These tools empower survivors to rebuild self-confidence, approach life with courage, and regain a sense of stability and empowerment.

Guideline 7: Establishing Boundaries and Safety in Relationships

Rebuilding relationships after conversion practices requires a focus on boundaries and emotional safety. This guideline provides survivors with skills to recognize harmful patterns, set clear boundaries, and foster healthy, affirming connections. Prioritizing emotional well-being in relationships helps survivors rebuild trust and create a supportive environment that reinforces their autonomy and resilience.

Guideline 8: Managing Crisis Situations and Emotional Distress

Navigating crisis situations can be overwhelming for survivors, especially those experiencing intense emotional distress. This guideline helps survivors create personalized crisis management plans, implement harm-reduction approaches, and use grounding techniques to stay safe and regain control during high-risk situations. These strategies empower survivors to feel prepared and supported in moments of uncertainty.

Guideline 9: Reconnecting with Significant Others

Rebuilding relationships with supportive friends, mentors, or communities can reduce isolation and foster belonging. This guideline focuses on planning safe, meaningful interactions and re-establishing connections in ways that feel affirming and empowering. Survivors are encouraged to prioritize emotional readiness, communicate openly, and maintain boundaries to protect their well-being.

Guideline 10: Supporting Clients With Spiritual, Religious and Cultural Reconciliation

Conversion practices often exploit survivors' spiritual and cultural identities, leaving lasting harm. This guideline provides support for survivors to reclaim or redefine these aspects of their lives on their terms. By offering non-judgmental, affirming guidance, providers help survivors navigate complex experiences and rebuild a sense of connection to their values, beliefs, and traditions.

Guideline 11: Exploring Intimacy, Romance, and Sexual Well-Being

This guideline addresses the challenges survivors face in reclaiming intimacy and connection. Survivors are supported in unpacking internalized shame, recognizing trauma responses, and exploring intimacy in ways that feel safe and empowering. By defining healthy boundaries and embracing diverse expressions of connection, survivors can reclaim a sense of sexual and emotional well-being at their own pace.

Guideline 12: Navigating Complex Family Dynamics

Families often play a central role in survivors' experiences, both as sources of harm and potential healing. This guideline helps survivors explore family relationships, address feelings of betrayal, and set appropriate boundaries. Survivors are encouraged to navigate intergenerational differences, foster reconciliation where possible, and find balance between biological and chosen families.

Guideline 13: Engaging Safely in Digital Spaces and Building Online Connections

Digital spaces can be both a source of connection and risk for survivors. This guideline equips survivors with strategies to navigate online spaces safely, manage harmful interactions, and build affirming digital networks. Emphasizing digital literacy and privacy, it fosters confidence in engaging with supportive online communities.

Guideline 14: Identifying and Addressing Disinformation and Misinformation

Survivors often encounter harmful narratives or misinformation about LGBTIQ identities. This guideline promotes critical thinking and media literacy, helping survivors recognize bias and challenge disinformation. Providers can guide survivors in accessing credible, affirming information, empowering them to combat stigma and misinformation.

Guideline 15: Navigating Power and Privilege in the Therapeutic Relationship

Providers play a critical role in creating equitable and respectful therapeutic relationships. This guideline encourages practitioners to reflect on their own power and privilege, ensuring culturally humble and survivor-centered care. Collaborative approaches prioritize survivors' voices, fostering trust, empowerment, and a sense of shared purpose in the therapeutic process.

Guideline 16: Self-Care for the Mental Health-Care Provider

Supporting survivors of conversion practices can be deeply meaningful and rewarding work, but it also requires intentional self-care to sustain emotional resilience. This guideline encourages providers to reflect on their own boundaries, seek supervision or peer support, and engage in practices that maintain their well-being. By nurturing themselves, providers are better equipped to offer compassionate, affirming care and remain fully present in their work.



SECTION D: TOOLKIT

Part One: Survivor- Oriented Care

The survivor-centered portion of this toolkit equips mental health practitioners with a nuanced, adaptable framework to support survivors of conversion practices in their recovery journey. This section emphasizes the importance of approaching their recovery with creativity, sensitivity, and a commitment to LGBTIQ-affirmative and trauma-informed care.

The guidelines in this section are designed to address key areas such as trauma, identity reclamation, empowerment, and resilience. They acknowledge the complex realities survivors face, from navigating spiritual or faith-based reconciliation to rebuilding trust and safety in relationships. The focus is on tailoring interventions to meet survivors' immediate needs while laying a foundation for long-term recovery.

FLEXIBILITY AND INTERCONNECTEDNESS

This section does not prescribe a rigid, step-by-step process. Instead, each guideline is designed to function independently, allowing providers to start wherever the survivor's current challenges or goals demand. While the guidelines overlap and build upon one another, practitioners are encouraged to adapt them in ways that honor the survivor's unique circumstances and evolving journey.

It is also important to note that this section does not contain a single guideline focused solely on discussing the survivor's direct experiences of conversion practices. Instead, this focus is interwoven throughout the guidelines. Guideline 3: Navigating Trauma Responses and Emotional Regulation and specific activities in the guideline and the appendices offer tools for exploring these experiences in a way that balances careful attention to trauma without retraumatizing the survivor. A trauma-informed approach means holding space for survivors' stories while prioritizing their safety and emotional stability.

PRACTICAL AND HOLISTIC SUPPORT

The guidelines in this section are accompanied by practical tools, exercises, and worksheets that can be adapted to different therapeutic contexts. These resources are designed to help survivors establish safety, process emotions, rebuild connections, and reclaim their identities. The application checklists at the end of each guideline offer practitioners a way to review and reflect on their approach, ensuring it aligns with survivors' needs and goals.

A SURVIVOR-CENTERED FOUNDATION

Part I serves as a practical and empowering resource, equipping practitioners to meet survivors where they are and support them in reclaiming a sense of agency, connection, and well-being. By tailoring these tools to the survivor's unique journey and remaining flexible in their application, providers can foster trust, safety, and enduring recovery.

Guided Visualization Exercise



This guided visualization is designed to help mental health providers step into the emotional and psychological experience of a survivor of conversion practices as they walk into a therapeutic space. By immersing themselves in this perspective, providers can develop deeper empathy, anticipate potential distress points, and ensure that the environment they create is genuinely affirming and safe.

Take a deep breath. Set aside your professional role for a moment. Instead, imagine that you are someone seeking help after surviving conversion practices.

ENTERING THE SPACE

You pause at the entrance. Your heart is pounding. You've been conditioned to believe that talking about who you are is wrong, dangerous. You hesitate—what if this therapist judges you too? What if they think you are broken? What if they try to fix you?

Do you see anything in this space that signals safety? Any small sign that someone like you is welcomed here? Do the walls, the bookshelves, the intake forms give you reason to trust?

You step inside. The receptionist looks up. Do they greet you warmly? Do they use the name you provided, or do they glance at the form and default to something else? Is their expression neutral, affirming, or hesitant?

You scan the room. Are there others waiting? Do they look like they belong here, like they feel at ease? Does this place feel sterile or cold? Do you feel like an outsider?

SITTING IN THE WAITING ROOM

You take a seat. You don't know where to look. You're afraid to make eye contact. Do you see any materials that acknowledge who you are? A small pride flag? A pamphlet that discusses gender identity and sexual orientation affirmatively? Or does everything here reflect an assumption that all clients are cisgender and heterosexual?

Your mind races. **"Am I about to be hurt again?"** You remind yourself that this is different, that you chose to come here. But still, the fear remains.

MEETING THE PROVIDER

The therapist enters and calls your name. Do they say it right? Do they hesitate? Do they look surprised when they see you?

As you enter their office, you take in the space. What do you see? Are there small, intentional signs that say, **"You belong here"**? Is there a place for you to sit where you feel comfortable? Do you feel exposed, or is there a sense of privacy and security?

The therapist smiles. **“It’s good to meet you. My name is [their name], and I use [their pronouns]. What pronouns do you use?”**

A weight lifts slightly. They asked. They didn’t assume.

You sit down. They ask how they can support you today. **Do you believe them? Do you trust that this space is safe enough to begin to speak?**

Post-Visualization Reflection for Providers

1. What emotions did you experience as you imagined stepping into the space as a survivor?
2. What environmental cues made you feel safe or unsafe?
3. What small but meaningful changes could you make to ensure that a survivor walking into your space immediately feels affirmed?
4. Did you feel any hesitation in trusting the provider? What words, actions, or policies could help reduce that hesitation?
5. If a survivor has been harmed by past therapists, what would you need to communicate to help rebuild their trust in therapy?

This exercise serves as a reminder that **safety is not passive—it is actively created**. Survivors of conversion practices have experienced betrayal, invalidation, and harm in spaces that were supposed to offer care. It is not enough for a therapeutic space to be neutral; it must be affirming, intentional, and proactive in signaling that survivors are not only welcome, but valued, seen, and safe.

Creating a Safe and Affirming Environment



Creating a safe and affirming environment is essential for clients who are survivors of conversion practices, as it establishes a foundation of trust, respect, and emotional security.

Survivors of these harmful practices often carry deep psychological scars and trauma that can make it difficult for them to seek help or openly talk about their experiences.

Conversion efforts frequently target fundamental aspects of a person's identity, such as their sexual orientation or gender identity, leaving survivors with feelings of shame, self-doubt, and isolation. In such cases, providing an environment where clients feel consistently acknowledged, believed, and validated can play a transformative role in their healing journey.

When providers actively affirm and validate a survivor's identity, they help repair the damage to self-esteem caused by these practices and counter the invalidation and rejection many have faced.

By creating an environment where survivors feel respected and valued, providers also help restore their sense of confidence, allowing them to reclaim their identities and rebuild a positive sense of self.

Ultimately, an affirming environment is not only a foundation for effective therapeutic work but also a powerful tool in helping survivors regain their dignity and sense of worth.

PROVIDERS MAY CONSIDER INCORPORATING THE FOLLOWING TO THE REPERTOIRE OF THEIR PRACTICES WHEN ENGAGING WITH CLIENTS WHO ARE SURVIVORS OF CONVERSION PRACTICES:

Displaying visible affirming symbols

- Display symbols such as rainbow flags, pronoun pins, or LGBTIQ affirming brochures and posters. These serve as non-verbal cues for a welcoming, inclusive space.
- However, in countries where homosexuality or gender diversity is criminalized, the provider should seek to balance visibility with safety. For example, discreetly displaying affirming symbols inside the counseling room rather than in a publicly accessible waiting area may protect both client and provider while still conveying safety and support.

Physical safety in the office

- When necessary, consider subtle office signage to avoid drawing unwanted attention. Offer a private entry/exit if possible, ensuring that clients feel secure entering and leaving the space.
- Prepare safety plans for crises, including how to contact emergency services or trusted allies discreetly.
- If possible, provide gender-neutral restrooms or ensure restroom signs are inclusive. This may reduce anxiety for transgender and gender non-binary clients.

Contracting (intake)

- During the first session, explicitly state your confidentiality policies, including any legal limits. Let clients know how you store their information and who has access to such information.
- Obtain informed consent that clarifies what is documented (session notes, progress reports), how it is stored, and how it may be used. Offer transparency so that clients understand their rights and the limits of confidentiality and privacy.
- Make intake forms inclusive by allowing clients to self-identify gender, pronouns, and orientation. Use plain language to ensure the client understands exactly what they are consenting to. This includes using the client's own language or providing clarity where there is a lack of understanding (if a language different from that of the client is used as medium of communication).

Privacy and confidentiality considerations

- All client records, including intake forms, therapy notes, and assessments, should be stored in locked cabinets or password-protected digital files to ensure their security. This helps to prevent unauthorized access and safeguards sensitive information, demonstrating a commitment to the client's privacy and building trust in the therapeutic relationship.
- Restrict access to survivors' information only to authorized others such as the therapist or other relevant professionals involved in the client's care, and only with the client's informed consent. Unauthorized sharing of information can lead to further harm, such as outing the client or exposing them to judgement or discrimination, which can retraumatize survivors and jeopardize their progress in therapy.
- In contexts where LGBTIQ identities are criminalized or stigmatized, it is particularly important to establish clear confidentiality boundaries and communicate to the client the limits of disclosure. Therapists must recognize that breaches of confidentiality in such environments are unethical and may endanger the client's physical safety, legal standing, or access to basic rights. Protecting the client's information is not only an ethical obligation but also a critical step in ensuring their safety and well-being. Being transparent about confidentiality policies and limitations fosters trust and helps clients make informed decisions about what they share.

Using survivors' chosen names and pronouns

- Respecting the client's self-identified name and pronouns is a fundamental aspect of creating a safe, affirming, and inclusive therapeutic environment. Using the client's chosen name and pronouns, even if they differ from their legal documentation, demonstrates respect for their identity and affirms their sense of self. This practice not only fosters trust and rapport but also validates the client's lived experience.
- If there is any uncertainty about a client's name or pronouns, it is important to ask them respectfully and directly: "What name and pronouns would you like me to use?" This approach communicates openness, avoids assumptions, and ensures that the client feels seen and respected.

Openness to feedback

- Invite clients to share how they feel about the safety and comfort of the environment. Ask: "What could make this space feel more safe for you?"
- Be open to making adjustments in response to feedback, whether it is altering office decor, revisiting confidentiality policies or exploring other safer ways of engaging with the client (for example, providing online counseling).
- Emphasize to the client that the therapeutic space (and the safety of the space) is co-created. The client and provider need to work together to maintain a respectful, affirming, and secure environment.



Pronoun guides and affirming language handouts—see [Activity 1 Who Uses What Pronoun?](#)

Where possible, provide pronoun stickers and buttons. This will allow clients to easily communicate their pronouns.

Physical and visual cues, such as displaying flags and inclusive symbols.

Inclusive intake forms—see [Activity 2 Inclusive Forms](#).

Make available hard copies or digital forms for clients to easily and confidentially provide feedback on issues of safety and affirmativeness of the therapy space, as well as interaction with the provider—see [Activity 3 Example of a Feedback Form](#).



- ☐ Displayed affirming symbols (e.g. rainbow flags, pronoun pins, brochures/posters)
- ☐ Ensured affirming symbols were discreetly placed when necessary for safety
- ☐ Offered or advocated for gender-neutral or inclusive restroom facilities
- ☐ Clearly explained confidentiality policies and legal limits during the first session
- ☐ Stored all client records securely in locked cabinets or password-protected files
- ☐ Regularly reviewed confidentiality practices to ensure compliance with ethical standards
- ☐ Respected and consistently used the client's chosen name and pronouns
- ☐ Was open to making changes based on feedback (e.g. adjusting decor, revising policies, exploring online counseling)

Activity 1 Who Uses What Pronoun?

Pronoun use in LGBTIQ communities is individual and not strictly determined by one's sexual orientation or gender identity. A common misconception is that certain groups always use specific pronouns (e.g., trans men always use he/him, trans women always use she/her, nonbinary people always use they/them).

While these may be frequent patterns, in reality, pronoun usage is personal and can vary widely, even among people with similar identities.

BELOW IS A BROAD OVERVIEW.

Transgender men and transgender women

- Transgender men often use **he/him** pronouns
- Transgender women often use **she/her** pronouns

However, some transgender men or women may prefer they/them or another pronoun set, so it is best to ask.

Nonbinary individuals

- **They/them** is a common choice for many nonbinary people.
- **Neopronouns (e.g., ze/zir/hir/xe/xem/ey/em)** are used by some nonbinary, genderfluid, and/or genderqueer individuals.
- **He/they or she/they** combinations: Some nonbinary people use multiple pronouns or rotate between sets.

Genderfluid, genderqueer, and other diverse identities

- People with genderfluid or similarly expansive identities may shift between pronouns over time.
- They might use one pronoun set in certain spaces and another in different contexts, or ask for pronoun updates from people close to them if their expression or comfort changes.

Cisgender lesbian, gay, and bisexual individuals

- Many cisgender (non-trans) individuals use **she/her** (lesbian and female bisexual) or **he/him** (gay and male bisexual) pronouns.
- There are also cisgender queer individuals who prefer gender-neutral or neopronouns for personal reasons related to their overall identity.

Because pronoun use is not determined solely by labeling oneself LGBTIQ, it's essential to ask (when appropriate) rather than guess/assume someone's pronouns based on appearance or name.

Activity 2 Inclusive Forms

Below is an example of an LGBTIQ-inclusive intake form. These items help ensure the form respects diversity, protects confidentiality, and provides a welcoming experience for clients. Avoid saying “preferred name” because it implies using someone’s real name is optional. For trans and nonbinary people, the name they use is simply their name—calling it “preferred” can be dismissive of their identity. Use “name” or “chosen name.” Provide space for a legal name (if applicable) and a chosen name. Clarify how the client prefers to be addressed in and out of sessions.

Legal name:		Chosen name:	
Pronouns (check all that apply): ☐ She/Her/Hers		☐ He/Him/His	☐ They/Them/Theirs
☐ Not listed (please specify):		☐ Prefer not to answer	
Gender	Option 1: (Fill in the blank) Gender:		
	Option 2: Checklist (check all that apply)		
	☐ Woman	☐ Man	☐ Genderfluid
	☐ Cisgender	☐ Unsure	☐ Transgender
	☐ Genderqueer	☐ Not listed (please specify):	
Sex assigned at birth (optional)	☐ Female	☐ Male	☐ Unsure
	☐ Intersex, assigned female	☐ Intersex, assigned male	☐ Intersex, assigned intersex
Sexual orientation/identity (check all that apply)	☐ Queer	☐ Lesbian	☐ Gay
	☐ Bisexual	☐ Pansexual	☐ Polysexual
	☐ Unsure	☐ Straight or heterosexual	☐ Not listed (please specify):
	☐ Prefer not to answer		
Relationship structure	☐ Monogamous	☐ Polyamorous	☐ Non-monogamous/open
	☐ Not listed (please describe):		

Legal name:		Chosen name:	
Emergency contact information	☐ Use the name I go by, pronouns, etc., provided on my general intake form when communicating with this emergency contact.		
	☐ Use different information to refer to me with this emergency contact whenever possible:		
	Name to refer to you by:		*Some emergency situations may require using your legal name, sex assigned at birth, or other information with emergency contacts.
	Pronouns to refer to you by:		
	Gender to identify you as:		
Notes/other information:			
Information related to general	☐ Use the name I go by, pronouns, etc., provided on my general intake form when communicating with this emergency contact.		
	☐ Use different information to refer to me with this emergency contact whenever possible:		
	Name to refer to you by:		
	Pronouns to refer to you by:		
	Gender to identify you as:		
	Notes/other information:		

Ask if it is safe to leave voicemails, send text messages, or emails. Confirm whether it is safe to use the client's chosen name/pronouns when contacting or sending mail.

Activity 3 Example of a Feedback Form

YOUR EXPERIENCE IN THERAPY

Thank you for taking the time to provide feedback on your therapy experience. Your responses are valuable in helping us create and maintain a safe, affirming, and inclusive environment for all clients.

Please respond to the following questions honestly. Your feedback will remain confidential.

General Experience				
How safe do you feel in the therapy space (physical and emotional)?				
☐ Very unsafe	☐ Somewhat unsafe	☐ Neutral	☐ Somewhat safe	☐ Very safe
Do you feel your sexual orientation and/or gender identity is respected and affirmed during sessions?				
☐ Never	☐ Rarely	☐ Sometimes	☐ Most of the time	☐ Always
How comfortable do you feel sharing your experiences, concerns, and identity with your therapist?				
☐ Very uncomfortable	☐ Somewhat uncomfortable	☐ Neutral	☐ Somewhat comfortable	☐ Very comfortable

Interactions with Your Therapist				
Does your therapist use your self-identified name and pronouns consistently?				
☐ Never	☐ Rarely	☐ Sometimes	☐ Most of the time	☐ Always
Does your therapist demonstrate understanding and affirmativeness toward LGBTIQ identities?				
☐ Never	☐ Rarely	☐ Sometimes	☐ Most of the time	☐ Always
Do you feel that your therapist is knowledgeable about LGBTIQ issues and experiences?				
☐ No, not at all	☐ No, not really	☐ Neutral	☐ Yes, to some extent	☐ Yes, definitely
How well does your therapist address or explore concerns specific to your identity or experiences?				
☐ Not at all	☐ Poorly	☐ Neutral	☐ Somewhat well	☐ Very well

Safety and Accessibility

Does the therapy space feel inclusive and welcoming (e.g., visible affirming materials, no discrimination)?

☐ No, not at all☐ No, not really☐ Neutral☐ Yes, to some extent☐ Yes, definitely

Do you feel that your privacy and confidentiality are respected and protected?

☐ *Never*☐ Rarely

☐ Sometimes

☐ Most of the time

☐ Always

Open Feedback

What aspects of therapy or the environment make you feel safe and affirmed?

[illegible]

Are there any changes or improvements you would recommend to make the space or interaction more affirming?

[illegible]

Do you have any additional feedback or concerns regarding your therapy experience?

[illegible]

Activity 4 LGBTIQ Affirmative Practice Self-Evaluation

Providers are encouraged to take the following self-evaluation ascertain if they are affirming in their practice and interaction with LGBTIQ people. Note, this self-evaluation is not exhaustive and not diagnostic, rather, it is designed to help practitioners think deeper about their own behaviors.

INSTRUCTIONS

For each statement, rate yourself on a scale from 1 to 5, where 1 = strongly disagree, 3 = agree and 5 = strongly agree. This form provides a structured way for you to assess your affirmativeness and identify areas for growth. Reassessing periodically can help you ensure you provide the best possible support for LGBTIQ clients.

Statement	1	2	3	4	5
Knowledge and understanding					
I am familiar with LGBTIQ terminology and understand sexual and gender diversity.					
I have attended workshops or training sessions on LGBTIQ affirmative practices.					
I try to understand the unique cultural backgrounds and experiences within the LGBTIQ community.					
Self-awareness					
I am aware of my own biases or assumptions related to LGBTIQ individuals.					
I am open to exploring and addressing any internal biases I may have regarding LGBTIQ identities.					
Inclusive environment					
I use inclusive language when working with LGBTIQ individuals, respecting each person's preferred pronouns and names.					

INSTRUCTIONS

For each statement, rate yourself on a scale from 1 to 5, where 1 = strongly disagree, 3 = agree and 5 = strongly agree. This form provides a structured way for you to assess your affirmativeness and identify areas for growth. Reassessing periodically can help you ensure you provide the best possible support for LGBTIQ clients.

Statement	1	2	3	4	5
My physical space (office, website, documents) reflects inclusivity, such as having visible symbols of LGBTIQ support (if it is safe to do so).					
Client-centered approach					
I listen to my LGBTIQ clients without judgment or assumptions about their experiences.					
I empower LGBTIQ clients to define their own goals and take an active role in their therapeutic journey.					
Issues of intersectionality					
I have an understanding that clients may have overlapping identities (e.g., race, ethnicity, socioeconomic status) that impact their experiences.					
I try to consider how factors such as race, socioeconomic background, and disability intersect with clients' LGBTIQ identities.					
Advocacy					
I am involved in advocacy efforts or support organizations that work toward LGBTIQ equality (if safe to do so).					
I challenge discriminatory practices and policies that impact LGBTIQ individuals when I encounter them (if safe to do so).					
Ongoing self-reflection and improvement					
I welcome feedback from LGBTIQ clients or colleagues to improve my practice.					
I am committed to a lifelong process of learning and unlearning to enhance my affirmativeness in working with LGBTIQ individuals.					

Rebuilding Trust in the Therapeutic Relationship



Rebuilding trust with clients who have survived conversion practices is essential because it affects their ability to heal, reclaim autonomy, and engage fully in both therapeutic processes and personal relationships. Survivors of harmful practices often carry the weight of betrayal, having been subjected to efforts to change or suppress their sexual orientation or gender identity by individuals and institutions they trusted. Many turned to professionals, faith leaders, or loved ones, seeking support and understanding, only to face rejection, manipulation, or coercion in the form of conversion practices. This betrayal can erode their confidence in others, particularly in healthcare or counseling settings, making it challenging for them to feel safe and supported when seeking help.

For survivors, trust is not only an emotional state but also a crucial component of re-establishing a sense of safety. The role of the provider is to create a therapeutic environment where survivors feel respected, believed, and affirmed in their identities. This process involves demonstrating empathy, maintaining transparency about therapeutic goals and boundaries, and honoring the client's pace in addressing sensitive topics.

Rebuilding trust in therapy is not just about the therapeutic relationship; it also extends to helping clients regain their capacity to trust in other areas of life, such as romantic partnerships, friendships, and community connections. By fostering an environment of genuine care and validation, providers can help survivors rebuild confidence in forming meaningful, trusting relationships, which are vital to their emotional recovery and overall well-being.

PROVIDERS CAN DO THE FOLLOWING TO HELP CREATE A TRUSTING ENVIRONMENT FOR THEIR CLIENTS:

Establish clear therapeutic boundaries

- **Make explicit what the provider will not do:** Begin the therapeutic relationship with a clear statement of professional ethics and boundaries. For example, make it clear that the provider will never share the client's private information without their consent (except where mandated by law), and will not engage in any form of "corrective" or "conversion" intervention.
- **Ongoing transparency:** Prioritize clear and open communication throughout the therapeutic process. This involves regularly clarifying the scope, goals, and boundaries of the therapeutic relationship to ensure mutual understanding and alignment with the client's needs. Transparency also means addressing any changes or developments as they arise, such as shifts in therapeutic focus or strategies.
- **Safe and predictable environment:** Make consistent efforts to create a space where the client knows what to expect. A consistent and predictable therapy environment can help clients feel secure and supported. This includes maintaining a consistent schedule for sessions, adhering to agreed-upon start and end times, and providing a stable structure that clients can rely on. Predictability reassures clients, particularly those who have

experienced chaos, instability, or betrayal in their past relationships. It signals dependability and respect for their time and emotional investment, which are critical components of building trust.

Maintain emotional boundaries

- **Self-awareness:** Providers are encouraged to actively monitor their emotional and psychological responses during sessions, especially when a client shares distressing or painful details about their past. This self-awareness is important as hearing about trauma, harm, or difficult experiences can sometimes trigger strong emotional reactions in the provider. These reactions might include feeling upset, anxious, overwhelmed, or even traumatized by the client's narrative. By recognizing these feelings as they arise, the provider can take steps to manage their emotions and maintain professionalism (see also Guideline 16: Self-Care for the Mental Health-Care Provider).
 - **Demonstrate appropriate boundaries:** Consistently set and maintain professional limits that define the provider's role and the client's role within the therapeutic relationship. This means adhering to agreed-upon expectations, such as respecting personal space, avoiding over-sharing, and maintaining a focus on the client's well-being. By doing this, the provider models healthy ways of interacting, showing the client how to engage in respectful, appropriate interactions. This helps the client understand the importance of boundaries in all relationships.
-

Empower clients by involving them in decision-making

- **Collaborative goal-setting:** From the beginning, engage the client in the process of setting therapeutic goals as well as determining the pace at which they are comfortable progressing. This way of working ensures that the therapy is personalized and that clients are empowered to play an active role in their healing journey. By collaborating in these decisions, the provider helps the client feel more in control of their treatment, promoting a sense of ownership and partnership in the therapeutic process.
 - **Shared control over session content:** Providers are encouraged to regularly invite the survivor to suggest topics they wish to explore, ways they would like to handle challenging conversations, and when they need breaks. This collaboration helps restore the survivor's sense of agency, often eroded by past coercive or non-consensual experiences.
-

Acknowledge the imperfections of the therapeutic relationship

- **Acknowledge harms and mistakes:** The therapeutic relationship is not immune to missteps. There may be moments when the client feels misunderstood, hurt, or disappointed. Instead of denying or dismissing these moments or experiences, the provider should welcome open dialogue about them. When those ruptures occur, address them promptly. Apologize when appropriate, clarify misunderstandings, and invite the client to share what they need for the relationship to feel safe again. A responsive approach underscores the possibility of healing and growth even when challenges arise.

Self-care for the mental health-care provider

- **Addressing re-traumatization to rebuild trust:** Re-traumatization can undermine the therapeutic relationship, as survivors may feel vulnerable and hesitant to engage if they experience distress during sessions. Providers must approach trauma work with sensitivity to rebuild trust and foster a sense of safety.

Key strategies include:

- **Recognize and avoid triggers:** Trust is cultivated when survivors see their provider making intentional efforts to avoid re-traumatizing words, environments, or techniques. Learning from the survivor about specific triggers and adjusting the therapeutic approach shows attentiveness and care.
- **Assess readiness:** Respecting the survivor's readiness to engage with challenging topics conveys empathy and respect for their boundaries, strengthening the therapeutic alliance. Gradual introductions to difficult content should align with the survivor's expressed sense of safety.
- **Empower survivors to determine timing:** Allowing survivors to set the pace of revisiting painful memories reinforces their autonomy and builds trust. Communicating that they can pause, shift focus, or use grounding techniques demonstrates that their well-being is the provider's priority.



In a therapeutic setting, activities that encourage open communication, shared decision-making, and emotional safety help strengthen trust between provider and client. The following activities support trust-building and help clients develop trust in relationships outside therapy:

Agreements: Begin therapy by collaboratively creating an agreement that outlines what helps the client feel safe and respected. This might include pausing, taking breaks, or shifting topics when uncomfortable.

Defining trust: Work with the client to define what trust looks and feels like—honesty, consistency, respect for boundaries, and empathy. Understanding these qualities can help clients recognize and request them in others and demonstrate them in their relationships.

Identifying trustworthiness in others: As an extension of the previous exercise, the provider and client can brainstorm characteristics or scenarios that signal trustworthiness in friends, family, or colleagues. This helps clients differentiate between trustworthy and unsafe relationships.

Role-playing boundaries: The provider and client can role-play scenarios where the client sets and enforces boundaries. The provider offers supportive responses to help the client gain confidence in asserting their needs. Additionally, the provider can help the client develop strategies for handling situations where boundary setting is met with resistance or disrespect.

Restating the boundary clearly: Reiterate the boundary using simple, direct language. Avoid lengthy justifications or apologizing for needing the boundary.

Use a “broken record” technique: If the other person continues resisting, calmly repeat the boundary statement. This consistent repetition shows you are serious and non-negotiable.

Challenges outside therapy: Encourage the client to attempt small steps in building trust outside sessions. They might practice setting a boundary with a friend or confiding in someone they consider safe. They can then process the outcomes in therapy to reinforce learning.



This trauma-sensitive approach helps survivors feel seen, respected, and in control, which are essential components of rebuilding trust. For additional techniques related to trauma responses and emotional regulation, refer to Guideline 3: Navigating Trauma Responses and Emotional Regulation.



- ☐ Began with a clear statement of professional ethics and boundaries
- ☐ Practiced self-awareness to monitor
- ☐ Demonstrated and modeled appropriate boundaries in the therapeutic relationship
- ☐ Met promises and commitments (e.g. provided resources or referrals)
- ☐ Communicated openly and was accountable when commitments could not be met
- ☐ Involved clients in goal-setting and decisions about their therapeutic progress
- ☐ Addressed missteps promptly, apologized when needed, and invited open dialogue to repair trust
- ☐ Learned about and avoided client-specific triggers during sessions
- ☐ Assessed readiness before discussing challenging topics

Navigating Trauma Responses and Emotional Regulation



Survivors of conversion practices often experience trauma triggers and emotional dysregulation, making it difficult to engage in therapy and navigate their recovery journey. Empowering survivors with tools to identify and manage triggers, regulate their emotions, and build resilience is essential for fostering safety, stability, and long-term healing.

PROVIDERS CAN DO THE FOLLOWING:

Identify triggers

- Support survivors in recognizing physical, emotional, and situational cues that heighten trauma responses.
- Use journaling or structured checklists to map personal triggers and associated reactions.

Teach the window of tolerance

- Introduce the “window of tolerance,” explaining its role in emotional regulation during stress.
- Help survivors identify signs of moving outside their window, such as feeling overwhelmed or disengaged.
- Use titration techniques to address traumatic material gradually, avoiding overwhelm.

Build emotional regulation skills

- Teach grounding techniques, such as sensory grounding (e.g., 5-4-3-2-1) or deep breathing exercises.
- Guide survivors in creating a personalized toolkit with strategies such as mindfulness, creative outlets, or physical activities.

Develop trauma awareness

- Explain how trauma impacts the brain and body, including fight-flight-freeze-fawn responses.
- Normalize trauma reactions as adaptive survival mechanisms to foster self-awareness and resilience.

Address avoidance and overwhelm

- Gently explore avoidance behaviors as protective responses to trauma.
- Respect the survivor’s readiness to address trauma-related material, encouraging gradual and safe exploration.



Window of tolerance exploration: Teach survivors about the “window of tolerance” to help them identify when they feel overwhelmed or disengaged.

Reflection prompts: “What signs indicate that you’re moving out of your window of tolerance?” or “What strategies help you return to a sense of calm or presence?” See [Activity 5 Guided Exercise: Exploring and Expanding Your Window of Tolerance](#).

Empowerment through choice: Emphasize survivor agency by offering choices at every step of therapy.

Examples: “Would you prefer to focus on grounding exercises or reflect on today’s experiences?” or “Would you like to end the session with a specific coping strategy?”

Trauma narrative building: Help survivors create a coherent narrative of their experiences, focusing on their resilience and growth.

Prompts: “What helped you survive during the most challenging times?” or “How would you describe the strength that carried you through?” See [Activity 6 Trauma Narrative Building: Expanding the Process](#).

Activity 5 Guided Exercise: Exploring and Expanding Your Window of Tolerance

This exercise helps survivors understand their window of tolerance and develop practical strategies to identify, navigate, and expand their optimal zone of emotional regulation. By recognizing signs of hyperarousal and hypoarousal, survivors can build awareness and apply techniques to return to a balanced state.

Step 1: Understanding Your Window of Tolerance	
Visualize your window Imagine your window of tolerance as the space where you feel calm, focused, and in control. Outside this window Hyperarousal: A state of heightened alertness or stress (e.g., anxiety, anger). Hypoarousal: A state of reduced energy or detachment (e.g., numbness, dissociation).	Reflection prompts Hyperarousal: “What do you notice in your body when you feel overwhelmed or anxious?” “What situations/thoughts tend to push you into this state?” Hypoarousal: “How do you feel when you shut down or disconnect emotionally?” “What triggers these feelings of numbness or detachment?”

Step 2: Mapping Your Window of Tolerance

Use the table below to explore what happens inside and outside your window of tolerance.

State	What It Feels Like	Triggers	Strategies That Help
Within Window	Calm, focused, in control	Safe environments, supportive people	Deep breathing, mindfulness, journaling
Hyperarousal	Anxious, panicked, restless, angry	Crowds, loud noises, confrontation	Sensory grounding, slow breathing, movement
Hypoarousal	Numb, detached, frozen, fatigued	Isolation, overwhelming emotions	Gentle activity, stimulating senses, talking

Step 3: Developing Awareness

Recognize early warning signs

What are the first signs that you're moving toward hyperarousal or hypoarousal?

Example:

"I notice my heart racing when I feel anxious" (hyperarousal).

Example:

"I feel heavy and tired when I start to shut down" (hypoarousal).

Monitor patterns

Keep a journal to track situations that impact your emotional regulation.

Use prompts like:

"What was the trigger?"

"What state was I in, and how did it feel?"

"What strategy worked to help me return to my window?"

Step 4: Practicing Regulation Techniques

For hyperarousal

Try grounding exercises like the 5-4-3-2-1 method.

Focus on slow, rhythmic breathing (e.g., 4-7-8 breathing).

Engage in a physical activity, such as walking or stretching.

For hypoarousal

Use sensory stimulation (e.g., splash cold water on your face, hold an ice cube).

Move your body gently (e.g., shake your hands, take a short walk).

Listen to energizing music or connect with someone you trust.

Step 5: Expanding Your Window of Tolerance

Practice gradual exposure

Engage with mildly stressful situations in small, controlled amounts.

Use grounding techniques to stay regulated while exploring challenges.

Build resilience with daily habits

Incorporate mindfulness or meditation practices.

Prioritize sleep, nutrition, and physical activity to support emotional regulation.

Worksheet: Personal Window of Tolerance Plan

Signs I'm within my window	
Signs of hyperarousal	
Signs of hypoarousal	
Common triggers	
Strategies for hyperarousal	
Strategies for hypoarousal	
Daily habits to build resilience	

KEY REMINDERS FOR SURVIVORS

- It's normal for your window of tolerance to fluctuate; be patient with yourself.
- Building awareness and practicing regulation techniques takes time and consistency.
- Reach out for support when you need it—your therapist or support network can help.



Activity 6 Trauma Narrative Building: Expanding the Process

Trauma narrative building helps survivors of conversion practices process their experiences, make sense of their journey, and foster resilience by identifying strengths and moments of growth. By constructing a coherent story, survivors can regain agency, challenge internalized stigma, and integrate their trauma into a narrative that highlights healing and self-acceptance.

Key Goals of Trauma Narrative Building

Process the experience

Create space to explore and articulate the impact of conversion practices on their identity, relationships, and sense of self.

Identify strengths and resilience

Recognize the survivor's innate strengths and strategies that helped them endure and overcome trauma.

Challenge shame and stigma

Shift the narrative from self-blame or shame to empowerment and validation.

Promote integration and healing

Support survivors in understanding how their experiences shape their current identity while fostering self-compassion and future growth.

Step 1: Practicing Regulation Techniques

Preparing the foundation

Before starting the trauma narrative process, ensure the survivor feels safe, supported, and ready.

Pacing and consent:

"Are you comfortable starting this process today? We can stop or adjust at any time."

Grounding techniques:

Begin with grounding exercises to create a sense of safety before exploring the narrative.

Step 2: Exploring the Narrative

Mapping the story

Use open-ended prompts to help survivors recall and reflect:

- “What was happening in your life before the conversion practices?”
- “How did you feel during that time?”
- “What stands out most when you think about those experiences?”

Highlighting resilience and strength

Prompt survivors to focus on their coping strategies and moments of perseverance:

- “What helped you get through the most challenging moments?”
- “Were there times when you surprised yourself with your strength?”

Validating the survivor’s experience

Acknowledge the survivor’s emotions and reactions as valid:

- “It’s understandable that you felt [emotion], given what you went through.”
- “Your feelings and experiences are real and valid, and it’s okay to take your time processing them.”

Step 3: Shaping a Coherent Narrative

Reframing the experience

Guide survivors in shifting perspectives from self-blame to understanding:

- “What would you say to someone else who had gone through a similar experience?”
- “How would you describe the person you’ve become because of your journey?”

Integrating past and present

Support survivors in connecting their past experiences to their current identity and growth:

- “How do you see yourself now compared to then?”
- “What aspects of yourself are you most proud of today?”

Step 4: Empowerment Through Storytelling

Owning the narrative

Emphasize the survivor’s control over their story:

- “This is your story, and you get to decide what to include or leave out.”
- “How would you like to describe your journey in a way that feels authentic to you?”

Identifying goals for growth

Encourage survivors to focus on their hopes and aspirations:

- “What does healing look like for you?”
- “What steps can you take to move toward the future you envision?”

REFLECTION PROMPTS FOR TRAUMA NARRATIVES

“What were the most difficult aspects of your experience, and how did you navigate them?”

“Who or what supported you during your journey?”

“If you could write a letter to your younger self during that time, what would you say?”

“What have you learned about yourself from this experience?”

Timeline Exercise

Create a visual timeline of key events, emotions, and turning points related to the survivor’s journey.

Include positive moments, such as acts of self-preservation or growth, to highlight resilience.

Strengths and Values Inventory

Help survivors identify their core strengths and values by reflecting on how they helped navigate their experiences.

Example prompts:

“What values kept you grounded during difficult times?”

“What strengths helped you endure challenges?”

Reframing Worksheet

Provide a worksheet for survivors to reframe negative self-perceptions:

Negative belief

“I was weak for not standing up for myself.”

Reframe

“I survived an impossible situation and did what I could to stay safe.”



Be patient and flexible: Allow survivors to set the pace of their storytelling. Revisit the narrative over multiple sessions if needed.

Avoid retraumatization: Monitor emotional responses and use grounding techniques to manage distress.

Highlight agency and choice: Emphasize the survivor’s power in shaping their narrative and future.

Respect individual preferences: Some survivors may prefer not to delve deeply into their trauma. Honor their boundaries and offer alternative ways to reflect on growth and resilience.

This approach to trauma narrative building empowers survivors to reclaim their story, find meaning in their experiences, and foster healing.



- ☐ Created a safe and supportive environment for narrative building
- ☐ Used reflection prompts to explore the survivor's experiences and strengths
- ☐ Helped the survivor identify and reframe negative beliefs
- ☐ Supported the survivor in integrating past experiences with their present identity
- ☐ Empowered the survivor to own and shape their narrative authentically

Activity 7 Identifying Triggers and Coping Strategies Worksheet

This worksheet is designed to help survivors of conversion practices identify their unique triggers, understand their emotional and physical responses, and develop personalized coping strategies. By increasing awareness of triggers and responses, survivors can build confidence in managing distress and fostering emotional regulation.

Recognizing Triggers	
Common triggers Reflect on situations, environments, or interactions that evoke strong emotional responses. Examples • Situations: Family gatherings, therapy settings, public speaking • Environments: Crowded places, places associated with past trauma • Interactions: Conversations about identity, religion, or relationships	Reflection questions • What situations or environments make you feel uneasy, anxious, or upset? • Are there specific people or types of interactions that cause discomfort? • Do certain smells, sounds, or visuals remind you of difficult experiences?

Understanding Emotional and Physical Responses	
Emotional reactions What emotions arise when you are triggered? Examples • Anxiety, sadness, anger, numbness	Physical responses What happens in your body when you encounter a trigger? Examples • Rapid heartbeat, sweating, muscle tension, feeling frozen
Reflection questions • How do you feel emotionally when faced with a trigger? • What thoughts or beliefs come to mind in those moments?	Reflection questions • How does your body react physically when you feel triggered? • Are there specific sensations you notice, such as tightness in the chest or heaviness in the limbs?

Developing Coping Strategies	
Coping techniques Identify practical strategies that help you manage your triggers. Examples • Grounding techniques: Use the 5-4-3-2-1 sensory method. • Breathing exercises: Practice 4-7-8 breathing or box breathing. • Support networks: Reach out to a trusted friend, therapist, or community group.	Reflection questions • What has helped you feel calm and safe during difficult moments in the past? • Are there grounding exercises or relaxation techniques that work well for you? • Who or what can you turn to for support when you feel triggered?

KEY REMINDERS

- Building awareness of your triggers is a gradual process—be patient with yourself.
- Coping strategies may evolve over time; revisit this worksheet regularly to update it.
- Seek support from a therapist or trusted individual to help navigate difficult triggers.

This worksheet is a practical tool for survivors to enhance self-awareness and develop actionable plans for emotional regulation. It can be used independently or as part of a therapeutic session.

Reflection and Growth	
Are there new triggers or coping strategies you've identified recently?	
What coping strategies have been most effective for you?	
How can you incorporate these strategies into your daily routine?	

Activity 8 Practicing Gradual Titration

This worksheet is designed to guide survivors and their therapists in exploring trauma gradually and safely, using titration techniques. By working with manageable pieces of trauma-related material, survivors can build resilience, maintain emotional regulation, and gain control over their healing journey.

Step 1: Starting Small		
Reflection prompt “Which aspect of your experience with conversion practices feels manageable to explore today?”	Action plan Identify a less distressing aspect of the experience (e.g., specific events, interactions, or feelings). Break it into smaller components to address one component at a time.	Examples Aspect to explore: • A family conversation about attending conversion therapy. Smaller components: • “Who was present in that conversation?” • “What was said, and how did it feel at the time?”

Step 2: Pacing the Process		
Reflection prompt “How will you know if we’re moving too quickly, and how can we slow down if needed?”	Action plan Set boundaries for what will be explored in each session. Use time limits (e.g., 10 minutes of exploration, followed by grounding activities).	Examples: Time allocated for exploring: ----- ----- ----- ----- ----- Planned grounding activity afterward: ----- ----- ----- ----- -----

Step 3: Alternating Focus (Pendulation)

Reflection prompt	Action plan	Examples
“What helps you feel grounded after discussing challenging memories of conversion practices?”	Alternate between discussing painful memories and focusing on neutral or positive topics (e.g., affirming identity, moments of joy).	Challenging topic: “The time I was told I was broken.” Positive focus: “How I’ve grown to embrace my authentic self.”

Step 4: Focusing on Sensations (Somatic Awareness)

Reflection prompt	Action plan	Examples
“What physical sensations arise when you recall experiences of conversion practices?”	Encourage survivors to identify and describe specific physical sensations tied to their trauma without delving into the full emotional narrative.	Sensation: “A tightness in my chest when I think about group prayers during conversion therapy.” Grounding technique to use: “Deep breathing and focusing on the feeling of my feet on the ground.”

Step 5: Using Containment Strategies

Reflection prompt	Action plan	Examples
“How can we safely set aside overwhelming thoughts or memories for later exploration?”	Use visualization techniques to “contain” distressing material.	Imagined container (e.g., a box, jar, or safe): ----- ----- ----- ----- Visualization statement: “I am placing this memory about [specific aspect of conversion practices] in [container] and will revisit it when I feel ready.”

Step 6: Checking In Regularly

Reflection prompt	Action plan	Examples
“How are you feeling as we work through these memories of conversion practices?”	Pause periodically to assess readiness to proceed and adjust the pace as needed.	Signs I’m feeling overwhelmed: “Racing thoughts, feeling disconnected.” Strategies to regain balance: “Practicing grounding techniques or taking a break.”

Step 7: Reinforcing Regulation

Reflection prompt	Action plan	Examples
“What can help you feel calm and grounded after revisiting these experiences?”	End each session with a grounding or affirming activity.	Activity: “Listening to my favorite music or writing affirmations about my progress.” Time allocated: _____

Summary Plan for Conversion Practice Experiences

What specific aspect of conversion practices will I explore today?	_____ _____ _____
How will I pace this exploration to stay safe and regulated?	_____ _____ _____
What grounding or balancing techniques will I use?	_____ _____ _____
What steps will I take if I feel overwhelmed?	_____ _____ _____
What can I do to reinforce a sense of safety and control after the session?	_____ _____ _____

Additional Notes for Survivors

- Conversion practices often leave deep emotional scars; be patient with yourself as you process these experiences.
- Healing is not linear—use this worksheet as a flexible guide, adjusting it to your needs.
- Your identity is valid and worthy of celebration, regardless of what you were told during conversion practices.

Supporting Resources

Trauma-informed care training for therapists:

[TIC For the People](#)

Additional resources:

[Mind My Peelings](#)

[Psychology Tools](#)

Guided mindfulness apps

Recommend apps such as Headspace, Calm, or Insight Timer for survivors to practice mindfulness and relaxation techniques.

Psychoeducation handouts

Share materials explaining trauma, the brain's response to stress, and how grounding techniques can help survivors manage symptoms.



Use **Activity 9 Trauma-Informed Safety Assessment** to identify areas where the survivor feels safe and areas requiring support.

See **Activity 10 Pacing and Consent Checklist** for Therapists ensure survivors have control over the therapeutic process.

Use **Activity 11 Grounding Techniques Toolkit** a collection of grounding exercises, such as the 5-4-3-2-1 sensory method, body scans, or breathing exercises, tailored to survivors' needs.



- ☐ Conducted a safety assessment to understand survivor's current needs and vulnerabilities
- ☐ Collaboratively mapped the survivor's triggers and developed management strategies
- ☐ Introduced the concept of window of tolerance and identified strategies to stay within it
- ☐ Taught at least one grounding or emotional regulation technique and provided relevant resources
- ☐ Used pacing techniques to ensure the survivor feels in control during therapeutic work
- ☐ Normalized trauma responses through psychoeducation, fostering self-awareness and resilience

Activity 9 Trauma-Informed Safety Assessment

This activity provides a comprehensive safety assessment tool designed to support survivors of conversion practices. It evaluates safety across five domains: emotional, physical, relational, environmental, and digital.

By identifying areas of vulnerability and strength, this tool helps practitioners and survivors collaboratively develop strategies to enhance safety and promote healing. The assessment can be revisited regularly to monitor progress and adjust safety plans as needed.

Domains and Prompts				
Emotional safety prompts  • How do you feel emotionally safe? • Are there situations, topics, or environments that cause you to feel unsafe or overwhelmed? • What strategies or practices help you feel emotionally supported? Example action steps • Practice grounding techniques during moments of distress. • Identify and connect with safe spaces or individuals for emotional support.		Physical safety prompts  • Are there spaces where you feel physically safe? • Have you experienced threats or harm to your physical safety? • Are there steps you can take to feel safer in your daily environment (e.g., securing your home, avoiding unsafe areas)? Example action steps • Plan safe travel routes and avoid high-risk areas. • Explore strategies to enhance physical security, such as improving locks or creating safety plans.		
Relational safety prompts  • Who in your life do you feel safe confiding in? • Are there relationships that make you feel unsafe or disrespected? • How do you navigate boundaries in relationships where safety is a concern?	Environmental safety prompts  • Is your current living situation a safe and supportive space? • Are there external factors, such as community or workplace environments, that compromise your sense of safety? • What changes to your environment could improve your sense of security?	Digital safety prompts  • Do you feel safe engaging in online spaces or social media? • Have you experienced cyberbullying, harassment, or exposure to triggering content? • What steps can you take to protect your privacy and manage digital interactions?		

Example action steps		
• Set boundaries with individuals who compromise your safety. • Strengthen relationships with supportive and affirming people.	• Explore alternative living arrangements if your current environment is unsafe. • Identify community resources or organizations that can provide support.	• Use privacy settings and block harmful accounts on social media. • Limit time spent online if it becomes a source of stress or harm.
For Each Domain, Assess:		
Current level of safety: (Scale 1–5: 1 = very unsafe, 5 = very safe). Priority for intervention: (Low, Medium, High).		

USE THE RESULTS TO

- Identify immediate safety needs and develop a personalized safety plan.
- Highlight strengths or areas of resilience.
- Collaborate on strategies to address vulnerabilities (e.g., connecting to resources, setting boundaries, creating a safe space).

Safety Assessment Worksheet – Example Worksheet				
Domain	Safety	Key Concerns	Action Steps	Resources Needed
Emotional Safety	2	Feel overwhelmed discussing past experiences	Introduce grounding techniques	Worksheet: Coping with Triggers
Physical Safety	4	Safe at home but feel vulnerable in public spaces	Avoid high-risk areas and plan safe travel routes	Local LGBTIQ support group
Relational Safety	3	Conflict with family leads to distress	Set firm boundaries; explore reconciliation safely	Communication skills coaching
Environmental Safety	2	Living with unsupportive roommates	Explore alternative living arrangements	Housing resources
Digital Safety	3	Harassment on social media	Limit online interactions; block harmful accounts	Digital safety guide

Safety Assessment Worksheet				
Domain	Safety	Key Concerns	Action Steps	Resources Needed

Instructions for Practitioners	
Introduce the Tool	• Explain the purpose of the safety assessment and ensure the survivor feels comfortable engaging with it. • Emphasize that the process is collaborative and survivor-led.
Facilitate the Discussion	• Use the prompts to guide reflection on each domain. • Record responses and discuss actionable steps for enhancing safety.
Develop a Safety Plan	• Use the worksheet to document action steps and identify resources needed. • Prioritize immediate safety needs and revisit the regularly to track progress.
Maintain Flexibility	• Adapt the tool as needed to suit the survivor's unique circumstances and preferences

Supporting Resources		
Safety plan template A fillable template to create a personalized safety plan based on the assessment findings.	Resource list Links to local and online LGBTIQ support organizations, crisis helplines, and safe housing resources.	Digital safety guide Practical tips for navigating online spaces securely, managing privacy settings, and responding to cyberbullying.

Activity 10 Pacing and Consent Checklist for Therapists

This checklist offers suggestions to guide therapists in maintaining a survivor-centered approach during therapy sessions. It is designed to provide structure and ideas for creating a safe and collaborative environment, where survivors feel empowered to control the pace and direction of their healing journey. While these steps can serve as helpful touchpoints, they are not rigid requirements; instead, they can be adapted to suit each survivor's unique needs and circumstances.

PACING AND CONSENT STEPS

Before the Session		
Establish the survivor's current state Begin with a grounding exercise or a brief check-in: • "How are you feeling today?" • "Is there anything specific you would like to focus on or avoid during this session?" Gauge their emotional state to adjust the session's intensity accordingly.	Review and affirm consent Clarify the goals and direction of the session: • "Would it be okay if we revisit what we discussed last time?" • "Would you like to explore [specific topic], or would you prefer to focus on something else today?"	Set the pace together Collaboratively agree on the session's flow: • "Let's go at a pace that feels comfortable for you. Please let me know if you want to pause or slow down."

During the Session		
Provide regular check-ins Pause periodically to assess the survivor's comfort and emotional state: • "How are you feeling today?" • "How are you feeling about what we've discussed so far?" • "Do you need a moment to pause or shift the focus?"	Offer choices and control Reinforce agency by offering options: • "Would you like to explore this further or move on to something else?" • "Would you prefer to focus on grounding exercises or continue reflecting on your experiences?"	Use pacing techniques Introduce titration (addressing trauma in manageable portions): • Break difficult topics into smaller, digestible parts. • Alternate between challenging and less intense discussions. • Use pendulation (moving between activating and calming states) • Help the survivor oscillate between discussing trauma and grounding exercises to prevent overwhelm.

After the Session	
Debrief and reflect End with a grounding exercise to bring the survivor back to a calm state: • "Let's take a moment to focus on your breathing before we end." Reflect on the session together: • "How did today feel for you? Is there anything you'd like to adjust for next time?"	Plan the next session collaboratively Set clear, survivor-led goals for future sessions: • "What feels like the next step for you in this process?" • "Would you like to continue with [specific topic] next time, or shift to another focus?"

Consent Prompts	
Explicitly check for consent • "Are you comfortable discussing this further?" • "Would it be okay if we explore this experience in more detail?" • "Do you feel ready to continue, or should we pause here?"	Offer reassurance • "You can stop or redirect the conversation at any time." • "It's okay if you're not ready to explore this yet. We can revisit it when you feel ready."

Application Checklist		
Step	Completed	Notes
Checked in with the survivor's current emotional state at the start of the session	☐	
Reviewed consent for session goals and focus areas	☐	
Offered pacing options and adjusted intensity as needed	☐	
Conducted regular check-ins during the session to assess comfort	☐	
Used titration or pendulation techniques to manage emotional intensity	☐	
Ended the session with grounding and a collaborative reflection	☐	
Planned the next session with survivor input	☐	

This Pacing and Consent Checklist equips therapists with a structured, survivor-led approach to ensure therapy remains a safe, collaborative, and empowering process.

Activity 11 Grounding Techniques Toolkit

This toolkit provides a collection of grounding exercises designed to help survivors reconnect with the present moment, manage distressing emotions, and create a sense of safety. These techniques are adaptable and can be personalized to meet the unique needs of each survivor. Grounding exercises are particularly helpful in reducing anxiety, managing trauma responses, and fostering emotional regulation.

ENCOURAGE

Encourage survivors to try different techniques and note which ones resonate with them.

PRACTICE

Practice these exercises during therapy sessions, so that survivors feel confident using them independently.

GROUND

Recommend pairing grounding exercises with other therapeutic tools, such as journaling or mindfulness apps.

Grounding Techniques	
5-4-3-2-1 Sensory method This technique uses the five senses to anchor survivors in the present moment. • Identify five things you can see around you. • Name four things you can touch or feel (e.g., your clothes, the chair you're sitting on). • List three things you can hear (e.g., a clock ticking, birds chirping). • Note two things you can smell (or imagine smells if none are present). • Recognize one thing you can taste (or remember a favorite taste).	Body scan exercise This practice involves paying attention to sensations in the body to foster a sense of calm and awareness. • Sit or lie down in a comfortable position. • Close your eyes (if comfortable) and take a few deep breaths. • Starting at your toes, slowly bring attention to each part of your body, moving upward to your head. • Notice any sensations (e.g., tension, warmth) without judgement. • If you encounter discomfort, visualize releasing it with each breath.

Grounding with breathing techniques Focused breathing helps calm the nervous system and reduce stress. Box breathing Inhale for four counts, hold for four counts, exhale for four counts, and hold for four counts. Repeat. 4-7-8 breathing Inhale for four counts, hold for seven counts, and exhale slowly for eight counts.	Physical grounding Engaging the body can help survivors reconnect with their surroundings. Stomping feet Firmly stomp your feet on the ground to feel its stability and support. Holding an object Grip an object with texture (e.g., a smooth stone, a stress ball) and focus on its details. Temperature shift Hold something cool or warm, like an ice cube or a cup of tea, to focus on the sensation.
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Grounding Techniques		
Visualization techniques Imagining safe and calming environments can create emotional grounding. Safe place visualization Close your eyes and picture a place where you feel safe and at peace (e.g., a forest). Focus on the sensory details of this environment (e.g., the smell of pine trees). Anchoring phrase Create a mantra or phrase that brings comfort, such as “I am safe, I am here.”	Movement-based grounding Gentle physical activity can help survivors release tension and reconnect with their bodies. Progressive muscle relaxation Tense each muscle group for 5 seconds, then release, starting from your feet and moving upward. Walking grounding Take a slow walk and focus on the sensations of your feet touching the ground.	Sound-based grounding Using auditory input can redirect focus and provide comfort. Favorite song Play a song that makes you feel calm or joyful and listen attentively to the lyrics or melody. Nature sounds Listen to recordings of rain, birds, or ocean waves to create a calming atmosphere.

Supporting Resources		
Grounding techniques handout Create a printable guide summarizing these exercises for survivors to use at home.	Guided grounding apps Suggest apps such as Insight Timer or Calm for additional guided exercises.	Personalized grounding plan Help survivors create a customized list of their favorite techniques.

Guideline 04

Healing from Loss, Shame, and Regret: Finding Hope and Meaning



Survivors of conversion practices often grapple with grief, shame, and regret beyond the immediate harm caused. These emotions stem from intangible losses—years spent suppressing their authentic selves, fractured relationships, and missed opportunities to explore their identities. The weight of these experiences can be isolating, leaving survivors disconnected from others and themselves.

Grief and regret often manifest as mourning for a life that could have been—free from shame, coercion, and rejection. Survivors may feel guilt for roles they were forced to play or sadness for connections and opportunities lost. When compounded by stigma and internalized shame, these emotions create barriers to healing.

However, when acknowledged and addressed with sensitivity, these emotions can become entry points for healing and self-discovery. By processing grief and regret, survivors move towards deeper understanding, self-compassion, and release from imposed shame. Empowering survivors to engage with these feelings in a supportive therapeutic environment fosters resilience, paves the way for reconnection with their authentic selves, and allows them to envision a future rooted in hope, meaning, and fulfillment.

PROVIDERS CAN DO THE FOLLOWING:

Acknowledge loss and validate emotions

- Create space for survivors to express grief over tangible and intangible losses, such as fractured relationships, missed opportunities, or suppressed identity.
- Validate their feelings without judgement, emphasizing that grief is a natural response to loss.

Explore ambiguous and complex loss

- Discuss unresolved or ambiguous losses, such as longing for acceptance from unsupportive family members or faith communities.
- Support survivors in navigating these complex emotions while focusing on their well-being.

Address shame and guilt

- Help survivors unpack feelings of shame or guilt tied to their participation in conversion practices or the pressure to conform.
 - Normalize these emotions as responses to external coercion rather than personal failure.
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Facilitate narrative reframing

- Encourage survivors to reframe their experiences, recognizing their resilience and the strengths they developed despite adversity.
- Highlight how their journey reflects courage and authenticity.

Foster meaning-making

- Guide survivors in finding meaning in their experiences, focusing on how they have grown or what they have learned.
- Explore future-oriented goals that align with their authentic identity and values.

Celebrate resilience alongside grief

- Acknowledge the survivor's strength in enduring and emerging from conversion practices.
- Reinforce their ability to face challenges and build a fulfilling life.

Recommended Tools

Shame and guilt reframing guide

A structured resource for exploring and reframing shame and guilt, focusing on external influences rather than self-blame.

See [Activity 12 Shame and Guilt Reframing Guide](#).

Meaning-making journal prompts

These prompts are designed to guide survivors of conversion practices in reflecting on their journey, recognizing their resilience, and identifying future goals that align with their values and authentic selves.

See [Activity 13 Meaning-Making Journal Prompts](#).

Resilience celebration checklist

A resource for recognizing and celebrating the survivor's strengths and achievements throughout their recovery journey.

See [Activity 14 Resilience Celebration Checklist](#).

Worksheets

Loss mapping worksheet

A guided tool to help survivors identify and categorize different types of losses (e.g., relationships, time, identity).

See [Activity 15 Loss Mapping Worksheet](#).

Finding meaning worksheet

This worksheet is a compassionate tool to help survivors of conversion practices make sense of their experiences, embrace their resilience, and move forward with clarity and hope.

See [Activity 16 Finding Meaning Worksheet](#).



Grief acknowledgement exercise: Use reflective prompts to guide survivors in acknowledging and expressing their grief.

Prompts:

- “What are you grieving right now?”
- “What do you miss most about what was lost?”
- “What would you say to your younger self about this loss?”

Shame and guilt dialogue: Facilitate a safe dialogue where survivors externalize shame and guilt by imagining them as separate entities.

Prompts:

- “If shame could speak, what would it say?”
- “What would you say back to shame?”

Meaning-making visualization: Guide survivors through a visualization exercise to imagine a future where they feel whole and fulfilled.

Prompts:

- “What does your ideal future look like?”
- “What steps can you take to move toward that vision?”

Supporting Resources

Psychoeducation on grief and loss

Handouts explaining the stages of grief and how they can apply to intangible losses involving identity or time.

Affirming community support

Links to LGBTIQ support groups and resources for survivors.



- ☐ Guided survivors in identifying and reframing feelings of shame and guilt
- ☐ Facilitated exercises that encourage meaning-making and future-oriented thinking
- ☐ Introduced tools and resources for processing loss and celebrating resilience
- ☐ Supported survivors in setting goals and identifying steps to align with their authentic selves

Activity 12 Shame and Guilt Reframing Guide

Shame and guilt are common and deeply complex emotions experienced by survivors of conversion practices. These feelings often arise from the harmful narratives imposed by conversion practices, which aim to invalidate identity and foster self-blame. This guide provides survivors with a structured approach to understanding, exploring, and reframing shame and guilt, allowing them to shift these emotions from barriers to healing into pathways for growth and self-compassion.

Understanding Shame and Guilt	
Shame and guilt are pervasive emotions experienced by survivors of conversion practices, shaped by the harmful ideologies that underpin these interventions. Both emotions can be deeply intertwined, yet they arise from distinct sources and serve different psychological functions.	
Shame is a profound feeling of being fundamentally flawed, unworthy, or unacceptable. It often stems from internalized societal, cultural, or religious messages that frame LGBTIQ identities as wrong, sinful, or unnatural. For survivors, shame is frequently reinforced by the rhetoric of conversion practices, which label their authentic selves as a source of failure or moral defect. This can lead to a pervasive sense of self-loathing and fear of rejection, making survivors feel isolated and disconnected from their true identity.	Example: A survivor may feel ashamed for not being able to conform to the expectations of their family or faith community, even when those expectations were deeply harmful.
Guilt, in contrast, relates to a sense of responsibility for specific actions or choices, whether real or perceived. Survivors may feel guilt for having participated in conversion practices, believing that they failed to resist coercion or that they caused harm to themselves or others by not conforming sooner. Unlike shame, which focuses on the self, guilt is more action-oriented and tied to behaviors or decisions.	Example: A survivor might feel guilty for agreeing to attend conversion therapy, even though the decision was made under immense pressure or duress.

For LGBTIQ survivors of conversion practices, shame and guilt are often compounded by societal stigma and rejection. Many survivors have been subjected to deeply ingrained messages that their identities are incompatible with family, cultural, or religious values.

These external pressures create an internal conflict, where survivors feel torn between their need for acceptance and their authentic selves.

In addition, the dynamics of coercion inherent in conversion practices blur the lines of agency and choice. Survivors may mistakenly believe they were complicit in their own harm because they participated in these interventions, even when faced with immense external pressure. This can amplify feelings of guilt and create significant barriers to healing.

Understanding shame and guilt in this context requires recognizing that these emotions are not inherent flaws within survivors but adaptive responses to the oppressive systems and narratives they endured. By reframing these emotions as reactions to external harm, survivors can begin to challenge the validity of these feelings, disentangle their identities from the stigma they have internalized, and move toward self-compassion and empowerment.

Step 1: Externalizing Shame and Guilt

The first step in reframing shame and guilt is to externalize these emotions, recognizing them as responses to external influences rather than intrinsic truths.	Reflection prompts “Who or what made me feel ashamed of my identity?” “What societal, cultural, or religious messages contributed to this guilt?” “If I imagine shame and guilt as separate entities, what would they say to me?”	Activity Write a letter to shame or guilt, addressing how these feelings have impacted you. Example: “Dear Shame, you’ve made me believe I’m unworthy because of what others have told me. But their words don’t define me.”
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Step 2: Challenging Harmful Narratives

Conversion practices are built on harmful narratives that frame LGBTIQ identities as undesirable or fixable. Survivors can begin to challenge these narratives by identifying the lies they were told and replacing them with affirming truths.	Reflection prompts “What messages did conversion practices convey about my identity?” “Are these messages rooted in fact, or are they based on prejudice and misinformation?” “What do I believe about myself today that contradicts these messages?”	Activity Create a two-column chart: Column 1: “Harmful Messages I Was Told” Column 2: “Affirming Truths I Know Now”
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Step 3: Exploring Context and Responsibility

Feelings of guilt often arise from survivors internalizing blame for their participation in conversion practices. Reframing involves understanding the context of these choices and recognizing external pressures.	Reflection prompts “What external pressures (e.g., family, religion, legal systems) influenced my decisions?” “Was I given a real choice, or was I coerced?” “If I view myself with the compassion I would extend to a friend, how might I see my decisions differently?”	Activity Write a compassionate statement to yourself about your decisions. Example: “I did the best I could under immense pressure. My participation does not mean I agreed with or deserved the harm I experienced.”
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Step 4: Building Self-Compassion

Reframing shame and guilt requires survivors to replace self-blame with compassion. This involves acknowledging the harm they endured while recognizing their resilience and inherent worth.	Reflection prompts “What strengths did I show in surviving these experiences?” “How has my journey shaped the person I am today?” “What do I admire about myself for continuing to seek healing?”	Activity Create a list titled “Qualities I Love About Myself.” Add at least five qualities and revisit the list regularly to add more.
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Step 5: Reframing Through Affirmations

Affirmations are powerful tools for countering shame and guilt. Survivors can create affirmations that validate their worth and honor their journey.	Examples of affirmations “My identity is valid and worthy of love and respect.” “I am not defined by the harm that others have caused me.” “I am proud of my resilience and the person I am becoming.”	Activity Choose one affirmation to repeat daily, either silently or out loud. Write it down and place it somewhere visible.
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Step 6: Practicing Forgiveness		
Forgiving oneself is a vital step in reframing guilt. This does not mean excusing harm caused by others, but rather releasing oneself from the burden of self-blame.	Reflection prompts “What do I need to forgive myself for?” “In my healing journey what would forgiveness look like?” “How can I show myself kindness as I work toward forgiveness?”	Activity Write a forgiveness letter to yourself. Example: “I forgive myself for the decisions I made while trying to survive. I recognize that I acted under pressure, and I choose to release this guilt.”

Step 7: Envisioning a Future Beyond Shame and Guilt		
Reframing is not just about letting go of the past but also about embracing possibilities for the future.	Reflection prompts “What does a life free from shame and guilt look like to me?” “What goals or aspirations excite me as I move forward?” “How can I honor my journey while building a fulfilling future?”	Activity Create a vision board or write a narrative about your hopes and goals for the future.

CLOSING REFLECTION

Reframing shame and guilt is not about ignoring the harm survivors endured but about transforming these emotions into opportunities for healing and growth. By externalizing harmful narratives, building self-compassion, and embracing affirming truths, survivors can begin to release the weight of shame and guilt, rediscover their worth, and move forward with confidence and resilience.

Activity 13 Meaning-Making Journal Prompts

These prompts are designed to guide survivors of conversion practices in reflecting on their journey, recognizing their resilience, and identifying future goals that align with their values and authentic selves.

REFLECTING ON GROWTH

“What aspects of my identity have I rediscovered/embraced since leaving conversion practices?”

“What have I learned from my experiences about my strength and resilience?”

“How have my values or beliefs evolved as I’ve moved forward in my healing journey?”

“What would I say to the version of myself who endured conversion practices?”

“What achievements, big or small, am I most proud of since starting this journey?”

PROCESSING LOSS AND RESILIENCE

“What have I lost because of conversion practices, and how have I honored/mourned these?”

“What qualities or skills helped me survive difficult moments?”

“How can I recognize both my grief and my growth as parts of my story?”

“What has been the most challenging part of my healing journey, and how have I faced it?”

“How has my perspective on belonging or on community shifted since my experiences?”

FINDING PURPOSE AND MEANING

“What gives my life meaning today, and how can I make space for more of it?”

“How can I align my daily actions with the values and beliefs that matter most to me?”

“What kind of legacy or impact would I like to leave in the lives of others?”

"How can I use my experiences to support or inspire others who may be struggling?"

"What does living authentically mean to me, and how can I honor that in my decisions?"

ENVISIONING THE FUTURE

"Moving forward, what kind of relationships or connections do I want to nurture?"

"What are some goals or dreams I've rediscovered or want to pursue now?"

"How can I create an environment that feels safe, affirming, and empowering for myself?"

"What steps can I take today to move closer to the life I envision?"

"If I imagine my life five years from now, what would make me feel proud or fulfilled?"

HONORING THE PAST AND LOOKING AHEAD

"What do I want to carry with me from my past, and what do I choose to let go of?"

"How has my journey shaped who I am today?"

"If I could offer advice to someone beginning their healing journey, what would it be?"

"What role does forgiveness—whether of myself or others—play in my healing process?"

"What are three things I can focus on each day to remind me of my growth and possibilities?"

Activity 14 Resilience Celebration Checklist

The **Resilience Celebration Checklist** is designed to help survivors of conversion practices reflect on their growth, honor their resilience, and celebrate progress in their healing journey. Grounded in principles of positive psychology, trauma-informed care, and self-determination theory, this tool acknowledges the profound strength it takes to survive and recover from attempts to suppress or erase one's identity.

This checklist is not prescriptive but serves as a flexible guide for survivors and their therapists. It encourages survivors to reflect on what they've achieved, build motivation, and foster self-compassion, offering a tangible way to celebrate progress and milestones.



Survivors of conversion practices often carry deep wounds of shame, regret, and loss. Many have been told that their identities are invalid, leading to internalized stigma and self-doubt. Celebrating resilience is a way to counteract these harmful messages, allowing survivors to reclaim their narrative and focus on their inherent strength and growth.

This process helps:

- Build self-awareness by recognizing achievements and strengths
- Foster self-compassion through intentional reflection and acknowledgement of progress
- Enhance emotional regulation by shifting focus from past trauma to present growth
- Promote empowerment by reinforcing survivors' autonomy and resilience

INSTRUCTIONS FOR USE

This checklist is a starting point for survivors to reflect on their journey. It can be used individually, in therapy sessions, or as part of a personal growth plan. Survivors can:

Complete the checklist at their own pace, focusing on areas that resonate most.	Add their own achievements or milestones to personalize the experience.	Revisit the checklist periodically to acknowledge ongoing progress.
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Resilience Celebration Checklist

Reclaiming identity

- ☐ I have acknowledged and affirmed my sexual orientation and/or gender identity.
- ☐ I have begun to explore or reclaim parts of my identity that were suppressed during conversion practices.
- ☐ I feel more confident expressing my authentic self in safe spaces.
- ☐ I have created personal rituals or affirmations to celebrate my identity.

Strengthening emotional well-being

- ☐ I have learned to recognize and manage trauma triggers.
- ☐ I use grounding or mindfulness techniques to navigate moments of distress.
- ☐ I allow myself to feel emotions without judgement or shame.
- ☐ I celebrate small victories in my healing journey, even on difficult days.

Resilience Celebration Checklist

Rebuilding relationships

- ☐ I have identified and nurtured affirming relationships with people who support me.
- ☐ I have set boundaries with individuals or communities that caused harm.
- ☐ I am reconnecting with or finding new communities where I feel safe and valued.
- ☐ I have rebuilt trust in my ability to form meaningful connections.

Embracing growth and purpose

- ☐ I have reflected on my values and the life I want to create.
- ☐ I have set goals that align with my authentic self and aspirations.
- ☐ I find moments of joy or meaning in my daily life.
- ☐ I recognize how my experiences have shaped my resilience and compassion.

Recognizing resilience

- ☐ I acknowledge the strength it took to survive conversion practices.
- ☐ I am proud of the courage it takes to continue my healing journey.
- ☐ I recognize and celebrate the progress I've made, no matter how small.
- ☐ I honor my ability to navigate challenges and move toward self-acceptance.

Optional Reflection Questions

Which areas of this checklist feel most meaningful to you, and why?

What specific moments or achievements make you feel proud?

How can you celebrate your resilience in ways that feel empowering and authentic?	
Who or what has supported you most in your journey, and how can you express gratitude for that support?	

IDEAS FOR CELEBRATING RESILIENCE

☐ Write a letter to your past self, acknowledging the strength and courage you've shown.

☐ Share your progress with a trusted friend, therapist, or support group.

☐ Create a visual timeline or scrapbook documenting your milestones and achievements.

☐ Engage in a symbolic act of affirmation, such as planting a tree or journaling your goals.

☐ Treat yourself to a meaningful experience or activity that brings you joy.



Activity 15 Loss Mapping Worksheet

The experience of loss for survivors of conversion practices is multifaceted, encompassing tangible losses like relationships and opportunities, as well as intangible losses such as identity, time, and a sense of belonging. These losses often intersect with feelings of shame, regret, and unresolved grief, making them deeply personal and complex. This worksheet is designed to help survivors identify, categorize, and reflect on the unique nature of their losses. By mapping these experiences, survivors can gain clarity, honor their emotions, and take meaningful steps toward healing. This process not only acknowledges the pain of what has been lost but also creates space for recognizing resilience, celebrating growth, and envisioning a hopeful future.

Step 1: Identifying Losses		
List the losses you have experienced due to conversion practices. These could be tangible (e.g., relationships, time) or intangible (e.g., identity, opportunities).		
Category	Examples	Your Experiences
Relationships	Family, friends, mentors	
Community	Faith groups, cultural networks	
Identity	Authentic self, sense of belonging	
Opportunities	Missed milestones, career or educational goals	
Time	Years spent suppressing identity	
Spirituality	Connection to faith, spiritual belonging	

Step 2: Exploring Ambiguous and Complex Loss

Ambiguous or complex losses can include longing for reconciliation with unsupportive individuals or communities, or feeling conflicted about what was lost. Use the space below to explore these nuances.

Reflection questions

- Is there someone or something I still wish I could reconnect with?
- What makes this loss particularly challenging to process?
- Are there conflicting emotions I'm experiencing (e.g., love and resentment)?

Step 3: Reflecting on Emotional Impact

For each loss you've identified, reflect on the emotions it evokes. Use the prompts below to guide your reflections.

How do I feel when I think about this loss?

What do I miss the most about what was lost?

What do I wish I could say to those involved?

Loss Identified

Emotional Impact

Example: Family

Sadness, longing for connection, frustration

Step 4: Recognizing Gains and Resilience

Even amid loss, there may be areas of growth or resilience that have emerged. Reflect on how you've adapted or what strengths you've developed.

Reflection questions

- What have I learned about myself through this experience?
- What strengths have helped me endure and heal?

Reflection space

- I've learned that I am: _____

- A strength I've discovered is: _____

- Despite the losses, I've gained: _____

Step 5: Steps Toward Healing		
Identify small, actionable steps to process and begin healing from each loss.		
What can I do to honor this loss?	Who or what can support me in processing this?	What boundaries or practices can I establish to protect my well-being?
Loss	Step Toward Healing	
Example: Lost faith community	Seek out an affirming spiritual group	

OPTIONAL EXERCISE: VISUALIZING RELEASE

Close your eyes and imagine placing each loss into a symbolic container (e.g., a box or jar). Visualize this container being safely stored or released into the universe, symbolizing your intention to move forward.



Activity 16 Finding Meaning Worksheet

This worksheet is specifically designed for survivors of conversion practices to help them reflect on their experiences, recognize their resilience, and rediscover meaning and purpose in their lives. It aims to guide survivors in processing the losses and challenges they endured while embracing their strengths and reclaiming their authentic selves.

Step 1: Reflecting on the Impact of Conversion Practices	
How have conversion practices affected your identity and sense of self-worth? Consider how these experiences influenced your beliefs, choices, and relationships.	Reflection questions • “What messages about myself were reinforced during conversion practices?” • “How have these experiences shaped my understanding of my identity?” • “What aspects of myself have I started to reclaim or celebrate since moving forward?”
Reflection space	

Step 2: Recognizing Loss and Strength	
What losses have you experienced as a result of conversion practices, and what strengths have emerged from your journey? Acknowledge the relationships, opportunities, or parts of yourself that may have been affected, while recognizing your inner resilience.	Reflection questions • “What did I have to sacrifice or suppress during conversion practices?” • “How have I shown strength or resilience in navigating these challenges?” • “What personal qualities have helped me move forward?”
Reflection space	

Step 3: Exploring What Matters Now

What values, beliefs, or aspects of your identity feel most important to you now?

Reflect on how your experiences have clarified your priorities and goals.

Reflection questions

- “What has become clear about who I am and what I value?”
- “How have my experiences shaped what I stand for or believe in?”
- “What brings me joy or meaning as I continue to heal?”

Reflection space

Step 4: Envisioning a Future Beyond Harm

What kind of life do you want to create for yourself, free from the influence of conversion practices?

Imagine a future aligned with your authentic self, filled with purpose and possibility.

Reflection questions

- “What kind of person do I want to become?”
- “What steps can I take to rebuild and strengthen connections that support me?”
- “What does living authentically mean to me, and how can I embrace it?”

Reflection space

Step 5: Crafting a Meaning Statement

Create a personal statement that captures the meaning you’ve found and your intentions moving forward.

Example: “While I’ve endured pain and loss, I’ve also discovered my strength and authenticity. I value honesty, connection, and growth, and I’m committed to creating a future that honors my true self and empowers others.”

Write your meaning statement

OPTIONAL ACTIVITY: LETTER TO YOUR PAST SELF

Write a letter to the version of yourself who endured conversion practices. Express compassion for their struggles, acknowledge their courage, and share the hope and strength you've found since then.



Reclaiming and Affirming Identity



Survivors of conversion practices often grapple with the lasting effects of having been pressured to suppress or deny their authentic selves. These experiences, deeply rooted in societal, cultural, and familial rejection, can lead to a fractured relationship with identity, characterized by feelings of disconnection, internalized stigma, and shame. Reclaiming and affirming identity in the aftermath of these experiences is a critical aspect of healing, enabling survivors to explore who they are outside the confines of imposed narratives.

Drawing on foundational concepts from LGBTIQ terminology and identity formation (as discussed in Section A), this guideline situates the process of identity reclamation within a culturally nuanced framework. It emphasizes the need to honor the survivor's unique experiences while addressing the broader intersections of identity, culture, and community that shape their journey toward self-acceptance and empowerment. By fostering a space for exploration and affirmation, this process facilitates not only individual healing but also the reclamation of pride in identities that were once targeted for erasure.

PROVIDERS CAN DO THE FOLLOWING:

Facilitate identity exploration

- Create a safe and affirming space for survivors to explore their identities without fear of judgement.
- Encourage discussions about the survivor's understanding of their sexual orientation, gender identity, and other intersecting aspects of their identity (e.g., cultural, spiritual, professional).

Support reclamation of suppressed identities

- Guide survivors in reflecting on parts of their identity that may have been hidden or invalidated during conversion practices.
- Use tools such as journaling, creative expression, and storytelling to help survivors reclaim their authentic selves.

Review and address internalized stigma

- Identify and challenge internalized negative beliefs about their identity that were reinforced by conversion practices.
- Provide psychoeducation on the roots of stigma, including cultural, religious, and colonial influences, to empower survivors to reject these narratives.

Encourage personal affirmation practices

- Introduce exercises such as writing affirmations or creating vision boards that celebrate the survivor's identity and aspirations.
- Help survivors build self-compassion by recognizing their resilience and achievements.

Navigate intersectionality and identity integration

- Explore how the survivor's sexual orientation, gender identity, and other aspects of their identity (e.g., race, culture, spirituality) intersect and influence their experiences. Discuss the impact of these intersections on their sense of self and relationships with others.

Discuss the concept of the authentic self

- Invite survivors to define authenticity on their own terms. For example, ask: "What does living authentically mean to you right now, and how might that change in different contexts or phases of life?"
- Highlight the importance of flexibility in self-expression, affirming that it's okay for survivors to feel, act, or identify differently in various settings or relationships, and this does not make them any less true to themselves.

Reclaim and celebrate African identities

- Facilitate conversations about what "African-ness" means for the survivor and how they can reconcile their sexual or gender identity with cultural pride.
- Highlight examples of African LGBTIQ resilience and histories to support this reclamation.

Acknowledge individuality within queer experiences

- Emphasize to survivors that their identity, experiences, and journey are uniquely theirs and should not be expected to represent all LGBTIQ individuals.
 - Validate the diversity within queer communities by avoiding generalizations or assumptions about their experiences based on common narratives. For example, rather than saying: "This is what it means to be queer," invite the survivor to explore: "What does being queer mean to you?"
 - When discussing identity intersections (e.g., cultural, spiritual, or professional), ensure that the focus remains on the survivor's personal story and how these intersections shape their unique experiences, rather than fitting into larger collective identities.
-



Personal Identity Map

Affirmation and Resilience Journal

Cultural Pride Exploration

[Activity 18 Identity Collage Exercise](#)

[Activity 19 Reframing Internalized Stigma: A Self-Compassion Worksheet](#)

[Activity 20 Self-Rejection and Self-Acceptance Worksheet](#)

Personal Identity Map

This is a guided exercise designed to help survivors visually explore and organize the various aspects of their identity. By mapping out key elements such as cultural, sexual, gender, and spiritual identities, survivors can gain a deeper understanding of how these aspects interact, influence, and shape their sense of self.

Provide an explanation:

Begin by explaining the purpose of the activity. Emphasize that the goal is not to create a “perfect” or “complete” map but to visually explore and reflect on the elements that feel meaningful to the survivor.

Categories to include

Survivors can create sections or branches of their map they wish to include:

- **Cultural identity:** Includes traditions, languages, heritage, or practices that are meaningful to the survivor
- **Sexual orientation:** Reflects their experience of attraction, love, and romantic connections
- **Gender identity and expression:** Captures their internal sense of gender and how they choose to express it outwardly
- **Spiritual or religious identity:** Explores how spirituality or religion informs their values, sense of purpose, and connection to the world.
- **Other aspects:** May include professional identity, familial roles, hobbies, and other personal traits.

Create the map

- Provide a blank sheet of paper or a printed template with a central circle labelled “Me.”
- Ask survivors to add branches extending from the center, each representing a category or identity aspect.
- Encourage them to use words, symbols, or drawings to describe each branch.

REFLECTION PROMPTS

While creating the map or reviewing it afterward, use the following questions to guide discussion:

“Which aspects of your identity bring you the most pride or joy?”

“Are there any parts of your identity that have been hidden or suppressed?”

“How do these elements of your identity interact or overlap?”

“Are there aspects you wish to explore, redefine, or reconnect with?”

Optional additions

Survivors may want to include colors, symbols, or images that resonate with specific aspects of their identity, making the map feel uniquely personal and empowering.

Benefits

- **Self-discovery:** Encourages survivors to reflect on the complexity and richness of their identity.
- **Validation:** Helps affirm the parts of themselves they may have been taught to suppress or devalue.
- **Empowerment:** Provides a visual representation of resilience and the interplay of their multifaceted identity.

Affirmation and Resilience Journal

A journal exercise where survivors write daily affirmations and reflect on moments of strength and resilience.

Example prompts:

“What is one thing I love about myself today?”

“When I think about challenges I’ve overcome, what strengths helped me the most?”

“What are three ways I can honor my true self in the coming week?”

“How can I replace self-criticism with self-compassion today?”

CULTURAL PRIDE EXPLORATION

Understanding and embracing cultural identity can be an empowering step for survivors in reclaiming their sense of self. For many, cultural pride offers a way to challenge narratives that stigmatize LGBTIQ identities as “un-African” or incompatible with cultural traditions. This activity is designed to support survivors in exploring the intersections between their cultural and LGBTIQ identities. While culture can sometimes be a source of pain or exclusion, it can also be reimagined as a site of pride, belonging, and healing. Encourage survivors to reflect critically but creatively—cultural beliefs are not fixed, and they have the right to reclaim, reinterpret, and reshape traditions in ways that affirm their sense of self. Exploratory questions can help survivors uncover these intersections and create space for self-defined belonging.

“What aspects of your culture feel affirming of your identity?”

“What traditions or practices can you reclaim as part of your journey?”

“What cultural narratives about gender and sexuality have you encountered felt disaffirming or harmful?”

“Are there specific ways you could honor both your cultural and LGBTIQ identities?”

More Prompts		
"How can you reinterpret cultural beliefs to include and affirm LGBTIQ people?"	"What challenges have you faced in integrating your cultural and LGBTIQ identities?"	"How have you found ways to reconcile these aspects of yourself?"
"In what ways do you feel you have the right to belong in your culture as you are?"	"How can you define for yourself what it means to be a valued member of your cultural community?"	"What would a version of cultural belonging look like where your identity is fully embraced?"
"What words or concepts from your culture could be reimagined to include and celebrate LGBTIQ people?"	"Are there cultural sayings, symbols, or stories you can reclaim in a way that affirms your identity?"	"How might you give yourself permission to reinterpret cultural practices in ways that feel safe and true to you?"



Visualizing the authentic self

This exercise invites survivors to connect with a version of themselves living fully and authentically, free from external pressures. By engaging in this reflective practice, survivors can begin to explore what authenticity means to them and identify ways to integrate it into their lives.

A step-by-step guided exercise is provided in **Activity 17 Guided Exercise: Visualizing the Authentic Self** offering detailed prompts and suggestions to support survivors in this meaningful and affirming process. The exercise emphasizes emotional connection and individualized experiences, ensuring its relevance to each survivor's journey.

Identity collage

Encourage survivors to visually explore and celebrate their identity through this creative activity. **Activity 18 Identity Collage Exercise** allows survivors to integrate symbols, colors, and images that resonate with their authentic selves. This activity fosters a sense of pride and self-expression, empowering survivors to reclaim and affirm their identities. It can also be used in a group setting.

Internalized Stigma and Self-Compassion Worksheet:

This worksheet is specifically designed to help survivors of conversion practices confront and reframe the negative beliefs they may have internalized about their sexual orientation, gender identity, or self-worth.

By guiding survivors through a process of reflection, it provides a structured way to challenge harmful narratives and replace them with affirming, compassionate self-statements.

Refer to [Activity 19 Reframing Internalized Stigma: A Self-Compassion Worksheet](#) for the full worksheet, which includes step-by-step instructions and tailored prompts to support this process. Survivors will explore questions such as:

- “What negative beliefs about yourself, particularly related to your LGBTIQ identity, have you internalized?”
- “What evidence contradicts these beliefs, showing them to be untrue or unfair?”
- “What affirming statement can you use to replace this narrative and honor your authentic self?”

This tool fosters a sense of empowerment and self-compassion, encouraging survivors to see their identity not as a flaw but as a vital and celebrated part of their being.

Pendulating Between Self-Rejection and Self-Acceptance Worksheet

Pendulation is a trauma-informed technique that involves moving between areas of difficulty (e.g., self-rejection, shame, or pain) and areas of affirmation (e.g., self-acceptance, pride, or strength). For survivors of conversion practices, this approach offers a structured way to engage with their experiences of internalized stigma and external rejection while fostering resilience and self-compassion. By balancing these opposing emotions, survivors can process challenging feelings without becoming overwhelmed and gradually build a stronger sense of self.

Principles of pendulation

- **Emotional balance:** Alternating between self-rejection and self-acceptance helps regulate emotional activation, providing stability during self-exploration.
- **Anchoring in strength:** Positive reflections, such as moments of pride or self-worth, serve as anchors, allowing survivors to revisit difficult emotions with greater safety.
- **Rebuilding the sense of self:** This process supports survivors in integrating fragmented aspects of their identity, fostering authenticity and empowerment.

How the worksheet functions

- **Exploring self-rejection:** Survivors reflect on areas where they experience shame, disconnection, or self-rejection, acknowledging how these feelings may stem from societal stigma, conversion practices, or internalized narratives.
- **Cultivating self-acceptance:** They are then guided to explore areas of self-acceptance and pride, focusing on their resilience, values, and affirming aspects of their LGBTIQ identity.

- **Moving between these states:** The worksheet encourages survivors to move gently between self-rejection and self-acceptance, allowing them to process difficult emotions while reinforcing affirming ones. This process builds emotional resilience and reduces the impact of internalized stigma.

Moving between self-rejection and self-acceptance is particularly impactful for survivors who have been made to feel that fundamental aspects of their identity are wrong or shameful. By revisiting moments of rejection while anchoring in affirming reflections, survivors can:

- Reframe their narratives, recognizing their struggles as part of a broader journey toward self-acceptance, and
- celebrate their resilience and authenticity, reclaiming a sense of pride in their identity.

See [**Activity 20 Self-Rejection and Self-Acceptance Worksheet**](#). It provides practical guidance and prompts tailored to the unique experiences of LGBTIQ survivors, supporting their journey of healing and reclamation of identity.

Supporting Resources

Multicultural and intersectional literature:

Provide books, articles, and podcasts focusing on the intersection of LGBTIQ identities with culture and race.

Community connections:

Recommend cultural or LGBTIQ community events where survivors can feel affirmed and connected.

Media representation:

Suggest films, books, or works of art that celebrate diverse and intersectional LGBTIQ experiences.



- ☐ Fostered a safe and affirming space for survivors to explore their identity
- ☐ Guided survivors in identifying and challenging internalized stigma and negative beliefs instilled by conversion practices or societal pressures
- ☐ Encouraged creative and reflective activities to support self-expression, identity reclamation, and affirmation
- ☐ Facilitated discussions on the intersection of cultural, spiritual, sexual, and gender identities
- ☐ Highlighted and celebrated the survivor's resilience and strengths throughout the process
- ☐ Facilitated discussions about cultural pride and the reclaiming of African LGBTIQ identities, connecting the survivor's journey to a broader historical and cultural context

Activity 17 Guided Exercise: Visualizing the Authentic Self

This exercise is designed to help survivors of conversion practices imagine and connect with their most authentic selves, fostering hope, empowerment, and a sense of possibility. By visualizing their ideal life free from external pressures, survivors can explore what authenticity means to them and how they might move toward it.

PREPARATION

Create a relaxing environment

- Dim the lights, play soft background music, or use soothing sounds (e.g., nature sounds, white noise) if desired.
- Provide survivors with the option to sit comfortably or to lie down.

Guide initial relaxation

- Encourage survivors to take a few deep breaths to center themselves.
- Use calming language to introduce the activity, explaining its purpose and emphasizing that there is no right or wrong way to participate.

Step 1: Setting the Scene (2–3 minutes)

Help survivors enter a relaxed and comfortable state. This step is about cultivating ease and presence.

- “Find a comfortable position, either sitting or lying down, where you feel relaxed and supported.”
- “Close your eyes, if that feels okay, or softly focus your gaze.”
- “Take a few slow, deep breaths. With each breath out, let your body settle and your mind soften.”

Step 2: Entering the Visualization (2–3 minutes)

Begin the imagery process by inviting survivors to imagine a space where they feel most comfortable.

- “Imagine a place where you feel completely at ease, calm, and content. This could be a real location you know or a place entirely of your own creation.”
- “What do you see in this space? Notice the colors, textures, and details around you.”
- “What do you hear—are there sounds, or is it quiet?”

Step 3: Seeing the Authentic Self (3–5 minutes)

Guide survivors to visualize themselves as their most authentic selves.

- “Now see yourself in this space, living fully and freely as the person you are. What do you look like here? Notice how you carry yourself.”
- “Pay attention to how you move, the expressions on your face, and how you engage with the space around you.”
- “Imagine yourself interacting with this space in ways that feel most natural to you.”

Step 4: Connecting with Emotions (3–5 minutes)

Help survivors anchor their visualization with feelings and sensations.

- “As you see yourself in this space, notice how it feels to be here, fully yourself. What emotions come up—joy, peace, comfort?”
- “Let these feelings settle into your body. Where do you notice them—your chest, your stomach, or somewhere else?”
- “Breathe into these feelings, letting them flow through you with each inhale and exhale.”

Step 5: Anchoring the Experience (3–4 minutes)

Support survivors in internalizing the positive sensations and takeaways from the visualization.

- “Focus on the strongest feeling you’ve experienced during this visualization—was it comfort, pride, or something else? Hold onto that.”
- “If this feeling had a color, what would it be? Picture this color spreading through your body, filling you with its energy.”
- “Think of one word or phrase that captures this experience for you. Repeat it silently to yourself, letting it stay with you.”

Step 6: Returning to the Present (2–3 minutes)

Gradually guide survivors back to the present while helping them carry the visualization’s positive impact forward.

- “When you’re ready, bring your attention back to the present. Notice the surface beneath you and the sounds around you.”

	• “Take a few deep breaths, slowly wiggling your fingers or toes, reconnecting with the space you’re in.” • “When you open your eyes, carry the word or phrase you chose with you as a reminder of what you experienced here today.”
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Reflection Prompts Post-Exercise	
“What stood out to you most about your visualization?”	----- ----- -----
“What emotions did you experience, and how did they feel in your body?”	----- ----- -----
“How might you carry the feeling of authenticity into your daily life?”	----- ----- -----
“What word or phrase did you choose, and what does it mean to you?”	----- ----- -----

Focus on emotional connection Encourage survivors to focus on their feelings rather than perfecting the imagery. This is about connecting emotionally, not achieving a specific outcome.	Flexibility Be adaptable. Survivors may interpret the prompts differently or feel more comfortable modifying parts of the exercise. Support their unique approach.
Check-in After the exercise, create space for survivors to share or journal their thoughts if they choose. Let them decide what feels right.	Non-judgmental approach Emphasize that there is no right or wrong way to do the exercise. All experiences are valid and valuable.

NOTES
FOR
PROVIDERS

Activity 18 Identity Collage Exercise

The Identity Collage exercise is a creative and empowering activity designed to help survivors of conversion practices visually represent their authentic selves. Through this activity, survivors can explore and affirm the multifaceted aspects of their identity, fostering self-expression and pride in who they are.

PREPARATION

- Provide a variety of materials, such as magazines, colored paper, markers, scissors, glue, and other craft supplies.
- Ensure the survivor has a comfortable and calm environment to work in, free from distractions.
- Offer both physical and digital collage options for survivors who may prefer creating their collage on a tablet or computer.

Introduction (5 minutes)	
Begin by explaining the purpose of the activity: “This exercise is an opportunity to explore and celebrate your identity through visual art. It’s not about perfection—it’s about expression.”	Encourage survivors to approach the exercise with openness and curiosity.

Reflection and Brainstorming (10–15 minutes)	
Provide the survivor with prompts to think about their identity and what they’d like to include in their collage.	Examples • “What aspects of your identity are most important to you?” • “What symbols, colors, or images represent your culture, gender, or sexuality?” • “What words or phrases feel affirming or empowering to you?”

Suggest jotting down notes or creating a quick list to guide the collage-making process.

Collage Creation (30–60 minutes)		
Invite survivors to browse materials and select images, words, and colors that resonate with their identity.	Encourage layering and combining elements to create a rich, textured representation of their authentic self.	Offer support as needed, providing feedback or assisting with technical aspects of the creation process.

Reflection and Sharing (10–15 minutes)

Once the collage is complete, invite survivors to reflect on their creation with prompts such as:

- “What stands out most to you about your collage?”
- “How does this reflect your journey of reclaiming and affirming your identity?”

If the survivor feels comfortable, they may choose to share their collage and discuss its meaning.

Emphasize that there is no “right” way to create a collage. The goal is self-expression, not artistic skill.

Remain sensitive to survivors who may feel overwhelmed by the activity. Offer alternatives, such as writing or verbal storytelling, if preferred.

NOTES FOR PROVIDERS

Be mindful of potential triggers related to past experiences of judgement or invalidation. Offer reassurance and affirm the survivor’s efforts throughout the process.

Adaptations

Time-limited sessions:

Offer a condensed version focusing on a single aspect of identity, such as cultural pride or personal values.

Group setting:

Facilitate a group collage activity, allowing participants to contribute to a collective representation of resilience and diversity.

Digital collage:

Provide tools and tutorials for creating collages digitally, which may feel more accessible to some survivors.

Reflection Prompts Post-Exercise

“What did you discover about yourself while creating this collage?”

“How might this collage inspire or guide you in your healing journey?”

“What message would you want others to take from your collage about who you are?”

"What feelings came up for you as you created this collage?"	----- ----- -----
"Are there any themes or patterns in your collage that surprised you?"	----- ----- -----
"If this collage could tell a story about your identity, what would it say?"	----- ----- -----
"Which elements of the collage feel most empowering or meaningful to you?"	----- ----- -----
"How does this collage reflect the journey you've been on to reclaim your authentic self?"	----- ----- -----
"What aspects of your identity are you most excited to explore further?"	----- ----- -----
"If you could add one more thing to your collage, what would it be and why?"	----- ----- -----
"How might you use this collage as a reminder of your strength and growth?"	----- ----- -----
"What does this collage say about how you see yourself today versus how others might see you?"	----- ----- -----
"How does creating this collage help you connect with your future goals or aspirations?"	----- ----- -----

These prompts aim to deepen survivors' engagement with the exercise, helping them explore their identity in greater detail and connect the activity to their ongoing healing journey.

Activity 19 Reframing Internalized Stigma: A Self-Compassion Worksheet

This worksheet is designed specifically for LGBTIQ individuals who have survived conversion practices, recognizing the unique challenges of internalized stigma and shame perpetuated by these harmful interventions. It provides a framework to confront and reframe negative beliefs rooted in societal, familial, and cultural pressures while fostering self-compassion, resilience, and pride in one's identity.

INSTRUCTIONS FOR USE

Encourage survivors to take time to reflect deeply and respond honestly to each section. This worksheet can be used during or between sessions as part of ongoing therapeutic work.

Step 1: Name the Stigma Without Judgement

Conversion practices often instill negative beliefs about sexual orientation or gender identity. Acknowledging these beliefs is the first step toward dismantling them.

Write down one or two negative messages or beliefs you've internalized about your identity.

Examples

- "Being LGBTIQ is unnatural or wrong."
- "I'll never be accepted by my family or community."
- "I failed by not being able to change."

Step 2: Explore the Source of the Stigma

Recognizing where these beliefs originated helps you understand that they are external impositions, not truths.

Where do you think these beliefs came from?

Examples

- "Religious teachings that framed my identity as sinful."
- "My family's pressure to conform to heteronormative expectations."
- "Messages from conversion therapy that told me I needed to be 'healed.'"

Step 3: Identify the Impact of Conversion Practices

Conversion practices often lead to deeply rooted shame, self-doubt, and fear. Acknowledging these effects helps you process their impact.

How have these beliefs or messages influenced your thoughts, emotions, or behaviors?	Examples • “I avoided relationships because I felt unworthy of love.” • “I suppressed parts of myself to meet others’ expectations.” • “I blamed myself for not being able to change.”
--	--

Step 4: Reclaim Your Narrative

Challenge the narratives imposed by conversion practices and rewrite them from an affirming perspective.

What is a kinder, more affirming story you can tell about yourself?	Examples • Negative belief: “I failed because I couldn’t change.” • Reframed narrative: “I was never the problem. My identity was always valid, and trying to change was an act of survival in a hostile environment.” • Negative belief: “My identity is shameful.” • Reframed narrative: “My identity is a testament to my courage and authenticity, despite immense challenges.”
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Step 5: Celebrate Your Resilience

Surviving conversion practices demonstrates incredible strength. Focus on the resilience and courage that have carried you forward.

What strengths helped you survive and continue your journey?	Examples • “I’ve shown incredible resilience by holding on to my true self.” • “I’ve sought out affirming communities and resources to help me heal.”
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Step 6: Practice Self-Compassion

Counteract internalized stigma with affirming and compassionate statements.

What do you need to hear most right now to support your healing?	Examples • “It’s okay to feel hurt, but I am not broken.” • “I deserve love, respect, and acceptance exactly as I am.”
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Step 7: Affirm Your LGBTIQ Identity

Close the exercise by creating affirmations that reflect pride in your identity and your journey.

Create one or two affirmations to carry forward.

Examples

- “My identity is valid, beautiful, and deserving of celebration.”
- “I am a survivor, and my strength will guide me to a fulfilling and authentic life.”

REFLECTION PROMPTS

What part of this exercise felt most meaningful or empowering?

What feelings came up when you challenged the negative beliefs about yourself?

How does practicing self-compassion feel different from the messages you received during conversion practices?

What small acts of self-care or kindness can you offer yourself to reinforce this compassion?

Emphasize that the survivor's identity was never the issue, but the societal and cultural pressures they faced were.

NOTES FOR PROVIDERS

Tailor this exercise to the survivor's readiness; they may need to revisit specific steps as they build confidence in their identity.

Provide a supportive and affirming space for survivors to reflect on their progress, reinforcing that reclaiming their identity is an act of resistance and resilience.

Activity 20 Self-Rejection and Self-Acceptance Worksheet

This worksheet helps survivors of conversion practices explore the natural ebb and flow between feelings of self-rejection and self-acceptance. Instead of forcing a resolution, it honors the journey of moving between these states and provides tools to navigate the process with greater awareness and compassion.

UNDERSTANDING PENDULATION

Pendulation is a term used in trauma recovery to describe the natural movement between states of discomfort (e.g., self-rejection) and comfort or resolution (e.g., self-acceptance). For survivors of conversion practices, this might look like revisiting painful beliefs or feelings while also experiencing moments of pride, joy, or connection.

The goal is not to “fix” self-rejection but to develop the capacity to tolerate and respond to it while nurturing moments of self-acceptance.

Step 1: Recognizing Self-Rejection		
Instructions	Prompts	Engagement
Reflect on the ways self-rejection shows up in your life. This could be thoughts, feelings, behaviors, or memories.	- What beliefs about yourself did you internalize from conversion practices? (e.g., “I’m broken,” “I’ll never be accepted.”) - How do these beliefs affect how you feel about yourself or interact with others? - When do these feelings of self-rejection show up the most?	Use this space to write, draw, or describe how self-rejection feels. What color, shape, or image comes to mind when you think of self-rejection?

Step 2: Naming Self-Acceptance

Instructions	Prompts	Engagement
Shift your focus to moments when you feel connected to and accepting of your authentic self. These might be brief, fleeting, or tied to specific memories or experiences.	• Can you recall a time when you felt proud or at ease with your identity? • What does self-acceptance mean to you? (e.g., "Allowing myself to love freely," "Dressing the way I feel most authentic.") • What words, images, or symbols represent self-acceptance for you?	Use this space to capture what self-acceptance looks or feels like. What color, shape, or image represents this feeling?

Step 3: Pendulating Between the Two States

Instructions		
In this step, you'll practice moving between self-rejection and self-acceptance, spending a little time in each state before shifting your focus.		
Start with self-rejection Revisit the thoughts or feelings you associated with self-rejection. Sit with them for a moment, noticing any physical sensations or emotions that arise. • What does this feel like in your body? • What emotions are present?	Shift to self-acceptance Gently bring your focus to moments of self-acceptance. • What does this feel like in your body? • What emotions are present here?	Go back and forth Alternate between these two states, spending no more than 30 seconds to 1 minute in each. Notice how the sensations and emotions shift as you move between them.

Step 4: Integration and Reflection

Instructions	Prompts
After completing the pendulation exercise, take some time to reflect on what you noticed.	• How did it feel to move between self-rejection and self-acceptance? • What surprised you about this experience? • Did you notice any changes in how self-rejection or self-acceptance felt over time? • Moving forward, in what one small way could you nurture self-acceptance?

Step 5: Grounding the Experience

End the exercise with a grounding activity to reconnect with the present moment.	Take three slow breaths, feeling your feet on the ground.
Look around the room and name three things you can see, hear, or touch.	Remind yourself: "I am here, and I am enough."

Survivors may initially feel discomfort during pendulation. Encourage them to approach the exercise with curiosity rather than judgement.	NOTES FOR PROVIDERS	Provide a supportive debrief, highlighting any resilience or self-awareness that emerged during the exercise.
This exercise can be tailored for different comfort levels. Survivors may focus more on self-acceptance if revisiting self-rejection feels overwhelming.		

Building Resilience and Strength



Building or enhancing resilience and strength in survivors of conversion practices is vital for fostering their emotional recovery and empowering them to reclaim their sense of self. Conversion practices often inflict psychological harm, leaving survivors grappling with manipulation, shame, self-doubt, and an internalized sense of inadequacy. These experiences can erode their confidence and disrupt their ability to trust themselves and others. Resilience-building efforts focus on countering these negative effects by helping survivors recognize their intrinsic worth, validate their authentic identities, and tap into their inner capacities for growth and healing.

By strengthening resilience, survivors can begin to rebuild their confidence and develop a more positive self-concept. This process enables them to resist external pressures to conform to societal or cultural expectations that conflict with their identity, reducing their vulnerability to further harm.

Enhanced resilience also equips clients with the tools to form and sustain healthier relationships by setting and maintaining boundaries that protect their emotional and psychological well-being. In addition, it allows them to approach life's challenges with greater self-trust and adaptive coping strategies, fostering a sense of empowerment. Ultimately, resilience-building not only supports survivors in overcoming the specific harms of conversion practices but also helps them develop the emotional and psychological strength needed to lead fulfilling lives.

PROVIDERS CAN DO THE FOLLOWING:

Unpack what resilience means

- Start off by having a discussion with the client about the meaning of resilience, how it is commonly understood and how it may be misinterpreted.
- It may be important to share with the client that resilience is not about returning to a pre-adversity state or avoiding fear, but rather learning to adapt, grow, and find strength through hardships.

Normalize fear

- Assist the client in recognizing that fear is a normal and expected response during the healing process, especially after enduring the trauma of conversion practices.
- Emphasize that experiencing fear is not a reflection of weakness or a lack of resilience, but rather a natural reaction to confronting painful emotions, memories, or uncertainties. This response is an important part of their journey toward growth and recovery.
- Reassure the client that fear often arises as they begin to process painful experiences and challenge the harmful beliefs imposed on them. This process takes courage, as it involves facing vulnerabilities and exploring parts of themselves that may have been suppressed or rejected. By acknowledging and accepting their fear, clients can learn to navigate it effectively and build confidence in their ability to move forward.

Gradual exposure

- Support clients in taking small, manageable steps to confront fears tied to their past experiences, including those related to conversion practices. These fears may manifest in areas such as engaging with LGBTIQ communities, sharing their personal stories, or addressing internalized shame and self-doubt.
- Help clients in breaking these challenges into smaller, achievable actions. This will assist clients to gradually build confidence and reduce the overwhelming power that fear holds over them.

For example

A client who feels anxious about connecting with LGBTIQ communities might begin by exploring online forums or attending a virtual event, which can feel less intimidating than in-person interactions. Over time, they can progress to attending local community gatherings or support groups as their comfort and confidence grow. Similarly, sharing their story could start with writing in a private journal or speaking with a trusted therapist before sharing with a supportive friend or community.

Support groups

- If possible and safe, encourage clients to engage with affirming support groups, where they can connect with others who have successfully navigated similar struggles and reclaimed their identities and well-being. These support groups can be in-person or online, depending on what feels most comfortable and accessible for the client. Participating in these spaces allows clients to interact with individuals who understand their experiences and who can offer valuable insights and validation.
- Being part of such a group can also provide clients with living examples of resilience in action. Seeing others who have faced similar trauma and come through it with strength and self-affirmation can inspire hope and motivate clients to continue on their own healing journey.

Cultivate optimism

- Support clients in finding a balance between acknowledging the challenges they have faced and envisioning a hopeful and fulfilling future by guiding them to reflect on their past experiences while also recognizing the progress they have made along the way. It is important for clients to validate and honor the difficulties they've encountered, especially when it comes to the trauma of conversion practices.
 - Equally important is helping them recognize that despite these challenges, they have already taken significant steps toward healing and reclaiming their identity.
 - Encouraging the client to reflect on the progress they have made, whether through small actions, breakthroughs in self-awareness, or moments of personal empowerment, can reinforce their belief in their own strength, even in the face of adversity.
-

Celebrate all successes

- Encourage clients to regularly reflect on and celebrate the milestones they achieve, no matter how small they might seem. These moments of progress are vital reminders of their strength and resilience, showing their ability to overcome obstacles, whether internal or external, and move forward. By taking time to recognize even the most minor successes, such as setting boundaries, speaking their truth, or seeking support, they can begin to internalize a sense of accomplishment that may have been overshadowed by the weight of their past struggles.
 - Celebrating these milestones is not just about acknowledging outward achievements, but also about recognizing emotional and psychological growth. For example, a client who takes the step of joining an affirming community or confronting a fear that once seemed intractable is making a significant stride in their healing journey.
-



Encourage the client to engage in the following tasks outside of the therapy setting:

Seek feedback from others: The client should reach out to five people who know them well and ask them to share, in writing, what they see as your top strengths.

Gratitude practice: For the next week, they should take a few moments each day to write down three to five things they are grateful for. Engaging in gratitude is a proven way to enhance resilience and cultivate a positive mindset.

Look for the silver lining: They should think about a recent experience that upset or frustrated them. Instead of dwelling on the negative, challenge them to identify three positive aspects or lessons you can take away from the situation.

Practice self-compassion: We often show greater kindness to others than to ourselves. Ask them to reflect on a challenging situation in their life and write down the details. Then ask them to consider how they would respond if a friend were in their shoes. What words of support would they offer? What tone of voice would they use? What actions might your client take to help them? Encourage them to apply this same compassionate approach to themselves.



“Reconstructing my story:” invite the client to narrate their life story in a way that highlights their strengths and resilience rather than just their trauma. Over time, this rewriting of their narrative helps the client trust that others can see them as survivors and not as victims or “broken.” The Personal Strength Inventory (PRI) worksheet can help the client take stock of their personal strengths in the process of reframing their stories or narratives.

See [Activity 21 Resilience Celebration Checklist](#).



- ☐ Discussed the concept of resilience with the client, addressing common interpretations and misconceptions
- ☐ Reassured clients that fear reflects courage in confronting vulnerabilities and suppressed parts of themselves
- ☐ Supported clients in building confidence by progressively confronting their fears
- ☐ Recommended affirming support groups (in-person or online), when appropriate and safe
- ☐ Acknowledged both external achievements, and emotional or psychological growth

Activity 21 Resilience Celebration Checklist

The **Resilience Celebration Checklist** is designed to help survivors of conversion practices reflect on their growth, honor their resilience, and celebrate progress in their healing journey. Grounded in principles of positive psychology, trauma-informed care, and self-determination theory, this tool acknowledges the profound strength it takes to survive and recover from attempts to suppress or erase one's identity.

This checklist is not prescriptive but serves as a flexible guide for survivors and their therapists. It encourages survivors to reflect on what they've achieved, build motivation, and foster self-compassion, offering a tangible way to celebrate progress and milestones.

WHY IT MATTERS

Survivors of conversion practices often carry deep wounds of shame, regret, and loss. Many have been told that their identities are invalid, leading to internalized stigma and self-doubt. Celebrating resilience is a way to counteract these harmful messages, allowing survivors to reclaim their narrative and focus on their inherent strength and growth.

This process helps:

- Build self-awareness by recognizing achievements and strengths.
- Foster self-compassion through intentional reflection and acknowledgement of progress.
- Enhance emotional regulation by shifting focus from past trauma to present growth.
- Promote empowerment by reinforcing survivors' autonomy and resilience.

INSTRUCTIONS FOR USE

This checklist is a starting point for survivors to reflect on their journey. It can be used individually, in therapy sessions, or as part of a personal growth plan. Survivors can:

- Complete the checklist at their own pace, focusing on areas that resonate most.
- Add their own achievements or milestones to personalize the experience.
- Revisit the checklist periodically to acknowledge ongoing progress.

Resilience Celebration Checklist

Reclaiming identity

- ☐ I have acknowledged and affirmed my sexual orientation and/or gender identity.
- ☐ I have begun to explore or reclaim parts of my identity that were suppressed during conversion practices.
- ☐ I feel more confident expressing my authentic self in safe spaces.
- ☐ I have created personal rituals or affirmations to celebrate my identity.

Strengthening emotional well-being

- ☐ I have learned to recognize and manage trauma triggers.
- ☐ I use grounding or mindfulness techniques to navigate moments of distress.
- ☐ I allow myself to feel emotions without judgement or shame.
- ☐ I celebrate small victories in my healing journey, even on difficult days.

Resilience Celebration Checklist

Rebuilding relationships

- ☐ I have identified and nurtured affirming relationships with people who support me.
- ☐ I have set boundaries with individuals or communities that caused harm.
- ☐ I am reconnecting with or finding new communities where I feel safe and valued.
- ☐ I have rebuilt trust in my ability to form meaningful connections.

Embracing growth and purpose

- ☐ I have reflected on my values and the life I want to create.
- ☐ I have set goals that align with my authentic self and aspirations.
- ☐ I find moments of joy or meaning in my daily life.
- ☐ I recognize how my experiences have shaped my resilience and compassion.

Recognizing resilience

- ☐ I acknowledge the strength it took to survive conversion practices.
- ☐ I am proud of the courage it takes to continue my healing journey.
- ☐ I recognize and celebrate the progress I've made, no matter how small.
- ☐ I honor my ability to navigate challenges and move toward self-acceptance.

Optional Reflection Questions	
Which areas of this checklist feel most meaningful to you, and why?	
What specific moments or achievements make you feel proud?	
How can you celebrate your resilience in ways that feel empowering and authentic?	
Who or what has supported you most in your journey, and how can you express gratitude for that support?	

IDEAS FOR CELEBRATING RESILIENCE

☐ Write a letter to your past self, acknowledging the strength and courage you've shown.

☐ Share your progress with a trusted friend, therapist, or support group.

☐ Create a visual timeline or scrapbook documenting your milestones and achievements.

☐ Engage in a symbolic act of affirmation, such as planting a tree or journaling your goals.

☐ Treat yourself to a meaningful experience or activity that brings you joy.

Activity 22 When Was I (Not) Resilient?¹⁴⁴

This worksheet invites you to reflect on situations where you successfully accessed your resilience and moments when you struggled to do so. By examining both scenarios, you can gain insights into the resilience qualities you tend to rely on and those you find more difficult to harness. Use the prompts below to guide your reflection, and capture your thoughts in the spaces provided.

A Situation Where I Was Resilient		
Describe the situation	Identify resilience qualities you accessed	Consider the benefits
What was happening?		How did these resilience qualities help you navigate the situation?
What was the context (e.g., work, family, personal challenge)?	Which qualities (e.g., perseverance, self-confidence) helped you cope well?	
	What factors or actions enabled you to access these qualities?	What positive outcomes did they lead to?

A Situation Where I Was <u>NOT</u> Resilient		
Describe the situation	Identify missing resilience qualities	Consider the consequences
What was happening when you struggled or failed to cope effectively?	Which qualities (e.g., perseverance, self-confidence) were not available to you?	What were the results of not being able to draw on these qualities?
What was the context?	What prevented you from accessing them?	How did this impact your feelings, decisions, or relationships?

¹⁴⁴ Adapted from Jeremy Sutton, "When Was I (Not) Resilient?" 2021, <https://positive.b-cdn.net/wp-content/uploads/2021/11/When-Was-I-Not-Resilient.pdf>.

A Situation Where I Was NOT Resilient

Reflection on the Two Scenarios

Compare and contrast

Picture yourself in the resilient scenario. What words describe your mindset or identity at the time?

Now imagine yourself in the less resilient scenario. How would you describe your mindset or identity there?

Identify patterns

What do these two scenarios tell you about the nature of your resilience?

Are there any recurring themes or triggers that seem to influence your ability to cope?

Looking ahead

Based on these reflections, what small steps can you take to strengthen your resilience for future challenges?

Consider how you might harness successful strategies from the first scenario or reduce barriers from the second.

Activity 23 Personal Strengths Inventory¹⁴⁵

Negative self-talk can undermine self-esteem, increase stress, and perpetuate a cycle of self-criticism. One strategy to counter this pattern is to identify and celebrate your personal strengths. Recognizing your strengths can shift the focus away from perceived weaknesses, fostering a more resilient, self-affirming mindset.

PART 1: DISCOVERING YOUR STRENGTHS

Below is a list of potential strengths with brief descriptions. Circle at least six that resonate with you. Consider how each strength shows up (or could show up) in your life.

Curiosity: You enjoy exploring new ideas and asking questions, remaining open to learning.	Bravery: You face fear, uncertainty, or danger with determination and courage.	Fairness: You believe in just treatment and equal opportunities for everyone.	Forgiveness: You let go of resentment and anger, choosing understanding over bitterness.
Gratitude: You appreciate what is good in life and express thankfulness.	Honesty: You value truthfulness and sincerity in your words and actions.	Ambition: You set high goals and work diligently to achieve them.	Confidence: You trust your abilities and maintain a positive outlook on success.
Flexibility: You adapt to change, remain open-minded, and adjust your approach as needed.	Self-Control: You manage your impulses and emotions, making thoughtful choices.	Optimism: You maintain hope, expecting the best possible outcome.	Humility: You hold a modest view of your importance and remain open to learning.

¹⁴⁵ Adapted from Choosing Therapy, "Personal Strengths Inventory Worksheet," 2024, <https://www.choosingtherapy.com/wp-content/uploads/2024/06/Personal-Strengths-Inventory-Worksheet.pdf>.

PART 1: DISCOVERING YOUR STRENGTHS

Humor: You find amusement or lightness in situations, helping to cope with challenges.	Kindness: You show compassion, empathy, and a willingness to help others.	Teamwork: You collaborate well, believing in shared effort toward common goals.	Social awareness: You empathize with others' emotions, needs, and cultural contexts.
Spirituality: You feel connected to a purpose greater than yourself.	Enthusiasm: You bring energy and motivation into tasks or interactions.	Generosity: You offer time, skills, or resources to help others without expecting return.	Problem-Solving: You analyze situations effectively and overcome challenges.
Dependability: You fulfill commitments and can be relied upon by others.	Authenticity: You live according to your values and beliefs, showing genuine integrity.	Patience: You remain calm when facing delays, frustration, or adversity.	Love of learning: You actively seek new knowledge or skills with eagerness.
Perseverance: You keep going despite obstacles or setbacks.	Open-Mindedness: You consider new ideas and perspectives with receptiveness.	Adventurousness: You seek out novel experiences or take calculated risks.	Assertiveness: You communicate needs, wants, and opinions directly and respectfully.
Independence: You rely on your own judgment and abilities, valuing self-sufficiency.	Logic: You use reason and evidence to reach sound conclusions.	Reflection: How does identifying these strengths affect your self-talk or sense of self-worth?	

Applying Your Strengths to Relationships		
My strengths in relationships	Putting strengths to work	Example
List two or three strengths you use often in personal or romantic relationships, friendships, or family connections. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	Identify at least one new way to apply each strength. For instance, if you chose “kindness,” you might decide to practice small acts of generosity toward someone you’ve had conflict with. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	Think of a recent event where a specific strength improved a relationship. Summarize the situation, the strength used, and the outcome. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----

Applying Your Strengths to Professional or Academic Settings		
My strengths at work or school	Expanding their use	Example
List two or three strengths that help you excel or collaborate effectively. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	Brainstorm how each strength can be applied more intentionally. For example, “problem-solving” might involve volunteering for a project that requires creative solutions. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	Recall a time you used a strength to overcome a challenge at work or school. Briefly describe what happened and how your strength contributed to success or resolution. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----

Applying Your Strengths to Personal Fulfillment		
My strengths for personal growth	Creative use	Example
List two or three strengths that help you enjoy life or manage personal challenges.	Consider fresh ways to incorporate these strengths into your hobbies, self-care routines, or community involvement.	Describe an occasion where a strength boosted your sense of purpose or joy. Note the situation, the strength, and the impact it had on you.

CONCLUSION

By recognizing and using your personal strengths, you can counteract negative self-talk, build resilience, and foster growth across all areas of life. Revisit this worksheet periodically to evaluate your progress, celebrate improvements, and identify new opportunities to apply your strengths.



Establishing Boundaries and Safety in Relationships



Survivors of conversion practices often experience deep relational wounds resulting from betrayal, invalidation, and coercion within significant relationships. These dynamics, often entrenched in cultural, familial, or religious contexts, leave survivors with an impaired sense of trust and uncertainty about navigating connections with others. Relational trauma from boundary violations, manipulation, and enforced conformity can foster feelings of isolation, fear, and self-doubt.

Healthy relationships are vital to recovery and resilience, offering survivors the opportunity to experience mutual support, respect, and affirmation. Yet, for many survivors, the process of identifying, setting, and maintaining boundaries can feel unfamiliar or fraught with risk, especially in contexts where assertiveness is discouraged. Survivors may face challenges in distinguishing between relationships worth nurturing and those that perpetuate harm, or in balancing personal safety with the desire for connection.

This guideline addresses these complexities, equipping survivors with tools to navigate relationships in ways that protect their well-being and foster growth.

By focusing on the hallmarks of fulfilling and supportive relationships, survivors can learn to rebuild trust, assert their needs, and cultivate connections that align with their authentic selves. It recognizes that establishing boundaries and safety is not only a skill but is also an act of self-reclamation, empowering survivors to move from relationships marked by harm to those that nurture healing and mutual respect.

PROVIDERS CAN DO THE FOLLOWING:

Explore the survivor's relational landscape

- Support survivors in reflecting on their relational history, including past experiences of harm, trust, and support. Use questions such as: "What patterns do you notice in your relationships?" and "What makes you feel safe or unsafe with others?"
- Help survivors identify cultural, familial, or systemic factors that influence their expectations and behaviors in relationships.

Introduce hallmarks of healthy relationships

- Discuss the traits of fulfilling relationships, such as mutual respect, empathy, reciprocity, and safety. Encourage survivors to consider how these traits align with their values and experiences.
- Use exercises to identify which relationships reflect these traits and relationships where improvements or boundaries are needed.

Guide survivors in setting boundaries

- Normalize boundary-setting as an act of self-care and empowerment, especially for those who have experienced relational trauma.
- Provide tools such as boundary scripts (“I’m not comfortable discussing this right now”) and practice role-playing to build confidence in asserting needs.

Facilitate decision making regarding relationships

- Support survivors in evaluating relationships to determine whether they nurture growth or perpetuate harm. Offer frameworks for weighing the costs and benefits of maintaining versus ending connections.
- Help survivors navigate the emotional challenges of disengaging from harmful relationships while maintaining their safety and well-being.

Develop and implement safety plans

- Collaborate with survivors to create personalized plans for managing difficult interactions, avoiding unsafe environments, and accessing support.
- Address both physical and emotional safety, incorporating strategies for disengaging from triggering situations and identifying trusted allies.

Strengthen trust-building skills

- Introduce exercises to help survivors gradually build trust in safe, low-stakes interactions. Emphasize the importance of reciprocity and consistency in nurturing healthy connections.
- Guide survivors in recognizing trustworthy behaviors and differentiating them from manipulative or harmful patterns.

Navigate vulnerability and protection

- Help survivors balance self-protection with the desire for meaningful connection. Discuss how vulnerability, when shared in safe spaces, can foster deeper understanding and support.
- Provide tools for assessing when and with whom it feels safe to be vulnerable

Acknowledge and address cultural and contextual influences

- Explore how cultural norms, intersectionality, and minority stress shape the survivor’s relational experiences and expectations.
- Validate the survivor’s challenges in navigating these dynamics while supporting them in prioritizing their well-being and authenticity.

Recognize and rebuild interpersonal skills

- Reflect on how relational trauma may have interrupted the survivor’s natural development of interpersonal skills. Work on rebuilding those skills step by step.
- Offer guidance on expressing feelings, navigating conflict, and maintaining positive interactions.

Enhance communication skills in challenging interactions

- Support survivors in managing challenging responses by discussing how to respond calmly to invalidation or resistance without internalizing blame.
 - Introduce reflective listening techniques that encourage survivors to practice repeating back what others say to confirm understanding, ensuring clearer and more empathic dialogue.
-



Mapping Relational Patterns

[Activity 24 Boundary-Setting Scripts](#)

[Activity 25: Boundaries with Fellow Survivors](#)

[Activity 26: Trauma-Sensitive Communication Guide](#)

[Activity 27 Boundary Rehearsal Role-Play Guide](#)

[Activity 28 Leveraging AI Tools for Role-Play Practice](#)

[Activity 29 Identifying Personal Boundaries Worksheet](#)

[Activity 30 Relational Assessment Worksheet](#)

[Activity 31 Reflecting on Harmful Relationships Worksheet](#)

[Activity 32 Acute Crisis Management Worksheet](#)

BOUNDARY-SETTING SCRIPTS

A practical resource providing sample language for survivors to practice setting boundaries in different contexts.

“I appreciate your concern, but I need to make this decision for myself.”

“This topic makes me uncomfortable. Can we change the subject?”

MAPPING RELATIONAL PATTERNS

Use prompts to help survivors reflect on recurring dynamics in their relationships:

“What makes you feel safe or unsafe in this relationship?”

“Are there patterns of giving or taking that feel unbalanced?”

“How do you feel emotionally and physically when you interact with this person?”

“What makes you feel that you can or cannot trust this person?”

“How does this person react when you try to set a boundary?”

“Are there ways in which you’ve felt pressured by this person to change yourself?”

“What kinds of situations tend to create conflict or misunderstanding between you and this person?”

“How do you usually feel emotionally and physically after spending time with this person?”

“When you make decisions, how does this person influence or support you?”

Activity 25 Boundaries with Fellow Survivors: survivors of conversion practices often find solace and understanding in connecting with others who share similar experiences. However, navigating these relationships can also present challenges, as shared trauma may lead to blurred boundaries, re-traumatization, or unmet expectations. This guide explores the importance of setting and respecting boundaries with fellow survivors to foster healthy, supportive, and sustainable connections.



Activity 26 Trauma-Sensitive Communication Guide is a comprehensive guide designed to help survivors navigate challenging interactions, set boundaries, and respond to invalidation or coercion while prioritizing emotional safety and empowerment. Key elements include:

- Scripts for addressing identity challenges, coercion, or religious arguments

- Grounding techniques to manage stress during difficult conversations
- Reflective listening and boundary-affirming strategies

Boundary rehearsal role-play: Engage survivors in practicing boundary-setting through role-playing scenarios tailored to their experiences. Examples include:

- Asserting needs with a family member
- Responding to criticism or invalidation

See [*Activity 27 Boundary Rehearsal Role-Play Guide*](#)

See [*Activity 28 Leveraging AI Tools for Role-Play Practice*](#)

WORKSHEETS

[*Activity 29 Identifying Personal Boundaries Worksheet*](#) prompts survivors to explore:

“What do I need to feel respected and safe?”

“How do I express my boundaries effectively?”

[*Activity 30 Relational Assessment Worksheet*](#) is a tool for evaluating relationships based on key traits such as trust, reciprocity, and safety. Sections include:

“What positive traits does this relationship have?”

“Are there recurring behaviors that make me feel unsupported or disrespected?”

[*Activity 31 Reflecting on Harmful Relationships Worksheet*](#) guides survivors through recognizing harmful patterns and planning steps to disengage from harmful relationships. Includes reflection prompts such as:

“What are the emotional impacts of this relationship?”

“What steps can I take to protect myself during and after ending this relationship?”



Books and articles on relationships and boundaries:

Set Boundaries, Find Peace by Nedra Glover Tawwab

How to Set Boundaries that Actually Work by Dr. Frankie – The Little Gay Book



- ☐ Guided the survivor in identifying relational patterns and understanding their personal needs for safety and respect
- ☐ Introduced the hallmarks of healthy relationships and supported survivors in evaluating their current connections
- ☐ Practiced boundary-setting skills using role-play or other communication exercises
- ☐ Provided at least one practical resource or tool to support ongoing relational growth and boundary-setting efforts

Activity 24 Boundary-Setting Scripts

Setting and maintaining boundaries can be particularly challenging for survivors of conversion practices, who may have experienced boundary violations, coercion, or invalidation in their relationships. Scripts provide a practical starting point for survivors to assert their needs and protect their emotional well-being in conversations that may feel overwhelming or triggering. These suggested responses are designed to help survivors navigate difficult interactions with family members, religious leaders, peers, or others, offering language that balances respect and self-empowerment.

These scripts are not prescriptive but are meant to be adapted to fit the survivor's voice, context, and comfort level. In some cases, survivors may decide that disengaging from a conversation entirely is the best way to safeguard their emotional safety. By practicing these responses in a safe and supportive environment, survivors can build the confidence and skills needed to navigate complex relational dynamics and prioritize their well-being.

HOW TO USE THESE SCRIPTS

- Survivors can personalize these scripts to reflect their voice and relational dynamics.
- Encourage survivors to rehearse them in a safe space, such as in therapy or with a trusted peer, to build confidence.
- Use role-play to simulate challenging scenarios and explore variations in tone, phrasing, and delivery.

Responding to Unwanted Advice or Coercion	
Scenario: A family member insists on offering advice about "changing" or "fixing" the survivor's identity.	"I appreciate that you care about me, but this is a personal journey, and I need to make these decisions for myself."
	"I understand that you have strong beliefs, but I'm asking you to respect my right to choose what's best for me."

Declining Topics That Feel Unsafe or Invalidating	
Scenario: A conversation turns to topics that feel critical or dismissive of the survivor's identity.	"I'm not comfortable discussing this right now. Let's focus on something else."
	"This topic feels hurtful to me, and I'd like us to move on to something we can both engage with positively."

Setting Limits with Religious or Moral Arguments

Scenario: A religious leader or family member challenges the survivor's identity using religious rhetoric.	"I respect your faith, but I'm asking you to respect my experience and choices."
	"My relationship with my identity and spirituality is personal, and I need space to navigate it without judgement."

Addressing Boundary Violations

Scenario: Someone repeatedly pushes against the survivor's expressed boundaries.	"I've already shared that this topic isn't something I want to discuss. I need you to respect that."
	"When you bring this up after I've asked you not to, it makes me feel unheard. Please stop."

Navigating Requests for Reconciliation or Connection

Scenario: A family member or friend wants to repair the relationship but does not acknowledge the survivor's boundaries or past harm.	"I'm open to rebuilding our relationship, but it has to start with mutual respect and understanding."
	"I need you to acknowledge the hurt caused before we can move forward. Let's start by discussing how we can create a healthier dynamic."

Exiting Harmful Conversations

Scenario: A discussion escalates into hurtful or triggering territory, and the survivor needs to leave.	"I'm feeling overwhelmed, and I need to step away from this conversation."
	"This discussion isn't productive for me. Let's pause and revisit it another time if necessary."

Balancing Cultural Expectations and Personal Needs

Scenario: Survivors face cultural pressures to comply with family or community expectations.	"I understand our family values, but I need to live in a way that feels true to me."
	"I value our traditions, but I also need you to respect that my path may look different."

Maintaining Privacy

Scenario: Someone asks intrusive or overly personal questions about the survivor's identity or journey.	"That's a personal matter I'm not comfortable discussing."
	"I appreciate your curiosity, but I'd rather keep this private for now."

Activity 25 Boundaries with Fellow Survivors

Survivors of conversion practices often find solace and understanding in connecting with others who share similar experiences. Fellow survivors can provide unique validation, empathy, and support. However, navigating these relationships can also present challenges, as shared trauma may lead to blurred boundaries, re-traumatization, or unmet expectations. This guide explores the importance of setting and respecting boundaries with fellow survivors to foster healthy, supportive, and sustainable connections.

Understanding the Importance of Boundaries

Why boundaries matter

Protect emotional well-being

Boundaries help prevent emotional overwhelm and protect your mental health.

Preserve relationships

Clear boundaries reduce misunderstandings and conflicts, allowing for stronger, more respectful connections.

Maintain individual healing

Boundaries create space for survivors to focus on their unique recovery journeys without feeling burdened by others' expectations.

Challenges in Survivor-To-Survivor Relationships

Trauma bonding

Shared experiences of pain can lead to intense connections that may unintentionally reinforce negative patterns.

Over-reliance

Survivors may rely on each other excessively, risking co-dependency or burnout.

Emotional triggers

Hearing about another survivor's experiences may evoke unresolved emotions or re-traumatization.

Setting Healthy Boundaries

Clarify your needs and limits

Reflect on your emotional, physical, and relational needs.

Ask yourself:

- "What am I comfortable sharing?"

Communicate boundaries clearly and kindly

Use "I" statements to express your limits without blaming.

Example:

"I appreciate our conversations, but I need to take breaks when I feel overwhelmed."

Setting Healthy Boundaries	
• “How much emotional energy can I give right now?” • “What do I need to feel safe in this connection?”	Establish time and emotional limits Decide how much time and energy you can dedicate to interactions. <i>Example:</i> “I can talk about this for 15 minutes, but then I need to focus on other things.”
Practice consent in sharing Ask permission before discussing sensitive topics. <i>Example:</i> “Are you in a good place to hear about my experience right now?”	
Use safe words or phrases Agree on phrases to signal when a conversation feels overwhelming or unsafe. <i>Example:</i> “Let’s pause for now and revisit this later.”	

Respecting Others’ Boundaries	
Listen and validate • Accept others’ boundaries without arguing or pushing back. <i>Example:</i> “I understand you need space right now. Let me know when you’re ready to talk.”	Avoid over-dependence • Diversify your support system by seeking help from trusted friends, therapists, or support groups.
	Be mindful of triggers • Avoid sharing graphic details or sensitive topics without consent.

Navigating Common Challenges
Handling boundary crossings Gently remind the person of your boundary. <i>Example:</i> “I know this is important to you, but I need a moment to step back.” Reflect on whether the relationship feels supportive or draining over time.
Balancing empathy with self-care Recognize when helping others impacts your well-being. Prioritize self-care to maintain your capacity to support others effectively.

Navigating Common Challenges

Recognizing unhealthy dynamics

Signs to watch for:

- Feeling obligated to respond immediately.
- Resentment or exhaustion after interactions.
- Difficulty maintaining your own recovery goals.

Deciding when to step back

If a relationship feels consistently harmful or overwhelming, it's okay to create distance. Communicate this decision respectfully and seek support from others during the transition.

Fostering Healthy Survivor Connections

Focus on mutual growth

- Celebrate each other's progress and resilience.
- Encourage positive coping strategies and self-care practices.

Share affirming resources

- Exchange books, articles, or tools that have been helpful in your recovery.

Embrace diversity in healing

- Respect that everyone's journey looks different. Avoid comparing progress or imposing your approach on others.

Build a safe and inclusive space

- Create a space for open, judgement-free communication. Acknowledge and respect differences in experiences, identities, and boundaries.

REFLECTION PROMPTS FOR SURVIVORS

What boundaries do I need to feel emotionally safe in survivor-to-survivor relationships?

How can I communicate my boundaries in a way that feels authentic and kind?

What signs tell me that a connection is supportive versus draining?

How can I honor both my needs and the needs of others in these relationships?

FINAL THOUGHTS

Building connections with fellow survivors can be a powerful source of healing and empowerment. By establishing clear boundaries and respecting each other's limits, survivors can create relationships that are not only supportive but also sustainable. This approach fosters an environment where all individuals can thrive while prioritizing their unique recovery journeys.

Activity 26 Trauma-Sensitive Communication Guide

This guide provides survivors of conversion practices with practical tools to navigate difficult conversations and relational dynamics, particularly in contexts shaped by trauma, coercion, and invalidation. It prioritizes emotional safety, self-empowerment, and the survivor’s right to set boundaries while considering cultural, familial, and social pressures unique to their experiences.

Foundational Principles for Survivors		
PRIORITIZE EMOTIONAL SAFETY Survivors have often faced invalidation or harm when expressing their needs. Reassure them that they are not obligated to engage in conversations that jeopardize their well-being.	RECLAIM AGENCY Survivors of conversion practices may feel disempowered or silenced. Emphasize their right to communicate their feelings and set limits that reflect their values and needs.	ACKNOWLEDGE RELATIONAL COMPLEXITY Many survivors feel torn between cultural/familial obligations and self-preservation. Frame communication as a way to navigate, rather than resolve, these tensions.

Preparing for Challenging Conversations		
Clarify intentions and boundaries Encourage survivors to identify what they want to achieve from the conversation. <i>Example prompts</i> • “What’s most important for me to communicate?” • “What boundaries do I need to maintain?”	Anticipate harmful patterns Reflect on past interactions that felt dismissive, coercive, or harmful. Help survivors strategize ways to manage similar dynamics.	Practice grounding beforehand Suggest techniques such as deep breathing or visualizing a safe, supportive environment to reduce anxiety before the conversation.

Grounding Techniques for Conversations About Identity or Boundaries

Anchor in authenticity

Encourage survivors to remind themselves: “I am valid and deserving of respect, even if others disagree.”

Set exit strategies

Survivors can pre-plan a way to exit conversations if they become unsafe or triggering, such as:

- “I need to step away to think about this.”
- “Let’s pause this discussion and revisit it another time.”

Focus on sensory grounding

Techniques include focusing on surroundings or touching a comforting object to stay present during emotionally charged moments.

Scripts for Common Scenarios Survivors May Face

When challenged on their identity

- “I understand your perspective, but I need you to respect my decisions about who I am.”
- “My identity is not up for debate, and I need us to focus on respecting one another.”

Responding to coercion or pressure

- “I know you care about me, but this is something I need to decide for myself.”
- “I hear your concerns, but I need space to navigate this on my own terms.”

Addressing religious or moral arguments

- “My faith is personal, and I’m working to reconcile it with my identity. I ask for your understanding.”
- “I respect your beliefs, but I also need you to respect my journey.”

Reflective Listening for Rebuilding Trust

Survivors may want to rebuild connections but struggle with fear of judgement or invalidation. Reflective listening techniques can create mutual understanding:

To de-escalate conflict

“What I hear you saying is that you’re worried about me. I appreciate your concern, but I need you to trust my decisions.”

To encourage empathy

“It sounds like this is hard for you to understand. Can I share how it feels from my perspective?”

Affirmation Techniques for Survivors

Self-compassion statements

- “It’s okay if this conversation doesn’t go perfectly. I’m doing the best I can.”
- “My worth isn’t determined by their acceptance or agreement.”

Boundary affirmations

- “Setting this boundary isn’t selfish; it’s necessary for my well-being.”

Addressing Relational Power Dynamics

Recognize power imbalances

Survivors may feel intimidated by authority figures (e.g., religious leaders or family heads). Help them frame communication to assert their autonomy without inviting conflict.

Example

“I respect your role in my life, but this decision is deeply personal, and I need you to trust me.”

Cultural nuances

Survivors may feel constrained by cultural norms that discourage assertiveness. Offer culturally sensitive scripts that balance respect with boundary-setting.

Example

“I value our relationship, but I need to take this step for my own well-being.”

Managing Invalidation or Gaslighting

Reframe conversations

Survivors often face dismissal or manipulation. Teach them to stay grounded in their truth:

“I understand that’s how you see it, but my experience is different, and it’s valid.”

Avoid overexplaining

Encourage concise responses to avoid unnecessary self-justification.

POST-CONVERSATION REFLECTION

After challenging interactions, guide survivors to reflect on:

“What helped me feel grounded and confident?”

“What strategies worked well, and what might I try differently next time?”

“How can I care for myself after this interaction?”

Activity 27 Boundary Rehearsal Role-Play Guide

This guide offers a step-by-step framework for mental health-care providers to facilitate boundary rehearsal role-plays with survivors of conversion practices. It is designed to empower survivors to practice asserting their needs and responding to criticism or invalidation in a safe and supportive environment.

PURPOSE

Boundary rehearsal role-plays help survivors:

- Build confidence in asserting their needs and setting boundaries.
- Develop effective communication strategies tailored to challenging scenarios.
- Explore and reflect on emotional and relational dynamics in a controlled, low-risk setting.

Preparation		
Set the stage Create a safe and affirming space where the survivor feels comfortable experimenting with different approaches. Establish clear ground rules, such as pausing at any time if the survivor feels overwhelmed.	Clarify goals Ask the survivor what they hope to gain from the role-play. Example prompts: “What is the most difficult aspect of boundary-setting for you?” “What would you like to say in this situation but find hard to express?”	Collaboratively choose a specific scenario to focus on, such as asserting a need with a family member or responding to invalidation.

Design the Scenario	
Use real-life examples the survivor provides to create a relatable and relevant situation.	Define roles: The survivor practices as themselves, while the provider plays the other party. Adjust complexity based on the survivor’s readiness.

Role-Play Process	
Warm-Up	Begin with a grounding exercise to help the survivor feel calm and focused. <i>Example:</i> Practice deep breathing or use sensory grounding techniques.
Scenario Introduction	Briefly set the scene for the role-play, ensuring both parties are clear about the dynamics. <i>Example:</i> “Let’s imagine your parent is questioning your decision to set this boundary.”
Practice Boundary-Setting	Encourage the survivor to express their boundary using their own words.
Provide Prompts if They Feel Stuck	“What would you like this person to understand about your need?” “How can you clearly and respectfully communicate this boundary?”
Explore Responses	Play the role of the other party and offer varied responses (e.g., cooperative, resistant, dismissive) to simulate different outcomes. Encourage the survivor to practice responding calmly and assertively to each type of reaction. <i>Example:</i> If you respond dismissively, the survivor might say, “I understand your perspective, but this is a boundary I need to maintain.”
Pause and Reflect	After each iteration, pause to reflect with the survivor: “How did that feel to express your boundary?” “What worked well, and what could be adjusted?”
Refine and Repeat	Collaboratively refine the survivor’s language or approach as needed. Repeat the role-play to reinforce confidence and skill.

Debriefing		
Reflect on the experience Discuss what the survivor learned or noticed during the role-play. Example prompts: “How did it feel to practice asserting yourself in this scenario?” “What aspects of this felt most challenging?”	Identify takeaways Summarize key strategies or phrases the survivor found effective. Example: “I noticed that when you said, ‘I need you to respect this boundary,’ you seemed confident. Would you use that phrasing in real life?”	Plan for real-life application Encourage the survivor to identify when and how they might use the skills practiced in their daily life. Example: “What’s one situation where you feel ready to try this approach?”

TIPS FOR PROVIDERS

Adapt to readiness

Start with simpler scenarios if the survivor feels anxious, gradually introducing more complex dynamics as confidence builds.

Validate efforts

Reinforce that boundary-setting is a skill that takes time and practice, and progress is meaningful regardless of the outcome.

Acknowledge relational contexts

Discuss how cultural, familial, or societal dynamics might shape the survivor’s experience of boundary-setting and tailor the role-play accordingly.

Monitor emotional responses

Be attentive to signs of distress or overwhelm. Offer grounding exercises or pauses as needed to maintain a sense of safety.

Activity 28 Leveraging AI Tools for Role-Play Practice

If survivors or providers have access to AI tools, these can serve as valuable resources for role-playing scenarios in a low-pressure, self-paced environment. AI-based conversation simulators or chatbots can simulate various relational dynamics, offering survivors additional opportunities to practice boundary-setting and communication skills.

How AI Tools Can Be Used	
Simulate different scenarios AI tools can generate dialogues tailored to specific situations, such as responding to invalidation, asserting boundaries, or addressing coercion. Survivors can practice crafting responses and refine their language in a judgement-free setting.	Practice emotional regulation Survivors can engage with AI to rehearse staying calm and focused during challenging conversations, applying grounding techniques learned in therapy.
Test different approaches AI tools allow survivors to explore various responses and observe potential outcomes, helping them identify strategies that feel most authentic and effective.	Enhance confidence Regular practice with AI can build survivors’ confidence by providing a safe space to experiment with language and tone before engaging in real-life interactions.

EXAMPLES OF AI TOOL APPLICATIONS

- Survivors can type or speak their responses and receive simulated replies from the AI, mimicking different relational dynamics (e.g., supportive, resistant, dismissive).
- Providers can help survivors craft tailored scripts for use in AI simulations, ensuring the scenarios reflect real-life challenges survivors face.

Considerations When Using AI		
Privacy Ensure the AI platform prioritizes user confidentiality and data security.	Customization Use tools that allow for customization to make scenarios as realistic and relevant as possible.	Supplement, not replace Emphasize that AI tools are a complement to therapeutic role-play and not a substitute for professional guidance.

Example AI Tools	
ChatGPT or similar AI platforms Survivors can role-play scenarios by interacting with AI prompts and practicing responses to various simulated statements.	Mental health apps with communication features Some apps offer guided role-play scenarios or interactive conversations to support boundary-setting and assertiveness skills.

Incorporating AI tools into the boundary rehearsal process empowers survivors to practice independently, supplementing their work in therapy.

INSTRUCTIONS FOR USING AI TOOLS FOR ROLE-PLAY PRACTICE

AI tools can be a helpful supplement to therapy, providing survivors with an opportunity to rehearse boundary-setting and communication skills in a self-paced, low-pressure environment. Below are step-by-step instructions and example prompts to guide the use of AI for role-playing scenarios.

Getting Started		
Choose an AI tool Select an AI platform that supports conversational interactions, such as ChatGPT or similar tools. Ensure the platform is secure and prioritizes user privacy.	Define your goals Reflect on what you want to achieve from the role-play session. For example: - Practice asserting boundaries. - Rehearse responding to invalidation or criticism. - Explore ways to exit harmful conversations.	Set the scene Identify a specific scenario or relational dynamic you'd like to work on. Use real-life examples or situations you've discussed in therapy.

How to Prompt the AI	
When interacting with the AI, provide clear instructions to set the context for the role-play. Here are some examples:	
Example prompts for setting boundaries "You are a friend who keeps offering advice I don't want. Let's role-play how I can politely ask you to stop."	Example prompts for responding to invalidation "Pretend you are someone who dismisses my feelings about my identity. I will practice responding calmly and assertively."

"Pretend you are my parent, and I want to set a boundary about not discussing my identity. You respond with concern or resistance, and I will practice asserting my boundary." "Imagine you are a religious leader questioning my decisions. I want to practice expressing my perspective while maintaining respect."	"Act as a family member who questions my decisions. Respond as if you are skeptical, and I will rehearse staying firm in my boundary."
Example prompts for exiting conversations "You are someone who keeps bringing up a topic I've said I'm uncomfortable discussing. I want to practice ending the conversation gracefully." "Pretend you're a colleague who is being pushy. I will practice saying I need to step away."	

Tips for Effective Role-Play		
Be specific in your instructions Provide details about the scenario and the tone you'd like the AI to adopt (e.g., supportive, dismissive, resistant).	Experiment with responses Try different ways of phrasing your boundaries to see what feels most authentic and effective.	Pause and reflect After each interaction, take a moment to evaluate how you felt and what you might adjust. Example reflection questions: "Did I feel confident expressing myself?" "What parts of my response worked well?" "How could I improve for next time?"

Activity 29 Identifying Personal Boundaries Worksheet

Boundaries in relationships are the personal limits we set to define what we need to feel safe, respected, and valued. They are essential for maintaining our emotional well-being and fostering healthy connections. Boundaries are not walls to shut people out; rather, they are bridges that facilitate trust, understanding, and mutual respect. They help us communicate our needs clearly while respecting the autonomy and individuality of others.

For survivors of conversion practices, boundaries take on an even deeper significance. Many survivors have faced boundary violations, coercion, or invalidation, which can leave them feeling disempowered or unsafe in relationships. This worksheet is designed to help survivors explore their needs, articulate their boundaries, and practice asserting them in ways that honor their identity and experiences. Setting boundaries is a way to reclaim agency, create safety, and establish the conditions for relationships that affirm and support authenticity.

THE PURPOSE OF THIS WORKSHEET IS TO GUIDE SURVIVORS IN:

- Reflecting on their emotional, physical, and relational needs.
- Identifying patterns in relationships that support or challenge their well-being.
- Crafting personalized boundary statements that feel empowering and achievable.
- Practicing strategies for expressing and maintaining boundaries in real-life situations.

By working through this worksheet, survivors will develop greater clarity and confidence in setting and communicating boundaries, laying the foundation for healthier, more fulfilling relationships.

Part 1: Reflecting on Boundaries and Needs

Boundaries start with understanding your own needs and what helps you feel safe and respected in relationships. Use the prompts below to reflect on your experiences and define what matters most.

Reflection prompts

What helps me feel emotionally and physically safe in relationships?

What situations or behaviors make me feel disrespected or unsafe?

When have I experienced someone respecting my boundaries? What impact did it have on me?

When have my boundaries been violated? How did it affect me?

Activity

Write three examples of times when your boundaries were respected, and how that felt.

Write three examples of times when your boundaries were violated, and how that impacted you.

Part 2: Exploring the Elements of a Boundary

Boundaries are tied to our values and needs. Use this section to identify the areas where you need clear boundaries to feel safe and supported.

Prompts to explore needs

What do I need from others to feel respected?

What types of behaviors drain me or make me uncomfortable?

What aspects of my identity do I want protected from judgement or criticism?

Activity

List three emotional needs that are most important to you (e.g., kindness, privacy, honesty).

List three behaviors that you find challenging or harmful (e.g., dismissiveness, judgment, unsolicited advice).

Part 3: Crafting Boundary Statements

Use the templates below to craft personalized boundary statements. These statements can help you clearly express your needs in relationships while prioritizing emotional safety.

"I need **[specific need]** to feel safe/respected. Please do not **[specific behavior]**."

"When you **[specific behavior]**, it makes me feel **[emotion]**. I need you to **[specific action]**."

"I am not comfortable with **[specific behavior]**. I need **[specific action]** instead."

Example:

"I need privacy when it comes to my identity. Please do not ask me to justify my decisions."

Example:

"When you question my choices, it makes me feel dismissed. I need you to trust that I know what's best for me."

Example:

"I'm not comfortable discussing this topic anymore. I need us to focus on something positive."

Activity: Write three boundary statements tailored to situations or relationships where you often feel your needs are overlooked or violated.

Part 4: Practicing Boundary Expression

Practice is key to building confidence in expressing your boundaries. This section helps you prepare for real-life interactions.

Prompts to build confidence

What makes expressing boundaries challenging for me?

How can I prepare myself emotionally to communicate a boundary?

What would I say to encourage a friend in a similar situation?

Activity

- Write a challenging scenario where you'd like to set a boundary (e.g., a family member questions your identity).
- Draft a boundary statement you can use in this situation.
- Rehearse this statement, either alone or with a trusted ally.

Part 5: Affirming Your Right to Boundaries

Setting boundaries is an act of self-respect and self-care. Use this section to reflect on why boundaries matter and affirm your commitment to them.

Prompts to normalize boundaries

How do boundaries help me protect my well-being?

How can boundaries make my relationships more meaningful and supportive?

What would I tell myself when I feel guilty about setting a boundary?

Activity

Write three affirmations about boundaries that resonate with you.

Examples include:

"Setting boundaries is a way of honoring my needs and identity."

"I deserve to feel safe and respected in my relationships."

"My boundaries are an invitation for healthier connections."

PART 6: REFLECTING ON GROWTH

After completing this worksheet, take a moment to reflect on what you've learned:

How has this process helped you understand your needs and boundaries better?

What steps can you take to implement these boundaries in your relationships?

How will you celebrate your progress as you practice boundary-setting?

Activity 30 Relational Assessment Worksheet

This worksheet is designed to help survivors of conversion practices assess the health and dynamics of their relationships. Survivors often navigate complex relational challenges, shaped by their experiences of invalidation, coercion, or harm. The purpose of this tool is to provide a structured way to reflect on key aspects of a relationship, such as trust, reciprocity, emotional safety, and alignment with personal values. It supports survivors in identifying strengths, recognizing areas for growth, and determining the impact of a relationship on their well-being.

INSTRUCTIONS

- Use the prompts and scales below to evaluate one relationship at a time.
- Be honest with yourself about your feelings and experiences in the relationship—there are no right or wrong answers.
- Reflect on your responses to determine what adjustments, if any, could improve the relationship or whether boundaries need to be strengthened.

Part 1: Relationship Traits Assessment		
Rate the following traits on a scale from 1 (Not at all true) to 5 (Completely true) as they apply to the relationship you are assessing:		
Trait	Rating (1-5)	Notes/Examples
I feel emotionally safe in this relationship.		
This person respects my boundaries.		
Communication in this relationship is open and honest.		
There is a balance of giving and receiving between us.		
This person supports my growth and healing.		
I feel respected and valued for who I am.		
Conflicts are handled constructively and respectfully.		
This person listens to me without judgement.		
I can express my authentic self in this relationship.		

Part 2: Reflection Prompts

Use the questions below to explore the dynamics of the relationship in greater depth.

Emotional safety - When do I feel most comfortable in this relationship? - Are there times when I feel uneasy or guarded? What triggers those feelings?	Trust and respect - How has this person demonstrated trustworthiness or respect for me? - Have there been instances where my trust was broken? How did that affect me?	Reciprocity and balance - What do I contribute to this relationship, and what do I receive in return? - Are there patterns of giving and taking that feel unbalanced or unfair?
Authenticity - Do I feel I can be my true self in this relationship? - Are there parts of myself I hide or suppress to maintain the relationship?	Support for growth - In what ways does this relationship support my healing and personal growth? - Are there aspects of this relationship that feel limiting or discouraging?	

Part 3: Relationship Summary

Based on your responses, summarize your overall impression of the relationship. Use the questions below to guide your summary:

Strengths What are the positive aspects of this relationship that you value most?	Challenges What are the main challenges or areas for growth in this relationship?	Impact How does this relationship affect my emotional and mental well-being overall?
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Part 4: Next Steps

Use this section to outline potential actions to strengthen the relationship or protect your well-being:

Boundaries to set or reinforce What boundaries could improve this relationship? How will I communicate them?	Conversations to have What discussions could help address challenges or improve mutual understanding?	Decisions to make Is this a relationship I want to continue investing in? Why/why not? What changes would I need to see to feel more supported and respected?
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Activity 31 Reflecting on Harmful Relationships Worksheet

Relationships can be sources of comfort, support, and growth, but they can also cause harm when they undermine our safety, well-being, or sense of self. Survivors of conversion practices often face uniquely complex dynamics in relationships, especially when connected to individuals who were involved in or supportive of conversion efforts. Ending or redefining these relationships can be deeply challenging due to factors such as cultural or familial obligations, financial dependence, or fear of isolation. In addition, societal or systemic pressures may limit the survivor’s ability to make changes, adding another layer of difficulty.

This worksheet is not about directing you to end a relationship—it is a tool to help you reflect on the dynamics of a challenging relationship and explore options for protecting your well-being. For some survivors, ending a harmful relationship may not be possible or safe at this time. In such cases, this worksheet offers strategies to manage boundaries, minimize harm, and safeguard your emotional health.

Before You Begin: Important Considerations	
Your safety comes first If ending a relationship could result in harm, retaliation, or other significant risks (e.g., financial insecurity, loss of housing), focus on strategies for self-protection and harm reduction. Consider seeking guidance from trusted professionals, support groups, or hotlines.	Emotional complexity Feelings of guilt, sadness, or obligation are natural when considering changes in relationships. This worksheet acknowledges that even harmful relationships can carry emotional weight, especially when connected to family or cultural expectations.
Real-life consequences Reflecting on or ending a relationship may impact other areas of your life. Mutual friends, shared communities, or family ties can create ongoing contact, even if the primary relationship ends. Think about how these dynamics might play out and how to navigate them.	Your autonomy and pace This worksheet is a tool for reflection, not a directive. You are in control of your choices, and it is okay to take your time as you consider what is best for you.

Part 1: Understanding the Relationship Dynamics

Use the following questions to explore the relationship and its impact on you:

- How does this relationship make me feel (emotionally, physically, mentally)?
- What specific behaviors or patterns in this relationship make me feel unsupported or unsafe?
- Are there times when this relationship feels positive or nurturing? What makes those moments different?
- What do I gain from maintaining this relationship, and what does it cost me?

Activity

List three ways this relationship has positively impacted you (if applicable):

List three ways this relationship has negatively impacted your well-being:

Part 2: Identifying Options and Barriers

Reflection prompts

- What are my reasons for considering changes in this relationship?
- What are the potential risks or consequences of ending or redefining this relationship?
- Are there external factors (e.g., financial dependence, shared responsibilities) that make it difficult to change this relationship?
- Are there ways to protect myself without ending the relationship entirely (e.g., setting firmer boundaries, limiting contact)?

Activity

Write down the barriers that make changing this relationship difficult.

Brainstorm possible ways to navigate these barriers while prioritizing your safety and well-being.

Part 3: Exploring the Path Forward

This section helps you consider what steps, if any, you might take to address the relationship.

Scenario 1: Adjusting boundaries

If ending the relationship isn't feasible, think about how to set boundaries to reduce harm:

- What boundaries could help me feel safer in this relationship?
- How can I communicate these boundaries effectively?
- Who can I turn to for support if these boundaries are not respected?

Activity

Write a boundary you could set in this relationship.

Example: "I will no longer discuss my identity or decisions with this person to avoid invalidation."

Scenario 2: Gradually redefining the relationship

For relationships where complete disengagement feels too abrupt or unsafe:

- What small changes can I make to create distance or reduce the intensity of the relationship?
- Are there specific topics, behaviors, or interactions I want to limit?

Activity

List one or two small adjustments you could make in this relationship.

Example: "I will only meet this person in group settings where I feel supported."

Scenario 3: Considering disengagement

For relationships that are consistently harmful or unsalvageable:

- How will I know if disengaging is the right decision for me?
- What support systems do I need to navigate this process?
- How can I prepare for potential emotional or practical challenges (e.g., guilt, mutual contacts)?

Activity

Write a plan for disengaging, if appropriate. Include:

- A step-by-step outline (e.g., reducing contact gradually or ending the relationship in a direct conversation).
- A self-care plan for managing emotional impacts.
- A list of trusted people or resources to turn to for support.

Part 4: Navigating Emotional Responses

Reflection prompts:

- What emotions come up when I think about making changes in this relationship?
- How can I remind myself that protecting my well-being is valid and necessary?
- What affirmations can I use to counter feelings of guilt or obligation?

Activity

Write three self-compassionate statements to support yourself during this process.

Examples:

- "I deserve relationships that honor and respect my identity."
- "It's okay to prioritize my safety and well-being, even if others don't understand."
- "Letting go of harm is an act of self-care, not selfishness."

Part 5: Preparing for Potential Challenges

If disengaging or redefining the relationship may cause ripple effects, use this section to plan ahead.

Mutual contacts or shared spaces How will I handle interactions with people connected to this person (e.g., mutual friends, family members)? What support or boundaries will I need in these situations?	Managing pushback How might the person react to changes I make in the relationship? What strategies can I use to remain calm and assertive if they push back?
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EXAMPLE ROLE-PLAY SCENARIO FOR A SURVIVOR OF CONVERSION PRACTICES

Scenario context for the survivor

A family member is repeatedly questioning the survivor’s decision to stop attending religious counseling sessions that were part of a conversion practice. The survivor wants to assert their boundary while addressing the family member’s concern respectfully.

Prompt to AI

“I want to practice responding to a family member who keeps asking why I no longer attend the religious counseling sessions they recommended.

You will play the family member, and I'll practice asserting my decision while maintaining respect. Please respond as someone who is concerned and somewhat persistent."

AI response

"I just don't understand why you stopped going. Those sessions were supposed to help you, and I think you're giving up too quickly. Don't you want to change and make things right?"

Survivor's practice response

"I understand that you believe those sessions were helpful, and I know you care about me. But I've realized that they weren't right for me and were causing me harm. I need to make decisions that prioritize my well-being."

AI follow-up response

"But how do you know they weren't helping? Sometimes it takes time to see results, and you can't just give up on the process."

Survivor's practice response

"I've taken a lot of time to reflect on my experience and what I need to heal and grow. This is a decision I've made after much thought, and I hope you can respect that, even if you don't fully understand it."

Additional Ideas for Use		
Test variations: Ask the AI to adopt different tones or attitudes, such as supportive, resistant, or dismissive, to practice a range of interactions.	Ask for feedback: Some AI tools can provide suggestions to improve phrasing or tone. Use this feedback to refine your approach.	Role-reversal: Play the role of the other person and have the AI model how to set boundaries or respond assertively. This can provide insight into effective communication techniques.

Reminder:

While AI tools can be a useful supplement for practicing communication skills, they are not a substitute for professional guidance. Survivors should approach AI role-play as an additional resource to enhance their confidence and preparedness for real-life interactions. AI tools can make mistakes, providers are encouraged to use their discretion.

Guideline 08

Guideline 8: Managing Crisis Situations and Emotional Distress



Survivors of conversion practices often encounter situations that directly threaten their physical safety, psychological integrity, or sense of autonomy. These crises can take the form of confrontations with rejecting individuals, unsafe environments, or overwhelming emotions that may lead to self-harm or despair. Such moments are not only emotionally taxing but can also have life-altering consequences.

Addressing these acute crises requires tailored strategies that prioritize immediate safety, effective de-escalation, and harm reduction. Survivors may face systemic barriers, such as unsafe crisis resources or stigma in seeking help, which makes a personalized and culturally sensitive approach vital. This guideline provides survivors with tools to stabilize themselves in the face of immediate threats, navigate harm with intention, and recover with dignity and support.

Prioritizing Safety in Moments of Crisis

Harm reduction is a compassionate strategy that meets survivors where they are, offering realistic ways to prioritize safety in moments where avoiding harmful behavior may not feel possible. For some survivors of conversion practices, crises can evoke intense emotional overwhelm, leading to behaviors such as self-harm, substance use, or other actions that pose risks to their well-being. Harm reduction acknowledges these realities without judgement, providing tools to minimize risks, foster self-awareness, and promote a gradual shift toward safer coping mechanisms.

At its core, harm reduction prioritizes safety and survival. It recognizes that not all survivors are ready or able to completely eliminate harmful behaviors, especially in the aftermath of trauma. Instead of striving for immediate perfection, harm reduction focuses on achievable steps that help survivors regain a sense of control while respecting their autonomy and lived experiences. Healing is a journey, not a destination, and progress can take many forms, all of which are valid.

Harm reduction offers practical and immediate tools—such as safer alternatives to self-harming behaviors, strategies for reducing environmental risks, or creating an aftercare plan—to reduce the severity of crises and their impact. It also encourages survivors to reflect on their behaviors, triggers, and patterns, helping them cultivate self-awareness and empowering them to make choices aligned with their long-term well-being.

Importantly, harm reduction is not a replacement for broader therapeutic goals, such as adopting healthier coping mechanisms or addressing the root causes of distress. Rather, it complements these efforts by addressing the complexities of recovery. It ensures survivors have actionable resources to manage risk while affirming their dignity, autonomy, and capacity for healing, one step at a time.

PROVIDERS CAN DO THE FOLLOWING:

Create a personalized crisis management plan

- Collaborate with survivors to develop a plan for navigating acute crises. Include steps for ensuring immediate safety, such as identifying safe spaces, eliminating access to harmful objects, and listing trusted contacts for support. Tailor the plan to match the survivor's specific risks and resources, ensuring it is actionable in their context.

Recognize and address immediate threats

- Help survivors differentiate between general distress and a genuine crisis. Teach them to identify signs of acute threat, such as self-harm urges, suicidal ideation, or unsafe interactions, and to take appropriate action. This builds their ability to assess risk and act decisively to protect themselves

Teach grounding and stabilization techniques

- Equip survivors with grounding tools to reduce physiological and emotional overwhelm in the moment, such as sensory grounding, paced breathing, or visualization of a safe space. Practice these techniques in-session to ensure survivors feel confident using them independently during a crisis.

Equip survivors with harm reduction strategies

For survivors who engage in potentially harmful coping mechanisms, such as self-harm or substance use, provide compassionate and realistic harm reduction techniques. Collaborate with survivors to explore strategies that prioritize their immediate safety, whilst respecting their autonomy and readiness for change.

Encourage safer alternatives that align with their current resources and circumstances.

Examples include:

- Replacing risky tools: Suggest using items that minimize the risk of severe injury, such as less-sharp objects or sensory tools such as ice cubes.
- Creating safer environments: Work with survivors to remove or limit access to highly dangerous objects and establish calming, affirming spaces.
- Temporary distractions: Offer grounding techniques or sensory-focused activities, such as holding textured objects or engaging in movement, to redirect intense emotions.

Harm reduction is not about eliminating behaviors overnight but about empowering survivors to reduce immediate risks, fostering self-awareness, and gradually building safer coping mechanisms. This approach creates a foundation of safety while supporting the survivor's long-term recovery.

Support crisis recovery

- Guide survivors in developing routines or rituals for stabilizing after a crisis, such as journaling, engaging in sensory self-soothing, or reconnecting with trusted individuals.

- Recovery is an essential part of the process, fostering resilience and reducing the likelihood of prolonged emotional fallout.

Regularly review and adapt crisis strategies

- Recognize that a survivor's needs may evolve. Revisit and refine their crisis management plan periodically to reflect new challenges, resources, or coping skills. This iterative approach ensures the plan remains relevant and effective over time.
-



Safety plan template: A structured guide to help survivors document steps for ensuring safety during a crisis, including trusted contacts, grounding techniques, and actionable steps. See [Safety Plan Template](#).

Grounding techniques toolkit: A comprehensive collection of sensory and mindfulness-based grounding exercises for stabilizing during moments of intense distress. See [Grounding Techniques Toolkit](#).

Crisis resource directory: A curated list of LGBTIQ-specific and general crisis hotlines, online support resources, and affirming community organizations. See [Crisis Resource Directory](#).

Quick-reference symptom checklist: This checklist is a tool survivors can reference during moments of distress or panic, helping them build awareness, reduce overwhelm, and foster a sense of control. See [Quick-reference Symptom Checklist](#).



These exercises should prepare survivors to handle acute crises through practice and rehearsal.

Crisis role-play and simulation: Practice navigating a simulated crisis scenario, such as a confrontation or an overwhelming emotional state. Survivors can rehearse grounding techniques, de-escalation strategies, and setting boundaries under guidance.

These exercises should prepare survivors to handle acute crises through practice and rehearsal.

Crisis role-play and simulation: Practice navigating a simulated crisis scenario, such as a confrontation or an overwhelming emotional state. Survivors can rehearse grounding techniques, de-escalation strategies, and setting boundaries under guidance.

Post-crisis recovery reflection: facilitate a reflective discussion after a simulated or real crisis event. *Survivors consider:*

What actions helped stabilize them?

What support was most valuable?

What adjustments could improve future responses?

How did this crisis impact their sense of identity?

Worksheets

These worksheets should be action-oriented and reflective, supporting survivors in both planning and processing:

Crisis-specific management worksheet

Focuses on identifying acute crisis situations, creating a personalized management plan, and ensuring immediate safety.

See [Activity 32 Acute Crisis Management Worksheet](#).

Support network mapping worksheet

Assists survivors in identifying and categorizing trusted individuals, affirming organizations, and emergency contacts.

See [Activity 34 Support Network Mapping Worksheet](#).

Harm reduction planning worksheet

This worksheet supports survivors in minimizing risks and maintaining safety during moments of acute distress.

See [Activity 35 Harm Reduction Planning Worksheet](#)—this worksheet serves as a compassionate, survivor-centered resource to foster safety and self-awareness, and foster incremental progress toward healthier coping mechanisms. It can be used independently or as part of therapeutic sessions.



Crisis hotline directory: A curated list of LGBTIQ-affirming and general crisis hotlines, including online support resources and text-based services for those in unsafe environments.

Bibliotherapy suggestions: Books or articles offering survivors insight into managing crisis situations and building resilience:

The Body Keeps the Score by Bessel van der Kolk
(for understanding trauma)

DBT Skills Training Manual by Marsha Linehan (for emotion regulation strategies).

Digital tools and apps: Mobile applications providing grounding exercises, mindfulness tools, or immediate coping strategies:

Calm Harm (for managing self-harm urges)

Insight Timer (guided meditations for emotional regulation)

Sanvello (tools for anxiety and stress management)

Trauma-informed care training for practitioners: Training programs and manuals designed to help mental health providers better understand and address crisis situations for LGBTIQ survivors:

SAMHSA's Trauma-Informed Care in Behavioral Health Services

Emergency preparedness guides: Guides to help survivors prepare for unsafe situations or environments.

Example: A personal safety guide for LGBTIQ individuals living in hostile regions.

Peer support networks: Connections to online or in-person LGBTIQ-focused support groups where survivors can share experiences and gain solidarity.



- ☐ Collaboratively developed a personalized crisis safety plan tailored to the survivor's specific risks, resources, and environment
- ☐ Practiced grounding and emotion regulation exercises in-session to build survivor confidence in using these techniques independently
- ☐ Assisted the survivor in identifying and categorizing coping strategies for different types of crises, including harm reduction options
- ☐ Provided the survivor with a curated list of affirming emergency contacts and crisis resources, considering their unique context and safety needs
- ☐ Discussed practical strategies for self-soothing, maintaining stability, and processing emotional fallout after crises
- ☐ Revisited and refined the crisis safety plan as part of ongoing therapeutic work, adapting to the survivor's evolving circumstances and needs

Activity 32 Acute Crisis Management Worksheet

While the **Identifying Triggers and Coping Strategies Worksheet** focuses on recognizing and managing past trauma reminders, this worksheet is designed to address acute, immediate crises—situations that directly threaten your safety, autonomy, or psychological well-being. These may include life-threatening situations, confrontations with harmful individuals, or overwhelming distress that feels unmanageable.

The goal of this worksheet is to help you prepare for and navigate these situations by creating a personalized plan for safety and stabilization. It offers tools to identify crisis scenarios, develop immediate actions, and access critical support systems, ensuring you can respond effectively while prioritizing your well-being.

Step 1: Recognizing Crisis Situations	
A crisis is defined as any situation that: • Poses a threat to your physical or psychological safety. • Creates overwhelming emotional distress. • Involves confrontation, rejection, or invalidation that feels unmanageable. • Makes it difficult to think clearly or act in ways that align with your values and well-being.	Reflection questions • What situations in your life have felt like crises? (Examples: confronting a rejecting family member, experiencing suicidal thoughts, unsafe public encounters.) • How do you know when you are in a crisis? • What happens in your body? (Examples: rapid heart rate, shaking, nausea.) • What thoughts or emotions arise? • (Examples: helplessness, anger, disconnection.)

STEP 2: CRISIS-SPECIFIC MANAGEMENT PLAN

Use the table below to outline potential crisis scenarios and corresponding strategies for managing them. This table helps you prepare for immediate action and identify support systems.

Crisis Situation	Immediate Emotional / Physical Responses	Stabilizing Actions	Support Needed
Confrontation with a rejecting family member	Racing heart, shaking, anger	Step away, focus on breathing, ground yourself	Call a trusted friend for support

Feeling overwhelmed and unsafe at home	Anxiety, heavy chest, hopelessness	Go to a safe space, engage in grounding exercises	Contact an LGBTIQ-affirming hotline
Self-harm or suicidal thoughts	Intense sadness, disconnection, despair	Eliminate access to harmful objects, hold an ice cube	Reach out to a therapist or emergency service

Step 3: Ensuring Immediate Safety

Reflection questions

What steps can you take to make your environment safer during a crisis? (**Examples:** Removing harmful objects, identifying safe spaces.)

If you can't leave an unsafe environment, what actions might help reduce harm or provide temporary stability?

(**Examples:** Staying in a separate room, engaging in self-soothing activities.)

Activity

List items, spaces, or actions that can enhance your immediate safety (example remove or relocate sharp objects): _____

Safe spaces to access (example: a friend's house, a quiet park): _____

Step 4: Accessing Support Systems

Reflection questions

Who can you trust to help during a crisis?

(**Examples:** A close friend, a therapist, an affirming family member.)

What resources are available to you for immediate support?

(**Examples:** LGBTIQ hotlines, community organizations.)

Step 4: Accessing Support Systems

Activity

Write down at least three trusted contacts you can call during a crisis: _____

List resources you can rely on (hotlines, shelters, etc.): _____

Step 5: Accessing Support Systems

Reflection questions

After the crisis subsides, how can you support your emotional recovery?

(*Examples:* journaling, talking to someone you trust, practicing mindfulness.)

What affirmations or self-compassion statements can help you process what happened?

(*Examples:* "I am safe now. I did what I could to protect myself.")

Activity

Write three affirmations to remind yourself of your strength and resilience:

Step 6: Accessing Support Systems

Reflection questions

What did you learn from this crisis about what works for you?

How can you adjust your plan to feel more prepared next time?

Activity

Write down one adjustment to your crisis plan based on what you've learned:

Activity 33 Recognizing Signs of Crisis: Quick-Reference Symptom Checklist

This checklist is designed to help survivors of conversion practices recognize early signs of distress or crisis, empowering them to take preventive or stabilizing action. It covers emotional, physical, and behavioral symptoms and provides practical guidance for managing intense distress or panic. By increasing self-awareness, survivors can act quickly to prevent crises from escalating and regain a sense of stability.

Emotional Signs of Crisis			
Overwhelming feelings of sadness, hopelessness, or despair	Intense anger or irritability that feels difficult to control	Sudden or uncontrollable fear, panic, or dread	Persistent feelings of numbness, detachment, or dissociation
What emotions have I noticed when I'm approaching a crisis?			

Physical Symptoms of Distress		
Rapid or irregular heartbeat	Shallow or fast breathing, or the feeling of being unable to catch your breath	Muscle tension, trembling, or shaking
Dizziness, nausea, or feeling faint	Chest tightness or heaviness	Sweating, chills, or feeling overheated
Note: These are also common symptoms of a panic attack. Understanding that these physical reactions are part of your body's stress response can help reduce fear and enable you to manage the experience more effectively.		

What physical symptoms of distress did I notice when I'm approaching a crisis?

Behavioral Indicators

Avoiding responsibilities or withdrawing from loved ones

Sudden difficulty concentrating or making decisions

Feeling the urge to engage in harmful behaviors, such as self-harm or substance use

Losing interest in activities that usually bring comfort or joy

What actions or behaviors signal to me that I'm feeling overwhelmed or approaching a crisis?

RECOGNIZING A PANIC ATTACK

Panic attacks can be intense but are generally not life-threatening. Here are common signs:

- Sudden onset of fear or discomfort, often without an obvious trigger.
- Racing or pounding heart.
- Difficulty breathing or choking sensations.
- Dizziness, nausea, or feeling faint.
- Feeling detached from reality or experiencing a sense of doom.
- Tingling sensations, especially in hands or feet.

QUICK TIPS FOR MANAGING A PANIC ATTACK

Ground yourself

Use the 5-4-3-2-1 grounding technique (list five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste).

Control your breathing

Practice slow, deep breaths, such as box breathing (inhale for four counts, hold for four counts, exhale for four counts, and hold again for four counts).

Remind yourself

“This will pass.

I am safe right now.”

Early Warning Signs and Personal Patterns		
What are the first signs that I’m becoming emotionally or physically distressed? (Examples: difficulty sleeping, feeling unusually anxious or irritable.)	Are there specific situations that often lead to distress? (Examples: confrontations, feeling unsupported, or reminders of past trauma.)	How do I typically respond to these situations, and what helps me feel calmer?

Actionable Steps for Early Intervention		
Write down your go-to grounding or coping strategies for early distress:	Identify one trusted contact you can reach out to for support:	List a safe space you can go to if needed:

Activity 34 Support Network Mapping Worksheet

This worksheet is designed to help survivors of conversion practices map out a visual representation of their support system. By categorizing contacts and resources by the type of support they provide—emotional, practical, or professional—survivors can better understand and utilize their network. This tool also highlights areas where additional support might be needed, empowering survivors to take steps toward building a balanced and affirming support system.

Visualize Your Network		
Think about the people, groups, or organizations in your life and how they provide support:		
Emotional support People who provide comfort, validation, or a listening ear when you need it most.	Practical support Individuals who can help with tangible needs, such as childcare, transportation, or financial advice.	Professional support Therapists, support groups, or organizations that offer specialized services or guidance.
1. Below, draw a circle and write your name in the center.	2. Surround your name with smaller circles or shapes for each category: emotional, practical, and professional.	3. Write the names of individuals or resources in the appropriate category and connect them to the center with lines.
Use Different Colors or Symbols To Denote:		
High reliability or trust.	Areas where support feels less reliable or consistent.	Gaps in your network where additional support might be needed.
Empty space for drawing		

Organize Your Support System by Category, for Example:			
Name/ Resource	Type of Support	Contact Information	How They Help
<i>Example:</i> Sarah (friend)	Emotional support	<i>Phone:</i> (555) 123-4567	Listens to me and helps me feel validated
<i>Example:</i> Community center	Practical support	<i>Location:</i> 123 Main St.	Provides LGBTIQ-friendly housing resources
<i>Example:</i> Dr. Lee (therapist)	Professional support	<i>Email:</i> drlee@example.com	Helps me process my trauma and develop coping strategies

Your Support System by Category			
Name/ Resource	Type of Support	Contact Information	How They Help

Reflection Questions	
Balance and gaps Does one type of support dominate your network? Are there areas where you need more connections or resources?	Quality of support Which relationships feel the most affirming and reliable? Are there any connections that feel draining or harmful?

NEXT STEPS

- How can you strengthen existing connections?
- Where might you look for additional support, such as community groups or professional resources?

Activity 35 Harm Reduction Planning Worksheet

This worksheet is designed to help survivors of conversion practices think through ways to minimize harm when they feel they cannot avoid engaging in risky or harmful behaviors. While the goal is to work toward healthier coping mechanisms, this resource acknowledges that, in moments of acute distress, harm reduction can be a safer, more compassionate approach. It provides strategies for reducing risks, caring for oneself during and after these moments, and fostering a sense of control.

Understanding Harm Reduction

Harm reduction focuses on minimizing the risks and negative consequences of harmful behaviors rather than expecting immediate cessation. It prioritizes safety, acknowledges the complexity of coping with distress, and encourages small steps toward healing.

Reflection questions

When I'm in distress, what situations or feelings make it hard to resist harmful behaviors?

Have there been times when I felt slightly more in control of these moments? What helped?

Safer Self-Harm Practices

If you feel unable to avoid self-harming, here are steps to reduce the risk of life-threatening injuries or infections:

Choose safer tools

Use objects that are less likely to cause deep wounds or severe bleeding.

Examples:

Clean, single-use blades, safety pins, or other duller tools.

Limit the area of harm

Focus on areas of your body that are less risky and avoid veins, arteries, or vital areas.

Examples:

Upper thighs or arms, avoiding wrists or neck.

Prepare a clean environment

Clean the area of your body and the tools you use to reduce the risk of infection. Use antiseptic wipes or soap and water before and after.

Have first aid supplies ready

Keep sterile bandages, antiseptic cream, and clean cloths nearby to care for wounds afterward.

REFLECTION QUESTIONS

- What steps can I take to feel safer when I feel compelled to self-harm?
- Who or what might help me manage the aftermath of these moments?

Alternative Coping Mechanisms

Sometimes alternative actions can reduce the intensity of the need to self-harm or provide temporary relief:

Sensory alternatives

- Hold an ice cube against your skin for an intense sensation.
- Snap a rubber band against your wrist to mimic the feeling without breaking the skin.
- Draw lines on your skin with a red marker or pen to simulate cutting.

Physical release

- Punch a pillow, scream into a cushion, or engage in a high-energy activity like running.
- Tear up paper or scribble intensely on a page to channel frustration.

Grounding techniques

- Use the 5-4-3-2-1 method to focus on your surroundings.
- Practice deep, intentional breathing exercises to calm your nervous system.

REFLECTION QUESTIONS

- What alternative strategies have worked for me in the past?
- Which new alternatives am I willing to try?

Reducing Risks in Other Behaviors

This section acknowledges that harm reduction may also apply to other risky behaviors, such as substance use, unsafe sexual practices, or extreme avoidance behaviors.

Safer practices for substance use

- Use clean equipment if injecting substances.
- Avoid using alone; if possible, have someone check on you.
- Know your limits and avoid mixing substances.

Safer practices for risky social interactions

- Set clear boundaries for what you're comfortable with.
- Identify a safe word or exit strategy if the situation feels overwhelming.

REFLECTION QUESTIONS

- Are there specific risks in my environment that make me feel unsafe or exacerbate harmful behaviors? (Examples: easy access to drugs, unsafe interactions.)
- What steps can I take to make these behaviors safer or minimize risks?

Aftercare and Self-Compassion

After moments of harm, it's essential to care for your body and mind:

Physical aftercare

Clean wounds thoroughly and apply antiseptic cream or bandages.

Rest and hydrate to help your body recover.

Emotional aftercare

Reflect on what led to the moment and what could help next time.

Practice self-compassion: Remind yourself that you're doing your best to cope.

REFLECTION QUESTIONS

- What do I need to feel cared for after these moments?
- Who can I reach out to for comfort or support?

Building Toward Safety

This section acknowledges that harm reduction may also apply to other risky behaviors, such as substance use, unsafe sexual practices, or extreme avoidance behaviors.

REFLECTION QUESTIONS

- What patterns or triggers contribute to these moments?
- How can I prepare for future situations by refining my harm reduction plan?
- What small steps am I ready to take toward safer coping strategies?

Key Reminders

Harm reduction is about safety and survival. It's okay to take things one step at a time.

Perfection is not the goal—progress and self-awareness are.

You are not alone. Support is available, and your well-being matters.

This safety plan is designed to support survivors in identifying actionable steps to enhance their safety across emotional, physical, relational, environmental, and digital domains. It provides a personalized roadmap to promote well-being, stability, and resilience.

Personal Information

Name & surname:

Date:

Activity 36 Safety Plan Template

Emergency Contact(s)		
Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:

Key Safety Domains	
Emotional safety  What helps me feel emotionally safe. <i>Example:</i> Practicing mindfulness, journaling, or connecting with a trusted friend. Signs I need to prioritize my emotional safety <i>Example:</i> Feeling overwhelmed, anxious, or emotionally numb. Steps I will take to maintain emotional safety <i>Example:</i> Schedule regular therapy sessions or practice grounding exercises daily.	Physical safety  What helps me feel physically safe. <i>Example:</i> Avoiding unsafe environments, ensuring my home is secure. Signs I need to prioritize my physical safety <i>Example:</i> Feeling physically threatened, being in an unfamiliar or unsafe location. Steps I will take to maintain physical safety <i>Example:</i> Develop a plan for safe transportation or seek out safe spaces.
Relational safety  Who I feel safe confiding in. <i>Example:</i> Trusted friends, supportive family members, or a therapist. Relationships or situations that feel unsafe: <i>Example:</i> Interactions with individuals who invalidate or disrespect my identity. Steps I will take to set boundaries or improve relational safety <i>Example:</i> Limit contact with unsupportive individuals or communicate boundaries	

Environmental safety



What makes my environment feel safe.

Example: Living with affirming individuals or creating a private, secure space.

Current challenges to my environmental safety:

Example: Shared living spaces with unsupportive individuals.

Steps I will take to improve my environmental safety

Example: Explore alternative housing or establish designated personal spaces.

Digital safety



What makes me feel safe online.

Example: Using privacy settings, limiting social media interactions.

Current challenges to my digital safety:

Example: Cyberbullying or exposure to triggering content.

Steps I will take to enhance my digital safety

Example: Block harmful accounts, use secure passwords, and limit screen time.

Emergency Plan

Who I will contact if I feel unsafe

Name:

Phone:

Relationship:

Places I can go to feel safe

Example:

Friend's house, LGBTIQ support center, public library.

What I can do to calm myself during a crisis

Example:

Practice breathing exercises, listen to calming music, or engage in grounding techniques.

Affirmations and Strengths

Affirmations I can repeat to myself when I feel unsafe

Example:

"I am worthy of safety and respect."

Strengths I can draw on to support my safety

Example:

Resilience, resourcefulness, supportive relationships

Review and Updates	
Date of next review: -----	Changes or updates to consider <i>Example:</i> Adding new resources, reflecting on what has been effective, or modifying action steps.

This template can be customized and filled out collaboratively with survivors to ensure it aligns with their unique needs and preferences.

Activity 37 Grounding Techniques Toolkit

This toolkit provides a collection of grounding exercises designed to help survivors reconnect with the present moment, manage distressing emotions, and create a sense of safety. These techniques are adaptable and can be personalized to meet the unique needs of each survivor. Grounding exercises are particularly helpful in reducing anxiety, managing trauma responses, and fostering emotional regulation.

- Encourage survivors to try different techniques and note which ones resonate with them.
- Practice these exercises during therapy sessions, so that survivors feel confident using them independently.
- Recommend pairing grounding exercises with other therapeutic tools, such as journaling or mindfulness apps.

Grounding Techniques	
5-4-3-2-1 Sensory method This technique uses the five senses to anchor survivors in the present moment. • Identify five things you can see around you. • Name four things you can touch or feel (e.g., your clothes, the chair you're sitting on). • List three things you can hear (e.g., a clock ticking, birds chirping). • Note two things you can smell (or imagine smells if none are present). • Recognize one thing you can taste (or remember a favorite taste).	Body scan exercise This practice involves paying attention to sensations in the body to foster a sense of calm and awareness. • Sit or lie down in a comfortable position. • Close your eyes (if comfortable) and take a few deep breaths. • Starting at your toes, slowly bring attention to each part of your body, moving upward to your head. • Notice any sensations (e.g., tension, warmth) without judgement. • If you encounter discomfort, visualize releasing it with each breath.
Grounding with breathing techniques Focused breathing helps calm the nervous system and reduce stress.	Physical grounding Engaging the body can help survivors reconnect with their surroundings.

Box breathing: Inhale for four counts, hold for four counts, exhale for four counts, and hold for four counts. Repeat. 4-7-8 Breathing: Inhale for four counts, hold for seven counts, and exhale slowly for eight counts.	Stomping feet: Firmly stomp your feet on the ground to feel its stability and support. Holding an object: Grip an object with texture (e.g., a smooth stone, a stress ball) and focus on its details. Temperature shift: Hold something cool or warm, like an ice cube or a cup of tea, to focus on the sensation.
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Grounding Techniques		
Visualization techniques Imagining safe and calming environments can create emotional grounding. Safe place visualization: Close your eyes and picture a place where you feel safe and at peace (e.g., a forest). Focus on the sensory details of this environment (e.g., the smell of pine trees). Anchoring phrase: Create a mantra or phrase that brings comfort, such as “I am safe, I am here.”	Movement-based grounding Gentle physical activity can help survivors release tension and reconnect with their bodies. Progressive muscle relaxation: Tense each muscle group for 5 seconds, then release, starting from your feet and moving upward. Walking grounding: Take a slow walk and focus on the sensations of your feet touching the ground.	Sound-based grounding Using auditory input can redirect focus and provide comfort. Favorite song: Play a song that makes you feel calm or joyful and listen attentively to the lyrics or melody. Nature sounds: Listen to recordings of rain, birds, or ocean waves to create a calming atmosphere.

Supporting Resources		
Grounding techniques handout Create a printable guide summarizing these exercises for survivors to use at home.	Guided grounding apps Suggest apps such as Insight Timer or Calm for additional guided exercises.	Personalized grounding plan Help survivors create a customized list of their favorite techniques.

Guideline 9: Reconnecting with Significant Others



This guideline addresses survivors who wish to reconnect with previously supportive individuals—friends, mentors, partners, or affirming communities—whose ties were disrupted by conversion practices. Survivors may have distanced themselves due to pressure, internalized shame, or the belief they could “change,” leaving once-valuable connections fractured. Now, as they heal and reclaim their identities, they may want to approach past relationships with the hope of regaining solidarity, reducing isolation, or obtaining closure.

Whereas **Guideline 4: Healing from Loss, Shame, and Regret: Finding Hope and Meaning** focuses on internal healing, teaches boundary-setting, and **Guideline 12: Navigating Complex Family Dynamics** explores family systems, this guideline centers on repairing bonds beyond immediate family. It speaks to survivors asking: “I had people who once affirmed me, but I lost those ties—how can I reach out safely and meaningfully?” By differentiating it from broad relational skills (Guideline 7) and family-specific dilemmas (Guideline 12), this guideline highlights the unique process of reapproaching once-affirming connections lost to stigma or misguided beliefs.

Successful reconnection can restore belonging, provide emotional support, and reinforce survivors’ self-acceptance. At the same time, survivors must weigh their readiness, potential rejection, and whether those individuals are willing to embrace their authentic selves. Providers can help survivors navigate these decisions and facilitate conversations, ensuring any renewed engagement prioritizes emotional health, respects boundaries, and honors their progress.

PROVIDERS CAN DO THE FOLLOWING:

Assess readiness and motivation

- **Explore the survivor’s intentions:** Encourage survivors to clarify what they hope to gain from reconnecting (e.g., emotional support, validation, closure). Ask questions such as: “What do you miss about this person or community, and why do you want them back in your life now?”
- **Evaluate emotional and practical readiness:** Discuss potential emotional risks, such as fear of rejection or regret. Prompt survivors to consider whether they have enough coping strategies (e.g., grounding techniques) to handle outcomes, positive or negative.

Identify potential people or communities for reconnection

- **Prioritize previously affirming connections:** Suggest focusing first on those who previously respected or supported the survivor’s identity. These relationships are more likely to be receptive and pose fewer emotional risks.
- **Reflect on past dynamics:** Ask survivors to recall the nature of the relationship before conversion practices: “Were they consistently supportive, or did they give you mixed signals? Did they respect your boundaries in the past?” This helps survivors gauge potential openness to reconnection.

Map out a safety and communication plan

- **Choose an appropriate medium:** Help survivors decide whether a text, email, phone call, or in-person meeting feels safer. If emotional stakes are high, written communication can allow time to formulate responses and avoid immediate conflict.
- **Draft scripts and practice role-plays:** Collaborate on possible conversation openers or written messages. Role-play helps survivors prepare for emotional moments or unexpected reactions.
- **Enlist support:** If feasible, suggest a trusted mediator or ally to be present (in person or virtually) during initial contact. This can lessen anxiety and prevent the survivor from feeling isolated if tensions escalate.

Address emotional and practical boundaries

- **Set clear limits:** Encourage survivors to define what topics or behaviors are off-limits. If the reconnection becomes disrespectful or invalidating, the survivor can choose to pause or discontinue the conversation.
- **Plan an exit strategy:** For in-person or live calls, discuss how survivors can gracefully withdraw if they feel overwhelmed. Examples might include: “I need to go now, but we can continue this another time,” or simply ending the call.
- **Validate autonomy:** Reinforce that the survivor controls how, when, and if reconnection progresses. They can always opt out if it becomes detrimental to their well-being.

Manage expectations and possible outcomes

- **Prepare for mixed responses:** Survivors should anticipate varied reactions: support, curiosity, caution, or even continued stigma. Help them strategize how to cope if the response is not what was hoped.
- **Emphasize curiosity over assumption:** Encourage survivors to approach the reconnection with gentle openness, but not to overlook red flags. If the other party shows clear unwillingness to respect the survivor’s identity, survivors have the right to end contact.
- **Check in after each interaction:** Encourage survivors to reflect on each reconnection attempt. Did it feel validating, neutral, or harmful? Use these insights to decide whether or not to continue.

Acknowledge the survivor’s growth and identity

- **Affirm the survivor’s agency:** Highlight that reconnection is an **option**, not an obligation. Survivors can decide whether continuing or discontinuing contact best serves their healing.
 - **Celebrate small steps:** Any progress—drafting a message, pressing ‘send’, or even deciding that reconnection isn’t beneficial—can be a step toward stronger self-trust and autonomy.
-

Integrate broader community support (optional)

- **Leverage mutual connections:** If re-establishing contact with a community group, consider reaching out to a mutual friend or member who can help facilitate a warm welcome.
- **Combine with community-building:** Survivors who feel hesitant about direct one-on-one contact might first reconnect through shared online spaces or group events, easing back into social circles where they once felt supported.

Continuously evaluate emotional well-being

- **Regular check-ins:** Schedule follow-up sessions to review how reconnection efforts are affecting the survivor's mental health. Adjust strategies as needed.
- **Encourage self-compassion:** Remind survivors that unsuccessful attempts or difficult conversations don't diminish their worth or negate the progress they've made.

Developing affirming social and community connections

Participation in LGBTIQ groups

- Help clients identify trusted/safe local or regional groups that prioritize participant safety and confidentiality.
- Together with the client, think about issues of accessibility and convenience (for example, if there are no local or accessible or safe groups, consider online groups or communities).

Access to online groups/communities

- Help clients find moderated online forums, social media groups, or messaging platforms known for providing supportive, affirming, safe and respectful interactions.
- Discuss online safety measures, including privacy settings, pseudonyms, and selective sharing of personal information.

Connect clients to LGBTIQ advocacy organizations

- Together with the client, research and draft a list of reputable organizations, groups, or online platforms that have been checked for safety, credibility, and supportive environments.
 - It is important that the provider discuss and plan for potential risks that might be involved in engaging with advocacy organizations, especially in countries where homosexuality is criminalized. For example, think about safety plans in instances where these organizations face police or community raids and discuss with the client ways to attend discreetly or engage virtually.
-



Tips for Reconnection

More tips for clients on how to prepare for reconnection efforts with families and significant others: [Healing Rifts For LGBTIQ Individuals and Their Families – Therapy Group of DC.](#)

Digital safety guide for LGBTIQ people and advocates in Africa – [Digital safety guide for LGBTIQ activists in Africa – Access Now.](#)

Social Media Communities – [See Activity 64 LGBTIQ Online Communities for a list of social media communities.](#)



- ☐ Assisted the client in setting clear, realistic goals for reconnection (e.g. seeking closure, mending relationships)
- ☐ Assessed the client's emotional readiness for reconnection and explore their emotional needs and potential challenges
- ☐ Developed a list of necessary support systems or strategies for the reconnection process
- ☐ Evaluated relationships to determine whether they are supportive, ambivalent, or harmful
- ☐ Discussed boundaries or disconnection options for harmful relationships, validating the client's right to prioritize safety
- ☐ Explored and select an appropriate medium (e.g. letter, email, phone call, in-person meeting) for initial contact
- ☐ Considered involving a mediator if necessary to facilitate conversations in strained or triggering relationships
- ☐ Helped clients identify trusted and safe local or regional groups that prioritize safety and confidentiality
- ☐ Discussed and guided clients on implementing online safety measures, such as using pseudonyms, enabling privacy settings, and sharing personal information selectively

Activity 38 LGBTIQ Online Communities¹⁴⁶

Instagram



@humanrightscampaign: The Human Rights Campaign is a leading LGBTIQ advocacy organization that promotes equality and fights for LGBTIQ rights through legislative advocacy, education, and public awareness campaigns.

@them: THEM is a platform that amplifies diverse LGBTIQ voices through stories, art, and cultural commentary. They cover a wide range of topics, including politics, fashion, identity, and social issues.

@lgbt_history: This Instagram account explores the rich history of the LGBTIQ community. They share historical photos, stories, and milestones, highlighting the contributions and struggles of LGBTIQ individuals throughout history.

@glaad: GLAAD is an LGBTIQ media advocacy organization that works to accelerate acceptance and promote fair and accurate representation of the LGBTIQ community in media. They share news, resources, and stories that advance LGBTIQ visibility and understanding.

@lgbtq: The official Instagram account of the LGBTIQ community celebrates diverse identities, stories, and milestones. They promote inclusivity, share positive messages, and provide resources for LGBTIQ individuals and allies.

@translawcenter: The Transgender Law Center is a legal advocacy organization that focuses on advancing transgender rights and fighting against discrimination. They provide resources, share resilience stories, and work towards achieving equality for transgender and gender non-conforming individuals.

@pride: The official Instagram account of Pride, a global movement that celebrates and advocates for LGBTIQ rights and visibility. They share stories, events, and resources related to Pride celebrations worldwide.

¹⁴⁶ Robin Hunt, "Proud and Connected: LGBTQIA+ Social Media Communities," LinkedIn, 17 June 2023, <http://linkedin.com/pulse/proud-connected-lgbtqia-social-media-communities-robyn-hunt-/>.

Facebook 	
<u>Human Rights Campaign</u> The Human Rights Campaign (HRC) is one of the largest LGBTIQ advocacy organizations in the United States. Their Facebook page provides updates on LGBTIQ rights, equality, and social justice issues. They share news, resources, and opportunities for activism, promoting inclusivity and acceptance.	<u>Trevor Project</u> The Trevor Project is a nonprofit organization focused on suicide prevention and crisis intervention for LGBTIQ youth. Their Facebook page shares information about their support services, events, and initiatives. They also provide resources and raise awareness about the unique challenges faced by LGBTIQ youth.
<u>PFLAG National</u> PFLAG (Parents, Families, and Friends of Lesbians and Gays) is a national organization that supports and advocates for LGBTIQ individuals and their families. Their Facebook page shares stories, resources, and information on support groups and events for LGBTIQ people and their loved ones.	<u>National Center for Transgender Equality</u> The National Center for Transgender Equality (NCTE) is an advocacy organization focused on transgender equality and social justice. Their Facebook page shares news, policy updates, and resources for transgender individuals and their allies. They work to educate the public and policymakers about transgender issues and advocate for inclusive policies.
<u>Lambda Legal</u> Lambda Legal is a legal advocacy organization working to achieve full civil rights for LGBTIQ individuals and those living with HIV. Their Facebook page shares legal updates, news, and resources related to LGBTIQ rights. They also provide information on their legal cases and initiatives aimed at achieving equality.	<u>It Gets Better Project</u> The It Gets Better Project is a global movement that aims to uplift and support LGBTIQ youth facing adversity. Their Facebook page shares stories of hope, empowerment, and resilience from LGBTIQ individuals around the world. They provide resources, support networks, and promote positive messages to inspire LGBTIQ youth.
<u>Transgender Legal Defense & Education Fund</u> The Transgender Legal Defense & Education Fund (TLDEF) is a nonprofit organization dedicated to advancing transgender rights and legal protections. Their Facebook page provides updates on their legal initiatives, resources for transgender individuals, and educational content to promote understanding and acceptance of transgender issues.	<u>National LGBTQ Task Force</u> The National LGBTQ Task Force is an advocacy organization working towards LGBTIQ equality and social justice. Their Facebook page highlights their initiatives, events, and campaigns aimed at advancing LGBTIQ rights. They also share news and resources related to LGBTIQ activism and community empowerment.

Activity 39 Building Meaningful Connections Worksheet¹⁴⁷

MEANINGFUL RELATIONSHIPS—WHETHER PROFESSIONAL OR PERSONAL—ARE BUILT ON TRUST.

Trust takes time and is based on four key elements:

Reliability

Doing what you say you will do.

Acceptance

Respecting others for who they are—without judging, criticizing, or humiliating.

Openness

Being honest about your thoughts, feelings, and priorities.

Congruence

Saying and doing what you believe—walking the talk in a consistent, straightforward way.

Reconnecting or deepening a relationship involves reflecting on your current interactions and identifying where you might need to improve. Use this worksheet to evaluate your trust-building behaviors, set priorities, and outline actions you can take to cultivate more meaningful connections.

INSTRUCTIONS

Select a person you want to build a more meaningful connection with.

Name of person I want to build a more meaningful relationship with:

Reflect on how often you demonstrate each trust element in your interactions with them.

Mark “yes” under “Need to Work On?” if you score below 5/10 or believe improvement is necessary.

Tick any priority areas you especially want to focus on.

¹⁴⁷ Adapted from Albright Academy, “Building Meaningful Connections Worksheet,” accessed 26 May 2025, https://assets.ctfassets.net/r1aimdyec1v/5SBkU4piAoMFPEo75l2nfW/50b29aa561a0dd0697e59bf49f4574e4/Building_Meaningful_Connections_Worksheet.pdf.

Trust Elements Table			
Trust Elements	Score (0–10) (0=Never, 10=Always)	Need To Work On?	Priority? (Check if important)
Reliability: I keep promises, meet deadlines, follow up, and deliver on what I say I will do.		☐ Yes ☐ No	☐
Acceptance: I respect their views, listen without judgment, remain empathetic, and don't try to change them.		☐ Yes ☐ No	☐
Openness: I clarify expectations, express my feelings and beliefs honestly, and value their opinions.		☐ Yes ☐ No	☐
Congruence: I talk straight, walk the talk, and avoid playing games or bending rules.		☐ Yes ☐ No	☐

Action Steps
List 3 things (practical actions) you will do differently to build greater trust/connection with this person. 1. 2. 3.

Using This Worksheet
Reflect on your answers weekly or monthly to see if your scores change or if new priorities emerge. Share any relevant insights with a trusted confidant or mental health provider Celebrate small progress—improvements in reliability or greater openness are signs you're strengthening the foundation of trust in this relationship.

Activity 40 Learning to Trust Others¹⁴⁸

Survivors of conversion practices often grapple with trust issues, whether resulting from past betrayal, fear of being hurt again, or negative beliefs about others. This worksheet explores why you may distrust people, how distrust affects your life, and practical steps to build healthier, more trusting relationships.

What To Know About Trust
If you trust others, you: • Share your thoughts, trusting they will not gossip about you. • Let them know how you feel, believing they will respect you rather than exploit your vulnerability. • Feel supported even when you are vulnerable or make mistakes. • Assume others will not intentionally hurt or abuse you. • Build relationships based on mutual respect and caring. • Are comfortable discussing personal information. • Rely on others to treat you fairly and honestly.

When distrust forms, it can stem from past hurts, worries about future harm, or negative experiences with certain groups or institutions.

Recognizing Distrust	
Check off any statements that apply to you:	
☐ I've been hurt in the past and I won't be hurt again.	☐ People are out to get all they can from me.
☐ As soon as I let my guard down, I'll be hurt or used.	☐ The only person I can trust is myself.
☐ As soon as I open up to someone, they hurt me.	☐ All men / women are dishonest.
☐ There is no such thing as a healthy relationship.	☐ Everyone is out to get me.
☐ It's better to be alone than risk getting hurt.	☐ People don't really change.

¹⁴⁸ Adapted from Between Sessions Resources, "Learning to Trust Others," 2022, https://www.betweenessions.com/wp-content/uploads/2022/08/Learning-to-Trust-Others_080122_ad.pdf.

Recognizing Distrust	
Check off any statements that apply to you:	
☐ If I relax my defenses, I will get hurt.	☐ No one can be trusted.
☐ I'm always hurt by the ones I love. ☐ No one respects me. ☐ There's no such thing as a fair employer, generous company, or supportive workplace. ☐ I'll never share my true feelings because others will use them against me. ☐ I'm never successful in choosing friends and/or romantic partners. ☐ Most people only manipulate me to get what they want.	
<i>If you checked more than five statements, you may have significant trust issues.</i>	

This worksheet will help you explore and develop trust in others.

Characteristics of Trust	
People who trust others typically have:	
☐ Faith in the goodness of others	☐ Hope for the future
☐ Belief in the fairness of life	☐ Ability to forgive and empathize
☐ Healthy communication skills	☐ Willingness to self-disclose and be vulnerable
☐ Authenticity	☐ Capacity to let go of fear
☐ Self-acceptance	

Questions to Consider	
Do you distrust certain people, groups, or institutions?	----- ----- ----- -----
What are your reasons for distrusting them?	----- ----- ----- -----

Questions to Consider	
How does this lack of trust affect your life?	
Why do you think you distrust others? Describe circumstances that contributed to your lack of trust:	
Write down 2–3 beliefs that hold your distrust in place:	
What traits could you develop to increase trust in others?	

Trust Building Exercise: Write a Letter		
Write a letter to someone you distrust. Explain:		
Why you lack trust		
How you feel about it		
What you are willing to do to build trust		
What you are unwilling to do		
Decide whether to:		
☐ send	☐ save	☐ or destroy the letter.
Was writing this letter ☐ easy ☐ difficult	Why? 	

Trust Building Exercise: Trust Walk		
Ask a person you have trouble trusting to join you for at least 20 minutes.	Each person takes a turn being blindfolded (about 30 minutes each). The "guide" chooses the route, gives verbal directions, and allows the blindfolded person to hold their arm.	Switch roles.
Afterward, each of you reflects:		
How comfortable was I trusting you (or vice versa)?		
How comfortable was I in the guide role?		
What were my feelings being blindfolded?		
How important was mutual trust for success?		
What feelings arose about losing control?		
How could we improve our communication or guidance?		

Reflections on This Exercises	
Did the exercises help you identify why you distrust others and ways to build trust? Why or why not?	
Were there challenges? What was hard or easy about these activities?	

Reflections on This Exercises	
Rate the overall helpfulness of this exercise (1 = not helpful, 10 = very helpful):	
What did you learn or what new insights do you have about building trust?	

Activity 41 Relationship Authenticity Checklist¹⁴⁹

Authenticity involves acting in ways that reflect your true self, both in how you treat yourself and how you interact with others. This worksheet invites you to reflect on whether you're honoring your personal boundaries, values, and sense of self, while also allowing others to be who they truly are.

Authenticity With Yourself		
<i>For each statement, check "Yes" or "No." If you answer "No," describe what you will change going forward:</i>		
Do you know your boundaries and clearly communicate what is acceptable to others?	☐ Yes ☐ No	What can I change going forward? ----- ----- ----- ----- -----
When faced with challenges, do you see them as opportunities to learn about yourself?	☐ Yes ☐ No	How will you shift your perspective? ----- ----- ----- ----- -----
Do you listen to your inner wisdom (your intuition or "gut feelings")?	☐ Yes ☐ No	In what ways could you tune in more effectively? ----- ----- ----- ----- -----
Do you accept yourself fully, including your strengths and limitations?	☐ Yes ☐ No	What steps can you take to practice greater self-acceptance? ----- ----- ----- ----- -----

¹⁴⁹ Adapted from Jeremy Sutton, "Relationship Authenticity Checklist," 7 July 2021, [PositivePsychology.com](https://positivepsychology.com/authenticity-assessments/), <https://positivepsychology.com/authenticity-assessments/>, referencing Stephen Joseph, *Authentic: How to Be Yourself and Why It Matters* (Piatkus, 2017).

Authenticity With Others		
<i>For each statement, tick "Yes" or "No." If you answer "Yes," reflect on how you might change or improve going forward if needed:</i>		
Do you focus on what others lack rather than appreciate their strengths and talents?	☐ Yes ☐ No	How could you nurture their potential instead? ----- ----- ----- -----
Do you keep others down instead of highlighting their abilities and growth?	☐ Yes ☐ No	What changes can you make to encourage or uplift them? ----- ----- ----- -----
Do you try to make others more like you, rather than help them become more of who they are?	☐ Yes ☐ No	How can you respect their individual identity and goals? ----- ----- ----- -----
Do you try to control others instead of accepting they are entitled to their own outlook?	☐ Yes ☐ No	How can you let go of control and honor their perspective? ----- ----- ----- -----

REFLECTION AND NEXT STEPS

Review your answers.

- Which patterns stand out?
- Plan small changes. Identify at least one realistic step to be more authentic, both with yourself and with others.
- Remember that authenticity takes courage. Being yourself and allowing others that same freedom often requires letting go of control and facing vulnerability.
- Revisit this checklist periodically to track progress and refine your strategies for living more authentically.

Guideline 10

Supporting Clients with Spiritual, Religious, and Cultural Reconciliation



Providers should carefully consider their scope of practice when addressing spiritual and cultural concerns. If a client's needs fall outside their knowledge or experience, it is important to collaborate with or refer to affirming religious, spiritual, or cultural practitioners who can provide appropriate guidance and support.



For many LGBTIQ individuals, spirituality and culture are deeply intertwined with identity, community, and belonging. However, conversion practices weaponize these aspects, using religious doctrine, cultural expectations, and family loyalty to instill shame and self-rejection.¹⁵⁰ Survivors often emerge with spiritual trauma, cultural alienation, and a fractured sense of self, unsure how to navigate faith, tradition, or community without sacrificing authenticity.

Reconciliation is not about prescribing a single path—it is about restoring autonomy, creating space for healing, and ensuring survivors define their own relationship to spirituality and culture. Some may reclaim faith, others may find new affirming spiritual or cultural spaces, while some may disengage entirely from systems that harmed them. Affirmative care means supporting survivors without judgment, coercion, or expectation, centering their right to self-determination in healing.

Decolonizing gender and sexuality in cultural narratives

Many African and Indigenous cultures historically recognized gender and sexual diversity, but colonialism and religious fundamentalism reframed these identities as unnatural, immoral, or foreign.¹⁵¹ Survivors of conversion practices often internalize these colonial narratives, believing their identities are incompatible with their culture or heritage. Healing may involve challenging these distortions and reclaiming affirming histories.

- Help clients recognize how colonial and religious influences shaped negative beliefs about LGBTIQ identities in their cultural or spiritual traditions.
- Support clients in exploring affirming cultural histories, particularly pre-colonial understandings of gender and sexuality.
- Respect that some survivors may reject cultural or religious frameworks entirely, while others may wish to redefine their place within them.

¹⁵⁰ Jude Clark, "Looking Back and Moving Forward: Gender, Culture and Constructions of Transition in South Africa," *Agenda* (Durban) 20, no. 68 (2006): 8–17, <https://doi.org/10.1080/10130950.2006.9674714>; Alpha and Tumelo, "Conflict Resolution in Indigenous Communities."

¹⁵¹ Clark, "Looking Back and Moving Forward."

- Provide access to affirming historical narratives, scholars, and community elders who support LGBTIQ identity within cultural and spiritual traditions.

Acknowledge past harm without imposing an agenda

Many survivors carry deep wounds from spiritual and cultural rejection, often struggling with betrayal, anger, grief, or ambivalence toward their faith, family, or community.

Acknowledging past harm does not mean assuming all clients want to reject their faith or culture entirely—some may want to reclaim aspects of it.

- Validate the client's emotions and experiences without dismissing, minimizing, or rushing resolution.
- Recognize that religious and cultural conversion practices often distort teachings, weaponizing faith or tradition to instill self-hate.
- Provide space for clients to process complex emotions—they may feel anger toward faith leaders but still hold deep spiritual beliefs.
- Support clients in exploring the difference between personal spirituality and the religious structures that harmed them.

Assess the client's current spiritual and cultural context

Not all survivors have fully distanced themselves from harmful religious or cultural spaces. Some remain in families, communities, or faith settings that continue to invalidate them, making it critical to assess their ongoing exposure to harm.

- Ask about the client's current engagement with spiritual or cultural spaces—are they still participating in religious practices? Do they feel pressure to conform?
- Explore whether the client is experiencing coercion, guilt, or social exclusion from religious or cultural figures.
- Determine if they are being forced to attend religious gatherings, counseling, or ceremonies that make them feel unsafe.
- If the client is still in an invalidating environment, help them develop strategies to manage exposure, set boundaries, or disengage safely over time.

Invite (rather than direct) clients to share

Conversations about spirituality, religion, and culture should be invitational rather than prescriptive. Some survivors may want to process these topics in depth, while others may need distance before engaging.

Use open-ended questions rather than assuming a client wants or needs to reconcile their faith or cultural identity. **Examples:**

“What role does faith, spirituality, or culture play in your life today?”

“Are there aspects of your background that still feel important or meaningful to you?”

“Are there any traditions or beliefs you have reclaimed or reinterpreted in your own way?”

Allow clients to define their own beliefs—some may want to reconnect, while others may feel the need to step away entirely.

Be patient—the process of healing from spiritual and cultural trauma is non-linear, and clients may revisit these discussions at different points in their journey.

Reframing spirituality as an affirming space

For some survivors, spirituality and faith remain important, but they need to separate affirming beliefs from harmful teachings. Others may want to move away from religious frameworks entirely.

- Validate that spiritual trauma is real, and many survivors struggle with guilt, fear of punishment, or grief over their faith loss.
- Help clients differentiate between religious institutions that harmed them and personal spirituality that may still hold meaning.
- Encourage exploration of LGBTIQ-affirming faith communities, if they are open to remaining in religious spaces.
- Affirm that stepping away from faith can also be a valid and healing choice, and it does not mean they lack spiritual depth.

Support the client's autonomy over their beliefs

Survivors of conversion practices were often denied the right to critically engage with their spirituality, religion, or culture. Affirmative practice involves restoring their ability to make these choices freely.

- Reassure clients that their beliefs do not need to be fixed or final—they have the right to question, reclaim, or redefine them over time.
- Emphasize that spiritual or cultural belonging is not an all-or-nothing decision—clients can reject harmful teachings while still holding onto meaningful traditions.
- Encourage them to trust their own interpretations of faith, spirituality, or cultural practices, rather than deferring to external authorities.

Integrating indigenous healing practices

In many Indigenous traditions, healing is communal, spiritual, and connected to cultural identity. Some survivors may want to explore ancestral or traditional practices outside of Western religious frameworks.

Ask clients whether they are interested in community-based healing practices, such as:

- **Talking circles:** group discussions that foster healing and connection
 - **Cleansing rituals:** symbolic ceremonies to mark renewal or self-acceptance.
 - **Elder mediation:** engaging with elders who affirm LGBTIQ identities within cultural traditions.
-

Addressing religious trauma and guilt

Many survivors experience internalized guilt and fear of divine punishment, even after leaving conversion practices.

- Support clients in recognizing that these fears were imposed on them, not inherent truths.
- Use trauma-informed approaches to help them process religious distress (e.g., narrative therapy, cognitive restructuring, mindfulness).
- Normalize that reclaiming or rejecting faith is a valid process, and neither choice makes them more or less whole.

Social justice and reconciliation as a collective process

Spiritual and cultural reconciliation is not just personal—it is political. Many survivors navigate systems of power that continue to marginalize them.

- Help clients recognize how systemic oppression shaped their spiritual or cultural experiences.
 - Encourage collective healing through peer groups, community support, or advocacy spaces.
 - If the client is interested, explore ways they can engage in advocacy or challenge exclusionary policies.
-



Creating a spiritual life map to help them track major and important spiritual events. This can help them make sense of spiritual experiences, including those of spiritually-related conversion efforts. See [this guide](#) as an example of how to create a spiritual life map.

Some clients might have “surrendered” themselves to spiritual, religious or cultural-based conversion practices due to coercion by leaders, families or significant others. As a result, they might be struggling with self-hatred and blame. Encourage them to engage with

The provider can engage the client in the following in-session exercises:

Exploring spiritual beliefs: Create a space and process that encourages clients to talk openly about their current spiritual beliefs, how these beliefs took shape, and the ways they have changed over time, particularly in response to past harmful practices such as conversion efforts. This activity might help clients gain clarity about what spiritual, religious or cultural practices are still valuable or useful, and which no longer serve them.

Affirming practice: Work with survivors to create new, empowering spiritual, religious or cultural practices that reflect their authentic LGBTIQ identities. This may include identifying personal values, symbols, and traditions that resonate with their lived experiences and sense of self; reclaiming familiar rituals/practices by incorporating inclusive language; finding new interpretations of sacred texts that emphasize acceptance and equality; or drawing upon cultural elements that honor diverse identities.

- 
- ☐ Reflected on and examined personal belief systems to identify and manage potential biases
 - ☐ Approached differences in beliefs with cultural humility, openness, and curiosity
 - ☐ Engaged in discussions about the impact of faith-based, religious, or culture-based conversion efforts
 - ☐ Explored the client's living and social environment for exposure to hostile religious, spiritual, or cultural practices
 - ☐ Identified external pressures, such as enforced involvement in invalidating religious or cultural practices or living in environments with unreasonable expectations
 - ☐ Established emotional safety by helping clients develop emotional boundaries to protect against invalidating messages
 - ☐ Prioritized immediate safety, including exploring options for independent living or seeking confidential support when necessary
 - ☐ Respected and normalized the client's evolving decisions regarding religion, spirituality, or cultural practices
 - ☐ Collaborated with clients to identify affirming spiritual, religious, or cultural spaces that align with their values and identity
 - ☐ Worked with clients to reclaim and reinterpret symbols, texts, rituals, or traditions as sources of strength and affirmation
 - ☐ Identified and, where appropriate, involved affirming religious, spiritual, or cultural leaders to enhance client support

Activity 42 Spiritual Life Map Worksheet

Getting Started	
Materials needed • A sheet of paper (preferably turned sideways/landscape) or a digital document. • Pens, markers, or a digital drawing tool to mark different events and eras.	Initial setup • Draw a horizontal line across the center of your paper. • On the left end of the line, write your birth year. • On the right end, write the current year.

Plotting Major Life Events		
Life events timeline Along the central line, list your major life events in order from your birth year to the current year. These events can be personal or significant faith/spiritual/cultural moments (e.g., joining a faith community, leaving a religious group, cultural rites of passage).	Positive and negative events Place positive events above the timeline. Place negative or challenging events below the timeline.	Key moments of pressure Pay special attention to times when you felt pressured to change who you are, especially in regard to your spirituality, identity, culture, or sense of self.
POSITIVE EVENTS BIRTH YEAR CURRENT YEAR NEGATIVE EVENTS		

Dividing Your Timeline into Eras

Identify distinct phases

Look at your timeline and notice natural groupings of events or changes—these can form “eras” or “stages.”

For example, you might separate your childhood, adolescence, early adulthood, etc., or divide them by key turning points in your spiritual or cultural life.

Label each era

Give each era a short title or description (e.g., “searching,” “doubting,” “healing,” “finding my own way”).

Core Convictions and Beliefs in each Era

Reflect on beliefs

In each era, note down the core beliefs or convictions you held about:

- Yourself (e.g., “I deserve love,” “I’m not acceptable as I am”)
- Your faith or spiritual practices (e.g., “I must follow these rules,” “God’s love is conditional/unconditional”)
- Your community or religious group (e.g., “I have to fit in,” “My culture rejects people like me”)
- Any new insights or revelations you had during that period.

Identify influences

Were these beliefs shaped by a community, family, cultural norms, or personal exploration?

Note any pressures you felt to conform or any healing experiences that helped you shift your beliefs.

Look for Patterns and Themes

Patterns of harm and healing

Review the beliefs you noted. Are there any recurring themes of harm caused by pressure, conversion practices, or rejection?

Are there consistent signs of resilience or healing (e.g., “I found a supportive friend/mentor,” “I realized I am worthy of acceptance”)?

Assign a theme to each era

Summarize each era with one short theme that captures its overarching tone (e.g., “loneliness and searching,” “pressure to conform,” “embracing my true self,” “reconnection and growth”).

Notice your gradual evolution

Step back and observe how your spiritual identity or cultural belonging has **emerged, been tested, and evolved** over time.

REFLECTION AND INTEGRATION

Reclaiming your spiritual identity

Pay attention to how you've gradually reclaimed your faith or spiritual identity, if you have started that journey.

Note any practices or communities that now feel affirming and true to you.

Questions to ponder

What does looking at your timeline as a whole reveal about your spiritual or cultural journey?

Where do you see the strongest signs of resilience or personal growth?

How have these experiences shaped your current beliefs about yourself and your spirituality?

What aspects of your journey do you want to celebrate, and which need further healing or reflection?

Moving forward

Consider what beliefs you want to take with you into the future.

Think about which beliefs or influences you may need to let go of, reframe, or replace with more life-affirming ones.

Activity 43 Moving Toward Self-Forgiveness¹⁵²

The capacity to forgive ourselves for mistakes and wrongdoings is essential for emotional well-being. However, self-forgiveness can be a slow and difficult process. This worksheet outlines a step-by-step approach to help you identify what needs forgiving, release negative emotions, and commit to the benefits of letting go.

FOLLOW EACH STEP AT YOUR OWN PACE.

Use the prompts below to guide your reflections, noting your thoughts as needed.		
Define the transgression What do you want to forgive yourself for? Focus on one specific action or outcome.	Example "I want to forgive myself for losing my temper and insulting my friend."	Your answer ----- ----- ----- ----- ----- ----- ----- -----
Identify the negative emotions you want to release List the unwanted feelings that hold you back. Recognizing them can help you let go.	Example emotions * Self-criticism * Guilt * Self-blame * Anger * Frustration * Regret * Unhappiness	Your answer ----- ----- ----- ----- ----- ----- ----- -----

¹⁵² Adapted from Beata Sauders, "Moving Toward Self-Forgiveness," 29 August 2019, PositivePsychology.com, <https://positivepsychology.com/forgiveness-exercises-tips-activities-worksheets/>.

Use the prompts below to guide your reflections, noting your thoughts as needed.		
Acknowledge how self-forgiveness will benefit you Describe the potential advantages of freeing yourself from these negative emotions. Consider both short- and long-term benefits.	<i>Example</i> "I acknowledge that forgiving myself will help me trust others more and let me move on with a clearer conscience."	Your answer ----- ----- ----- ----- ----- ----- ----- ----- -----
Acknowledge how forgiving yourself will benefit others Reflect on how your self-forgiveness might be valuable to people around you, including those you feel you wronged.	<i>Example</i> "Forgiving myself will help me become a more supportive friend and patient listener."	Your answer ----- ----- ----- ----- ----- ----- ----- ----- -----
Explicitly commit to self-forgiveness Use your answers above to create a personal pledge.	<i>Example</i> "I commit to forgiving myself for losing my temper and insulting my friend. I open myself to the clarity and peace of mind this brings."	Your commitment "I commit to forgiving myself for (transgression) ----- ----- ----- ----- ----- and open myself to (benefit) ----- ----- ----- ----- -----

Exploring Intimacy, Romance, and Sexual Well-Being



This guideline integrates discussions on intimacy, relationships, and sexual well-being within one section, rather than separating them into distinct topics. Survivors often experience these areas as deeply interconnected—shame, trauma, pleasure, and connection are not isolated experiences, but rather shape one another in complex ways. Keeping these discussions together allows for a holistic and survivor-centered approach, ensuring that survivors can navigate intimacy, relationships, and sexual well-being in ways that feel natural, flexible, and affirming.



Survivors of conversion practices often face complex challenges in reclaiming intimacy, romance, and sexual well-being. These difficulties are deeply rooted in the harm caused by efforts to suppress or alter their sexual orientation or gender identity. Many survivors internalize messages of shame, guilt, and fear regarding their desires, bodies, and connections with others, leaving them disconnected from intimacy and pleasure. Trauma and betrayal during conversion practices can distort survivors' understanding of trust and vulnerability, making it harder to navigate healthy relationships.

Cultural and societal stigmas further complicate healing, especially for survivors in environments where queer pleasure is pathologized or where accessing sexual health resources feels unsafe or

inaccessible. Survivors may feel pressured to conform to external expectations within or outside LGBTIQ communities, such as equating sexual activity with identity validation, exacerbating feelings of inadequacy or confusion.

Rebuilding intimacy and connection is integral to healing. Survivors need safe spaces to explore their desires, boundaries, and relational dynamics without judgment or coercion. This process is not just about overcoming shame or trauma but also about fostering resilience, self-compassion, and self-expression. By addressing the barriers survivors face and providing practical tools for navigating intimacy, this guideline supports survivors in reclaiming their autonomy and celebrating love, connection, and pleasure on their own terms.

PROVIDERS CAN DO THE FOLLOWING:

Unpack internalized beliefs and shame

Survivors of conversion practices often carry internalized messages that frame their identities, desires, and bodies as shameful or wrong.

These beliefs, reinforced by societal, cultural, or familial influences, can disrupt their ability to form healthy relationships and embrace intimacy. Unpacking these messages involves exploring how they were shaped by conversion practices or societal stigma and understanding their emotional and relational impact.

By confronting and challenging these narratives, survivors can replace them with affirming perspectives that honor their authentic selves and support their journey toward self-compassion, healing, and connection.

Facilitate discussion about the harmful messages survivors have internalized regarding identity, body, and desires, often rooted in conversion practices or societal stigma.

- Encourage survivors to reflect on how these beliefs were shaped by cultural, religious, or familial influences.
- Discuss the emotional and relational consequences, such as feelings of inadequacy, shame, or fear of intimacy.

Use reflective journaling or narrative techniques to help survivors identify and replace harmful narratives with affirming ones.

- **Prompt:** “What messages about intimacy or sexuality have you carried from conversion practices or society? How do these messages align with what you want for yourself now?”

Promote consent and boundary setting skills

For survivors of conversion practices, the ability to establish and communicate boundaries may have been undermined by experiences of coercion, manipulation, or invalidation. Many survivors may struggle to articulate their needs, assert their desires, or trust that their boundaries will be respected. Promoting skills regarding consent and boundary-setting involves empowering survivors to define their own limits and preferences, while communicating clearly and confidently. These skills not only safeguard survivors’ emotional and physical well-being but also foster healthier, more equitable relationships where their autonomy and needs are honored. By reinforcing the importance of mutual respect and consent, survivors can navigate intimacy with greater confidence and self-assurance.

Guide survivors in defining their boundaries and preferences in relationships and sexual contexts.

- Encourage survivors to reflect on what makes them feel respected, safe, and comfortable.
- Role-play scenarios to practice communicating desires, asserting boundaries, and responding to boundary violations. Examples:

“How would you tell someone you need to slow down during an intimate moment?”

“What language can you use to express discomfort or halt a situation that doesn’t feel right?”

- Teach survivors about enthusiastic consent and emphasize its importance in healthy relationships.

Reclaim pleasure and connection

Survivors of conversion practices often carry complex relationships with pleasure, intimacy, and connection. These practices frequently associate LGBTIQ identities and desires with shame, guilt, or immorality, creating deep-seated barriers to embracing pleasure as a positive and natural aspect of their identity. Reclaiming pleasure is not simply about sexual expression—it encompasses the full spectrum of physical, emotional, and sensory experiences that bring comfort, joy, and connection to oneself and others.

Complex dynamics of reclaiming pleasure

Disconnection from the body:

- Survivors may have learned to suppress bodily sensations or view them with discomfort or distrust, owing to messages that framed their desires or identities as deviant or sinful. This disconnection can result in numbness, avoidance of touch, or a general discomfort with physical sensations.

Shame surrounding pleasure:

- Many survivors were taught to associate pleasure—whether sexual, emotional, or sensory—with guilt or weakness. This internalized stigma can make the pursuit of pleasurable experiences fraught with anxiety or self-doubt.
- For some survivors, exploring consensual kink can be an affirming way to reconnect with their bodies, navigate trust, and reclaim a sense of agency. It is important to frame these explorations within principles of consent, safety, and mutual respect, while challenging any lingering shame survivors may feel about expressing themselves authentically.

Fear of vulnerability:

Experiencing pleasure often requires a degree of openness and trust. For survivors whose trust has often been betrayed in intimate settings, reclaiming such vulnerability can feel risky or overwhelming.

Navigating cultural and societal norms:

For many survivors of conversion practices, queer pleasure has been stigmatized as indulgent or hedonistic, often framed in opposition to societal expectations of morality or discipline. These harmful narratives can create significant barriers for survivors, instilling feelings of guilt or shame regarding seeking or experiencing joy, intimacy, and connection. Reclaiming pleasure involves challenging these norms and affirming the inherent worth of LGBTIQ identities and their capacity for joy and fulfilment.

PRACTICAL STEPS FOR RECLAIMING PLEASURE AND CONNECTION

1. Normalize pleasure as a positive experience

Facilitate discussions with survivors that frame pleasure—whether physical, emotional, or sensory—as a natural and affirming part of their identity.

Use prompts to explore how pleasure aligns with self-care and well-being:

“What activities bring you comfort, joy, or relaxation?”

“How do you feel about the idea of experiencing pleasure without guilt or judgement?”

Rationale: Reframing pleasure as a healthy and valid experience helps dismantle shame and fosters self-acceptance.

Address how kink can be a consensual and affirming way to explore pleasure and connection while challenging internalized shame.

2. Explore sensory and emotional connection

Encourage survivors to explore non-sexual forms of pleasure, such as:

- **Sensory experiences:** Listening to music, feeling the texture of fabrics, or enjoying the warmth of sunlight.
- **Emotional connections:** Sharing laughter, engaging in deep conversations, or practicing acts of kindness.

Use mindfulness exercises to help survivors focus on positive sensations in the present moment.

Rationale: By starting with accessible and low-pressure forms of pleasure, survivors can rebuild trust in their ability to experience joy and connection.

3. Promote gentle body awareness practices

Introduce practices such as yoga, progressive muscle relaxation, or self-massage to help survivors reconnect with their bodies.

“What parts of your body feel the most relaxed or tense?”

“How does it feel to stretch, breathe deeply, or rest in a comfortable position?”

Rationale: Body awareness supports survivors in overcoming disconnection and building a positive relationship with their physical selves.

4. Encourage self-exploration and empowerment

Suggest solo activities, such as journaling, creative expression, or masturbation, as ways for survivors to safely explore their desires and boundaries.

Normalize self-exploration as a way of gaining confidence and understanding personal preferences.

Rationale: Exploring pleasure independently allows survivors to build autonomy and develop a sense of control of their experiences.

5. Acknowledge the role of safety and boundaries in pleasure

Discuss how creating safe environments and clearly defined boundaries can enhance the experience of pleasure.

Provide tools to help survivors identify what feels safe and affirming, versus what feels overwhelming or intrusive.

Rationale: Safety is foundational to reclaiming pleasure, especially for survivors with histories of coercion or boundary violations.

6. Integrate pleasure into everyday life

Help survivors identify simple, accessible ways to incorporate pleasure into their routines, such as:

- Starting the day with a comforting ritual like drinking tea or stretching.
- Taking moments to pause and appreciate small joys throughout the day.

Rationale: Incorporating pleasure into daily life normalizes it as an essential and sustainable aspect of well-being.

Explore diverse expressions of intimacy

Intimacy is a deeply personal and multifaceted experience that extends far beyond sexual connection. Survivors of conversion practices may have been exposed to rigid, heteronormative or cis-normative ideas about relationships, leaving them with limited frameworks for understanding or embracing intimacy in its many forms. Encouraging survivors to explore intimacy as encompassing emotional, intellectual, spiritual, and physical dimensions opens pathways to self-discovery and connection on their own terms. This exploration can affirm non-traditional relational configurations, such as chosen family, polyamory, or asexuality, as valid and fulfilling expressions of intimacy. By normalizing such diverse experiences, survivors can reclaim their right to define intimacy in ways that align with their values, desires, and unique identities.

Affirm that intimacy is multifaceted and can include emotional, intellectual, spiritual, and physical dimensions.

- Discuss the importance of non-sexual intimacy, such as emotional closeness with friends, chosen family, or community.
- Normalize diverse relational configurations, such as polyamory, asexuality, and celibacy, as valid expressions of intimacy.
- For survivors interested in exploring non-traditional relational models such as polyamory, refer to **Activity 49: Understanding Polyamory – Principles, Opportunities, and Challenges**. This Activity provides a deeper dive into the principles of polyamory, its unique opportunities, and strategies for navigating potential challenges.

Provide reflective prompts, such as:

“What does intimacy mean to you beyond sexual connection?”

“How do you feel most connected to others?”

Support healthy relationship dynamics

Survivors of conversion practices often face challenges in identifying and cultivating healthy relationships due to past experiences of betrayal, manipulation, or conditional love. Healthy relationships are built on principles of trust, respect, and mutual care—qualities that may have been distorted or absent in relationships survivors experienced during or after conversion practices. Survivors may find it difficult to discern red flags, set boundaries, or advocate for their needs, particularly in the face of societal or cultural expectations that discourage open communication and emotional vulnerability. By exploring the characteristics of healthy relationships and providing survivors with practical tools for evaluating and nurturing these connections, mental health providers can empower them to develop meaningful and affirming bonds. Supporting survivors in this area is not just about avoiding harm; it’s about fostering the skills and confidence to experience connection, intimacy, and love in ways that honor their authenticity and well-being.

Teach survivors to recognize traits of healthy relationships, such as mutual respect, trust, emotional safety, and open communication.

Use checklists or discussion prompts to evaluate past and current relational dynamics.

Help survivors identify red flags in relationships, such as manipulation, coercion, or lack of reciprocity.

Encourage survivors to celebrate relationships that affirm their identity and well-being.

Promote sexual health awareness and health-seeking behaviors

For many LGBTIQ survivors of conversion practices, the stigma and shame surrounding their identity create significant barriers to accessing sexual health resources and care. These barriers are often compounded by societal norms, misinformation, and systemic inequities within health-care systems.

Stigma and fear of judgement:

- Queer individuals may feel exposed or at risk of harassment when purchasing condoms, lubricant, or other sexual health supplies, particularly in environments where queerness is highly stigmatized.
- Survivors may experience invasive questions or assumptions of heterosexuality when seeking care, leading to discomfort and avoidance of care.

Lack of affirming health resources:

- Healthcare providers may lack LGBTIQ-specific training, making interactions invalidating or unsafe for survivors.
- Limited access to queer-affirming sexual health education leaves many survivors without accurate or relevant information.

Internalized shame and avoidance:

- Survivors of conversion practices often carry deep-seated shame about their sexuality, causing them to avoid conversations or actions related to sexual health.
- They may hesitate to advocate for their needs, such as asking a partner to use protection or scheduling regular testing.

Misinformation or lack of knowledge:

- In conservative societies, limited access to accurate sexual health information can lead to unsafe practices or reliance on myths about queer sexual health.

Barriers for trans and nonbinary individuals:

- Trans and non-binary survivors often face additional challenges, including limited access to gender-affirming sexual health care and difficulty finding supplies suited to their specific needs.

PRACTICAL STEPS FOR ADDRESSING CHALLENGES IN HEALTH-SEEKING BEHAVIOR FOR QUEER INDIVIDUALS

1. Normalize conversations about sexual health

Encourage survivors to view sexual health as an integral part of their overall well-being, free from shame and judgement.

Provide practical scripts for discussing sexual health with partners or health-care providers.

Examples include:

“I’d like to discuss ways we can both feel safe and comfortable during intimacy.”

“Can you recommend any LGBTIQ-friendly clinics for STI testing?”

Rationale: Normalizing these conversations reduces stigma and fosters empowerment in managing sexual health.

2. Identify safe access points for resources

Help survivors locate affirming spaces where they can access sexual health supplies discreetly, such as queer-friendly pharmacies, online stores, or community organizations.

Discuss harm reduction strategies for obtaining supplies in less affirming environments, such as:

- Using self-checkout lanes.
- Purchasing supplies with a trusted friend.
- Ordering supplies online for delivery.

Rationale: Providing safe and practical options ensures survivors can prioritize their health without fear of judgement or harassment.

3. Foster advocacy skills in health-care

Equip survivors with tools to advocate for their needs in medical settings, such as preparing questions in advance or bringing a supportive person to appointments.

Teach survivors affirming language to explain their needs confidently. Examples include:

“I would like to discuss options for PrEP as part of my sexual health plan.”

“I’m looking for affirming STI testing services for queer individuals.”

Rationale: Advocacy empowers survivors to navigate health-care systems more effectively and reduces feelings of vulnerability.

4. Promote regular testing and preventive care

Normalize STI testing as a routine aspect of overall health, not as an indicator of risky behavior.

Share information on preventive measures such as pre-exposure prophylaxis (PrEP) for HIV prevention, where available.

Provide a step-by-step guide for accessing testing or preventive care, including:

- Scheduling appointments.
- Preparing for visits.
- Understanding results and next steps.

Rationale: Regular testing and prevention build survivors’ confidence in managing their health and reduce anxiety regarding sexual activity.

5. Create access to affirming resources

Share directories or online platforms for LGBTIQ-affirming sexual health education, providers, and support networks.

Recommend organizations or helplines specifically designed to support queer sexual health.

Rationale: Affirming resources provide survivors with the knowledge and support needed to prioritize their health safely and confidently.

6. Address shame regarding condom use and protection

Encourage survivors to view condoms and other protection as tools for empowerment and safety, not as symbols of mistrust or shame.

Provide scripts for introducing protection into conversations with partners. Examples include:

“Using protection makes me feel more comfortable and safe during intimacy.”

“Can we talk about how we both feel about using condoms?”

Rationale: Reducing shame regarding protection fosters healthier, more open communication in relationships.

7. Integrate sexual health into broader well-being

Frame sexual health as a part of holistic well-being, alongside mental and emotional health.

Emphasize that prioritizing health is an act of self-respect and self-love, aligning with survivors’ journeys toward reclaiming autonomy.

Rationale: Viewing sexual health within a broader context reduces stigma and reinforces its importance as a fundamental aspect of well-being.

8. Acknowledge and process suppressed intimacy

Create a space for survivors to reflect on and process losses related to suppressed intimacy or connection during conversion practices.

- Use journaling, letter-writing, or guided discussions to help survivors express feelings of regret, sadness, or longing.

Celebrate their resilience and progress in reclaiming intimacy and well-being.

Rationale: Processing suppressed intimacy helps survivors release guilt or shame, paving the way for healing and self-compassion.

9. Address pressures to conform or perform

Queer individuals often face nuanced pressures related to identity, societal expectations, and internalized norms within LGBTIQ communities. A common challenge is the belief that sexual activity is necessary to assert or validate their sexual identity. This stems from several interconnected dynamics:

- **Sexuality as a defining feature of queer identity:** Society frequently reduces queer identities to sexual behavior, overshadowing the broader spectrum of emotional, romantic, and social experiences that define queerness. This oversimplified perspective can create a sense of obligation for queer individuals to “prove” their identity through sexual activity, even when it doesn’t align with their readiness or desires.
- **The need for validation in queer spaces:** Within LGBTIQ communities, there can sometimes be an unspoken expectation to embrace and express one’s sexuality as part of being openly queer. This well-intentioned but potentially limiting norm may unintentionally pressure individuals to engage in sexual experiences as a way of affirming their belonging and authenticity.
- **Counteracting asexual and celibate narratives:** Survivors of conversion practices may feel compelled to counter the shame or suppression they experienced by actively demonstrating their sexuality. The fear of being perceived as repressing or denying their queerness may push them toward sexual experiences, even when these actions don’t reflect their genuine desires or emotional readiness.
- **Reclaiming sexuality post-trauma:** For some survivors, reclaiming their sexuality after years of denial or shame can feel like a necessary step toward healing. While empowering for many, this process can sometimes lead to confusion between sexual activity and validation, risking a neglect of their emotional needs or comfort.

PRACTICAL STEPS IN ADDRESSING THESE PRESSURES

1. Normalize diverse experiences of queer identity

Reassure survivors that their identity is valid regardless of their sexual activity or relational experiences.

Discuss how queerness encompasses emotional, romantic, and social dimensions beyond sexual behavior.

- **Example prompt:** “What parts of your queer identity feel most affirming, apart from sexual expression?”

2. Encourage self-reflection regarding desires and comfort:

Facilitate discussion that helps survivors differentiate between external pressures and internal desires.

- **Example prompt:** “How much of your interest in engaging in sexual activity comes from your own desire versus external expectations?”

Support survivors in defining their personal boundaries and desires without judgement.

3. Affirm asexuality and other non-sexual identities:

Normalize the full spectrum of queer experiences, including asexuality, celibacy, and prioritizing non-sexual intimacy.

- **Example prompt:** “What forms of connection feel most fulfilling for you right now?”

Highlight that embracing non-sexual aspects of their identity is a valid and empowering choice.

4. Deconstruct myths regarding sexuality and validation:

Discuss societal narratives that equate sexual activity with identity validation, helping survivors challenge these beliefs.

- **Example exercise:** *Reflective journaling on societal messages versus personal truths.*

Affirm that healing and self-acceptance can occur independently of sexual activity.

5. Reclaim sexuality at their own pace:

Frame sexuality as an aspect of identity to explore if and when survivors feel ready and safe.

Offer practical exercises for safe self-exploration, such as mindful touch or sensory exercises, that focus on reconnecting with the body in a non-pressured way.

6. Support in navigating queer spaces and norms:

Discuss potential pressures or expectations within LGBTIQ spaces and how to navigate them while prioritizing personal comfort.

- **Example Prompt:** “What aspects of community spaces feel affirming, and where do you feel pressure to conform?”

Encourage survivors to seek affirming communities that respect diverse expressions of queerness.

7. Foster self-compassion and patience:

Remind survivors that healing and self-discovery take time and that there is no universal timeline or approach.

Provide affirmations like:

“Your queerness is valid, whether or not you choose to engage in sexual activity.”

“Exploring your identity is about finding what feels authentic and affirming for you, at your own pace.”



Body Awareness and Connection Toolkit: A set of exercises designed to help survivors reconnect with their bodies and explore comfort with touch and sensation. Includes practices such as body scans, mindful movement, and self-massage techniques. See [Activity 44 Body Awareness and Connection Toolkit](#).

Understanding Polyamory Guide: An Activity exploring the principles, opportunities, and challenges of polyamorous relationships. Offers tools for navigating non-monogamy with consent, communication, and respect. See [Activity 49 Understanding Polyamory – Principles, Opportunities, and Challenges](#).

Reflective Journaling Prompts on Internalized Stigma: To explore and challenge harmful beliefs about intimacy and sexuality instilled by conversion practices or societal stigma. Exercises adapted from the [Activity 45 Reframing Internalized Stigma: A Self-Compassion Worksheet](#).

[Activity 46 Reconnecting with Pleasure Worksheet](#): Prompts survivors to explore what brings them joy, comfort, and pleasure.

[Activity 47 Navigating Pressures and Expectations Worksheet](#): Guides survivors in reflecting on internal or external pressures related to intimacy or sexuality, such as societal norms or expectations within LGBTIQ spaces.

[Activity 48 Health-Seeking Action Plan Worksheet](#): A practical tool for survivors to outline steps for accessing sexual health resources, advocating for their needs, and integrating health-seeking behaviors into their lives.

Bibliotherapy Suggestions: Books such as *Come as You Are* by Emily Nagoski or *The Ethical Slut* by Dossie Easton and Janet Hardy, which explore themes of pleasure, intimacy, and non-traditional relationships.

Podcasts and Webinars: Explore queer-led discussions on intimacy, pleasure, and healing, such as *Queer Sex Ed Podcast* or *Savage Love*.

Peer Support Groups: Directories for LGBTIQ support groups, both online and in-person, focused on healing, intimacy, and connection.



Reflective questions to guide survivors in exploring their personal understanding of intimacy and connection.

Prompts include:

“What does intimacy mean to me beyond physical connection?”

“How do I feel most connected to others, and how can I nurture those feelings?”



- ☐ Worked collaboratively with the survivor to unpack internalized beliefs and shame related to their identity, intimacy, and desires
- ☐ Supported the survivor in identifying and managing trauma-related responses in intimate settings
- ☐ Guided the survivor in developing consent and boundary-setting skills
- ☐ Encouraged the survivor to reconnect with pleasure and explore safe, affirming experiences
- ☐ Facilitated discussions about diverse expressions of intimacy, respecting the survivor’s unique values and experiences
- ☐ Helped the survivor recognize and navigate pressures related to intimacy, with sensitivity to their personal desires and boundaries
- ☐ Addressed sexual health needs by providing resources, and normalizing proactive health-seeking behaviors
- ☐ Acknowledged and supported the survivor in processing suppressed intimacy or connection

Activity 44 Body Awareness and Connection Toolkit

This toolkit is designed to help survivors of conversion practices reconnect with their bodies, explore comfort with touch and sensation, and foster a sense of embodiment and presence. By engaging in gentle, affirming practices, survivors can begin to rebuild trust in their physical selves, reclaim bodily autonomy, and nurture positive associations with their bodies.

UNDERSTANDING BODY AWARENESS

Body awareness refers to the ability to notice and connect with physical sensations, movements, and signals. For survivors of conversion practices, reconnecting with the body can be a journey of healing, as harmful messages and traumatic experiences often disrupt their relationship with their physical selves.

Foundational Principles			
Start small Begin with simple, low-pressure exercises that prioritize comfort and curiosity over performance.	Focus on the present moment Use mindfulness to anchor attention to physical sensations as they occur, avoiding judgement or over-analysis.	Foster safety and consent Engage only in activities that feel safe and affirming. Survivors should always have the option to pause or stop.	Normalize emotional reactions Acknowledge that emotions, including discomfort or sadness, may arise during these exercises. These feelings are valid and part of the healing process.

Exercises and Practices	
Body scan meditation <i>Objective:</i> Develop awareness of physical sensations across the body.	• Find a quiet, comfortable space to sit or lie down. • Close your eyes and take a few deep breaths. • Slowly bring attention to different parts of your body, starting at your toes and moving upward to your head. • Notice any sensations, tension, or areas of ease without judgement. • If discomfort arises, gently redirect focus to your breathing before continuing.

Gentle movement exploration Objective: Reconnect with the body through intentional movement.	• Choose a comfortable space to stretch or move. • Experiment with small movements, such as rolling your shoulders, stretching your arms, or swaying side to side. • Pay attention to how each movement feels in your muscles and joints. • Consider using music to guide the rhythm of your movements.
Sensory grounding exercise Objective: Build connection to the present moment using the senses.	• Identify five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste. • Focus on the physical sensations these stimuli evoke, such as the texture of an object or the temperature of the air. • Reflect on which sensations feel most soothing or pleasant.

Exercises and Practices	
Safe touch practice Objective: Cultivate comfort with physical touch, starting with self-directed touch.	• Use a soft item, such as a blanket or scarf, to gently explore different parts of your body. • Pay attention to how the texture feels on your skin—smooth, warm, or soft. • Optionally, try gentle self-massage on areas like your hands, arms, or shoulders, focusing on sensation rather than pressure.
Embodied affirmations Objective: Reinforce positive connections with the body through affirming statements.	• Stand or sit in front of a mirror and observe your reflection. Repeat affirmations such as: • “My body is a part of who I am, and I respect it.” • “I deserve to feel safe and comfortable in my body.” • “I am worthy of care, love, and kindness.”
Creative expression Objective: Explore bodily connection through art or creative activities.	• Use drawing, painting, or journaling to depict how your body feels or what it represents to you. • Reflect on how creative expression helps you engage with your physical self in new ways.

Mindful breathing Objective: Use breathwork to foster relaxation and presence.	• Place one hand on your chest and the other on your abdomen. • Breathe deeply, noticing the rise and fall of your hands as air enters and leaves your body. • Try different patterns, such as inhaling for four counts, holding for four counts, and exhaling for four counts.
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REFLECTION AND INTEGRATION

After engaging in these exercises, survivors can use the following prompts to reflect on their experience:

- “What sensations did I notice during the exercise?”
- “What felt comfortable or enjoyable? What felt challenging?”
- “How did this exercise affect my sense of connection to my body?”
- “What practices would I like to revisit or incorporate into my routine?”

KEY REMINDERS

- Healing is a gradual process—progress may come in small steps.
- Survivors are encouraged to adapt these exercises to their preferences and needs.
- Seek support from a therapist or trusted individual if emotions feel overwhelming.



Activity 45 Reframing Internalized Stigma: A Self-Compassion Worksheet

This worksheet is designed specifically for LGBTIQ individuals who have survived conversion practices, recognizing the unique challenges of internalized stigma and shame perpetuated by these harmful interventions. It provides a framework to confront and reframe negative beliefs rooted in societal, familial, and cultural pressures while fostering self-compassion, resilience, and pride in one's identity.

INSTRUCTIONS FOR USE

Encourage survivors to take time to reflect deeply and respond honestly to each section. This worksheet can be used during or between sessions as part of ongoing therapeutic work.

Step 1: Name the Stigma Without Judgement

Conversion practices often instill negative beliefs about sexual orientation or gender identity. Acknowledging these beliefs is the first step toward dismantling them.

Write down one or two negative messages or beliefs you've internalized about your identity.

Examples

- "Being LGBTIQ is unnatural or wrong."
- "I'll never be accepted by my family or community."
- "I failed by not being able to change."

Step 2: Explore the Source of the Stigma

Recognizing where these beliefs originated helps you understand that they are external impositions, not truths.

Where do you think these beliefs came from?

Examples

- "Religious teachings that framed my identity as sinful."
- "My family's pressure to conform to heteronormative expectations."
- "Messages from conversion therapy that told me I needed to be 'healed.'"

Step 3: Identify the Impact of Conversion Practices

Conversion practices often lead to deeply rooted shame, self-doubt, and fear. Acknowledging these effects helps you process their impact.

How have these beliefs or messages influenced your thoughts, emotions, or behaviors?	Examples • “I avoided relationships because I felt unworthy of love.” • “I suppressed parts of myself to meet others’ expectations.” • “I blamed myself for not being able to change.”
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Step 4: Reclaim Your Narrative

Challenge the narratives imposed by conversion practices and rewrite them from an affirming perspective.

What is a kinder, more affirming story you can tell about yourself?	Examples • Negative belief: “I failed because I couldn’t change.” • Reframed narrative: “I was never the problem. My identity was always valid, and trying to change was an act of survival in a hostile environment.” • Negative belief: “My identity is shameful.” • Reframed narrative: “My identity is a testament to my courage and authenticity, despite immense challenges.”
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Step 5: Celebrate Your Resilience

Surviving conversion practices demonstrates incredible strength. Focus on the resilience and courage that have carried you forward.

What strengths helped you survive and continue your journey?	Examples • “I’ve shown incredible resilience by holding on to my true self.” • “I’ve sought out affirming communities and resources to help me heal.”
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Step 6: Practice Self-Compassion

Counteract internalized stigma with affirming and compassionate statements.

What do you need to hear most right now to support your healing?	Examples • “It’s okay to feel hurt, but I am not broken.” • “I deserve love, respect, and acceptance exactly as I am.”
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Step 7: Affirm Your LGBTIQ Identity

Close the exercise by creating affirmations that reflect pride in your identity and your journey.

Create one or two affirmations to carry forward.

Examples

- “My identity is valid, beautiful, and deserving of celebration.”
- “I am a survivor, and my strength will guide me to a fulfilling and authentic life.”

REFLECTION PROMPTS

What part of this exercise felt most meaningful or empowering?

What feelings came up when you challenged the negative beliefs about yourself?

How does practicing self-compassion feel different from the messages you received during conversion practices?

What small acts of self-care or kindness can you offer yourself to reinforce this compassion?

Emphasize that the survivor’s identity was never the issue, but the societal and cultural pressures they faced were.

Tailor this exercise to the survivor’s readiness; they may need to revisit specific steps as they build confidence in their identity.

NOTES FOR PROVIDERS

Provide a supportive and affirming space for survivors to reflect on their progress, reinforcing that reclaiming their identity is an act of resistance and resilience.

Activity 46 Reconnecting with Pleasure Worksheet

For survivors of conversion practices, reconnecting with pleasure—whether physical, emotional, or sexual—can feel fraught with complexity. Pleasure may have been framed as sinful, dangerous, or undeserved. This worksheet is designed to explore pleasure as an act of self-reclamation and defiance against narratives that sought to disconnect you from your body and desires. It acknowledges the challenges of shame, trauma, and cultural stigma, offering a compassionate pathway to rediscovering joy and intimacy on your own terms.

Acknowledging Barriers to Pleasure

Purpose: To validate the difficulty of reconnecting with pleasure and explore how external narratives and personal experiences may have created these barriers.

Reflect on the role of conversion practices

What messages did you internalize about your body, desires, or pleasure during conversion practices?

Examples

“Desires must be controlled or eradicated.”

“Physical pleasure is inherently wrong, especially for someone like me.”

Identify current barriers

“What stops me from fully embracing pleasure now?”

Examples

Fear of being judged or labelled.

Discomfort with arousal or physical touch.

A sense of detachment from my body.

Acknowledge the impact of shame and trauma

“What role has shame played in how I feel about my body or desires?”

“How has trauma shaped my relationship with pleasure?”

Understanding Pleasure Beyond Sex

Purpose: To expand the survivor’s understanding of pleasure as multifaceted and not limited to sexual intimacy.

Non-sexual pleasure mapping

Reflect on sensory and emotional experiences that feel safe or comforting:

- A warm drink on a cold day.
- A deep conversation with someone who sees you.
- The texture of soft blankets, or the feeling of your pet’s fur.

Reframing pleasure as connection

Explore how pleasure can be about connection—to yourself, others, or the world around you.

Prompt:

“How can I experience intimacy with myself or others without focusing on sexual acts?”

Understanding Pleasure Beyond Sex

Purpose: To expand the survivor's understanding of pleasure as multifaceted and not limited to sexual intimacy.

Prompt:

"What small, everyday pleasures do I already enjoy but may not fully acknowledge?"

Reclaiming Sexual Pleasure

Purpose: To help survivors explore sexual pleasure in ways that feel safe, empowering, and free from shame.

Recognizing shame triggers in sexuality

Prompt:

"What thoughts, feelings, or situations trigger shame around sexual pleasure?"

Reflect on how these triggers connect to past experiences.

Safe exploration solo activities

Explore self-touch or masturbation without judgment, focusing on what feels good rather than achieving a goal.

Experiment with different sensations, like textures or temperatures, to discover what brings comfort or excitement.

Prompt:

"What does it feel like to touch my body with curiosity and kindness?"

Safe exploration partnered activities

Discuss and establish clear boundaries with a trusted partner.

Practice non-sexual touch (e.g., holding hands, hugging) to build safety and connection.

Prompt:

"What kinds of touch feel safe, affirming, or enjoyable with another person?"

Navigating Discomfort and Trauma Responses

Purpose: To equip survivors with tools for addressing moments when pleasure feels overwhelming or triggering.

Recognize discomfort without judgement

Prompt:

"When pleasure feels uncomfortable, what emotions or sensations arise for me?"

Grounding techniques for safety

Develop a personalized grounding toolkit for moments of overwhelm, such as:

- Breathing exercises

Navigating Discomfort and Trauma Responses

Normalize the complexity of these feelings as part of healing.

- Focusing on safe, non-triggering sensations (e.g., feeling the ground under your feet)
- Visualization of a safe, affirming place or memory

Affirming Your Relationship with Pleasure

Purpose: To celebrate progress and affirm the survivor's right to pleasure as a positive and integral aspect of their identity.

Rewriting the narrative

Prompt: "If I could speak to my younger self, what would I say about pleasure now?"

Example:

"It's okay to feel good. You deserve joy and connection."

Celebrate small victories

Reflect on moments where you allowed yourself to feel joy or connection, no matter how small.

Prompt:

"What is one way I've reclaimed pleasure recently?"

Create affirmations

Write affirming statements about pleasure and your right to experience it.

Examples

- "My body is worthy of love and joy."
- "Pleasure is a natural and affirming part of who I am."

KEY REMINDERS

- Reclaiming pleasure is a deeply personal process. Move at your own pace, and honor where you are in your journey.
- It is okay to feel conflicted or unsure—acknowledge these emotions with compassion.

You are not alone. Consider seeking support from affirming communities, therapists, or trusted individuals who honor your identity and journey.

Activity 47 Navigating Pressures and Expectations Worksheet

This worksheet helps survivors of conversion practices reflect on internal and external pressures related to intimacy or sexuality, including societal norms, family expectations, or dynamics within LGBTIQ spaces. By fostering awareness and self-reflection, this tool empowers survivors to define their boundaries and desires on their own terms, free from judgement or external influence.

Identifying Sources of Pressure

Purpose: To explore where pressures related to intimacy or sexuality originate and how they influence personal choices or feelings.

Internal pressures

Reflect on expectations you place on yourself about intimacy, sex, or relationships.

Prompt

- "What do I tell myself I 'should' be doing in terms of intimacy or sexuality?"
- "Are these expectations rooted in my desires or in external influences?"

Examples

- "I feel like I need to have sex to prove my identity."
- "I think I should be in a relationship to be seen as valid."

External pressures

Identify societal, cultural, or community influences that shape your feelings about intimacy or sexuality.

Prompt

- "What expectations have I noticed in my culture, family, or community about relationships or sex?"
- "How do these expectations align or conflict with my values?"

Examples

- Societal norms: "Queer people are hypersexual."
- Family: "You need to settle down and have a family."
- LGBTIQ spaces: "To be seen as queer, I have to explore my sexuality actively."

Examining Emotional Impact

Purpose: To understand how these pressures affect self-perception, choices, and emotional well-being.

Defining your values

Reflect on feelings.

Exploring boundaries

Assess behavioral impacts.

Examining Emotional Impact

Purpose: To understand how these pressures affect self-perception, choices, and emotional well-being.

Prompt

"How do these pressures make me feel about myself?"

Examples

- Overwhelmed, judged, unworthy, or confused.

Prompt

"How have these pressures influenced my decisions or actions?"

Examples

- Engaging in relationships or sexual experiences before feeling ready.
- Avoiding intimacy out of fear of judgement.

Reclaiming Autonomy

Purpose: To explore personal values, boundaries, and desires as distinct from societal or external influences.

Defining your values

Prompt

"What do intimacy and connection mean to me personally?"

"What values feel most important in how I approach relationships or sexuality?"

Examples

Emotional safety, trust, authenticity, or freedom of choice.

Exploring boundaries

Prompt

"What boundaries feel important to me in relationships or intimate situations?"

"How can I communicate these boundaries with confidence?"

Challenging Harmful Narratives

Purpose: To confront and reframe societal or community expectations that feel restrictive or harmful.

Reflection exercise

Prompt

"What messages about intimacy or sexuality no longer serve me?"

Examples

"I need to prove my queerness through sexual activity."

"I should be in a relationship by now."

Reframe these narratives

Prompt

"What empowering beliefs can replace these messages?"

Examples

"My queerness is valid regardless of my sexual activity."

"Intimacy is about connection, not performance."

Building Affirming Communities

Purpose: To identify supportive spaces or relationships that align with your values and reduce harmful pressures.

Identify safe spaces

Prompt

“What spaces or people make me feel seen, accepted, and free from judgement?”

Examples

Affirming LGBTIQ groups, trusted friends, or chosen family.

Evaluate community dynamics

Prompt

“Are there community spaces where I feel pressured to conform or perform?”

“How can I navigate these spaces while honoring my own boundaries and values?”

Moving Forward with Intention

Purpose: To create actionable steps for navigating pressures and affirming personal autonomy.

Reflection exercise

Prompt

“What steps can I take to reduce external pressures and honor my values?”

Examples

Limiting time in spaces that feel judgmental.

Practicing affirmations to challenge internalized narratives.

Affirmations

Prompt

Write three affirmations that reinforce your autonomy and self-worth.

Examples

“My desires and boundaries are valid.”

“I deserve to navigate intimacy on my own terms.”

“I am enough as I am.”

KEY REMINDERS

- It's okay to feel conflicted or unsure—exploration is a process, not a race.
- You are not defined by societal or community expectations; your identity is valid on your terms.
- Seek out affirming relationships and spaces that align with your values and honor your autonomy.

This worksheet is a powerful tool for survivors to reflect on and navigate the pressures they face, fostering self-awareness and empowering them to reclaim their agency in intimacy and sexuality.

Activity 48 Health-Seeking Action Plan Worksheet

This worksheet is designed to help survivors of conversion practices identify barriers, set goals, and develop a personalized plan for prioritizing their sexual health. It emphasizes reducing stigma, fostering advocacy skills, and promoting access to affirming resources. Survivors are guided to reflect on their needs, recognize challenges, and take actionable steps toward their sexual well-being.

Understanding Your Sexual Health Needs

Purpose: To help survivors reflect on their unique health needs and areas of focus for their sexual well-being.

Prompts

“What aspects of your sexual health do you feel need attention or support?”

Examples

Access to STI testing, understanding safe sex practices, finding LGBTIQ-affirming healthcare providers.

“What challenges or concerns have you faced when thinking about your sexual health?”

Examples

Fear of judgment, lack of affirming resources, internalized shame.

Exercise

List three aspects of your sexual health you want to prioritize:

Identifying Barriers

Purpose: To explore the internal and external factors that make health-seeking challenging.

Identifying Barriers

Prompts

"What has stopped you from seeking sexual health resources or care in the past?"

Examples

Stigma, fear of rejection, limited access to affirming providers.

"How do societal, cultural, or personal factors influence your willingness to seek care?"

Examples

Religious teachings, societal taboos, or internalized discomfort.

Exercise

List the top three barriers you face:

Setting Goals and Priorities

Purpose: To define actionable goals for improving sexual health while respecting personal readiness and comfort.

Prompts

"What are your short-term goals for sexual health?"

Examples

Scheduling an STI test, researching affirming clinics, or discussing protection with a partner.

"What are your long-term goals for sexual health?"

Exercise

Write one short-term and one long-term goal.

Short-term Goal: _____

Setting Goals and Priorities

Examples

Regular check-ups, accessing PrEP, or building confidence in discussing sexual health with partners.

Long-term Goal: _____

Exploring Resources and Support

Purpose: To connect survivors with tools and networks that make health-seeking accessible and affirming.

Prompts

“What resources do you already know about that could support your sexual health?”

Examples

LGBTIQ-friendly clinics, online platforms for information, trusted community groups.

“Who in your support network can you turn to for guidance or accompaniment?”

Examples

Affirming friends, healthcare advocates, or community organizations.

Exercise

Create a resource list with contact details for easy access during appointments or emergencies.

LGBTIQ-Friendly Clinics: _____

Online Platforms for Sexual Health Education: _____

Trusted Support Persons: _____

Advocacy and Communication Skills

Purpose: To build survivors' confidence in expressing their needs and navigating health-care systems.

Prompts

"What questions or concerns do you want to address with a health-care provider?"

Examples

"What are the steps for STI testing?" or "Do you provide PrEP for HIV prevention?"

"How can you advocate for your needs if you encounter an uninformed or judgmental provider?"

Exercise

Draft two scripts for common scenarios.

Asking for affirming care: _____

Handling uncomfortable or invasive questions: _____

Creating an Action Plan

Purpose: To create a step-by-step plan for addressing sexual health needs and overcoming barriers.

Define the issue or goal:

Identify steps to achieve it:

Set a timeline for action:

Creating an Action Plan	
Reflect on potential challenges and solutions:	

KEY REMINDERS

- Your sexual health is an integral part of your well-being and identity.
- Seeking care is a courageous and affirming step toward self-love and empowerment.
- It’s okay to take small steps—progress is personal and meaningful.

You are not alone; affirming resources and support are available.



Activity 49 Understanding Polyamory – Principles, Opportunities, and Challenges

Polyamory is the practice of engaging in multiple consensual, ethical, and emotionally significant relationships. For survivors of conversion practices, exploring polyamory may offer an opportunity to reclaim relational autonomy, challenge heteronormative frameworks, and embrace diverse forms of intimacy. This Activity provides an overview of the core principles, opportunities, and challenges of polyamory, offering survivors and practitioners a foundation for understanding and navigating this relational model

Core Principles of Polyamory	
Consent and communication Open, honest, and transparent communication is the cornerstone of polyamorous relationships. Informed consent from all parties ensures that everyone involved feels respected and valued.	Autonomy and interdependence Polyamory emphasizes maintaining individuality within interconnected relationships. Partners support one another while honoring personal growth and independence.
Compersion and emotional Support Compersion, or joy in a partner’s happiness with others, reflects the supportive ethos of polyamory. Building emotional resilience helps navigate complex dynamics.	Equity, not equality Relationships in polyamory are not necessarily identical in time or focus but should be equitable. Everyone’s needs and boundaries are respected.

Unique Opportunities in Polyamory		
Expanding relational possibilities Survivors can explore various forms of intimacy—emotional, sexual, and spiritual—without the constraints of monogamous expectations.This flexibility allows them to redefine relational fulfillment based on their needs.	Reclaiming autonomy Survivors can create relationship structures that reflect their authentic selves, free from societal norms.	Fostering community and connection Polyamory often cultivates broader support networks, reducing isolation and enhancing emotional well-being.

Challenges and Considerations in Polyamory	
Navigating jealousy and insecurity Feelings of jealousy or fear of abandonment may arise, particularly for survivors with past trauma. Practicing self-awareness and developing communication strategies can help address these emotions constructively.	Overcoming stigma Polyamory is often misunderstood or stigmatized, leading to judgment from others. Survivors may need support to manage external criticism and internalized doubts.
Time and emotional management Balancing multiple relationships can require significant emotional and logistical effort. Survivors should prioritize self-care to prevent burnout.	Intersectionality and accessibility Polyamorous relationships intersect with other identities, such as race, gender, or socioeconomic status, influencing dynamics and challenges. Survivors may face unique barriers that require culturally sensitive support.

Practical Tips for Exploring Polyamory			
Encourage reflective exploration “What aspects of polyamory align with my values and desires?” “How can I balance autonomy and connection in multiple relationships?”	Affirm ethical practices Emphasize the importance of honesty, consent, and respect in polyamorous relationships.	Validate diverse configurations Normalize polyamory and other non-traditional relationships as valid expressions of intimacy.	Provide resources for support Recommend books, workshops, or online forums focused on ethical non-monogamy.

CONCLUSION

Polyamory offers survivors an opportunity to explore relationships beyond traditional boundaries, fostering autonomy, connection, and authenticity. While it presents unique challenges, understanding its principles and practices can empower survivors to build fulfilling and affirming relational structures that align with their values and needs.

Navigating Complex Family Dynamics



Family dynamics are central to many survivors' healing journeys, as families often serve as both sources of harm and potential support. Survivors of conversion practices may face unique challenges in navigating these relationships, including betrayal, conditional acceptance, or cultural and religious pressures that reject or stigmatize their identities. At the same time, survivors may seek to reconcile with family members, establish healthy boundaries, or cultivate a sense of connection within chosen families or families of origin.

This guideline recognizes that addressing family dynamics requires a dual focus: supporting survivors in exploring and asserting their own needs while equipping families with the tools to adapt and foster affirming, supportive relationships. This approach acknowledges the complex interplay between the survivor's autonomy and familial influences, offering strategies to manage conflict, navigate intergenerational differences, and build relational resilience. Survivors are encouraged to prioritize their safety and well-being while engaging with families in ways that align with their personal values and recovery goals.

By addressing family dynamics with sensitivity to cultural, social, and individual contexts, this guideline aims to help survivors reclaim agency, foster relational healing, and, when necessary, redefine family on their own terms. It also supports survivors in recognizing the importance of chosen family and creating affirming connections beyond traditional family structures.

PROVIDERS CAN DO THE FOLLOWING FOR THE SURVIVOR:

Understand family roles and dynamics

Guide survivors in exploring how family roles and hierarchies impact their relationships.

Example prompt: "What role do you feel you've been assigned in your family, and how has this influenced your interactions?"

Help survivors identify patterns of behavior within their family that contribute to conflict or connection.

Discuss cultural or societal expectations tied to family roles, particularly in collectivist contexts.

Address betrayal and conditional love

Create a safe space for survivors to process feelings of betrayal or rejection by family members.

Normalize the grief and anger that can accompany conditional love and acceptance or rejection.

Use reflective journaling or narrative exercises to help survivors reframe these experiences in a way that fosters self-compassion and healing.

Set and communicate boundaries

Teach survivors how to identify and articulate their boundaries with family members.

Example: “What would you like your family to know about your needs? How can you communicate this clearly?”

Role-play scenarios to practice boundary-setting language.

Emphasize that boundaries can protect both survivors and their relationships by creating clarity and reducing harm.

- See ***Guideline 7: Establishing Boundaries and Safety in Relationships***.

Navigate relationships with children

- Support survivors in preparing to disclose their identity to their children, considering the children’s age, maturity, and likely responses.
- Discuss strategies for managing potential reactions, such as anger, confusion, or shame, while providing reassurance and maintaining open communication.
- Provide tools for handling external challenges, such as children facing teasing or stigmatizing by peers.

Address dynamics with partners or spouses

- Explore the survivor’s goals regarding honesty and reconciliation with a current or former partner.
- Help survivors prepare for conversations about their identity or past actions, emphasizing clear, compassionate communication.
- Provide tools for navigating the emotional aftermath of disclosure, whether it leads to conflict, resolution, or separation.

Coping with stigma in family interactions

- Equip survivors with strategies for managing stigmatizing comments or behaviors during family gatherings or interactions.
- Teach de-escalation techniques to navigate confrontations safely and calmly.
- Develop exit plans for situations where interactions become overwhelming or harmful.

Intergenerational differences

Acknowledge generational gaps in understanding

Discuss how intergenerational differences in values, experiences, and language may influence family dynamics and reactions to the survivor's identity.

Example prompt:

"How do you think your parents' or grandparents' experiences shaped their perspectives on gender and sexuality?"

Normalize the challenges of bridging these gaps, emphasizing that differing worldviews do not necessarily reflect a lack of love or care.

Foster compassionate communication across generations

Teach survivors to frame their identity and experiences in ways that resonate with family members from different generations.

Example prompts:

"I want to share something about myself that might be new to you, but it's really important to who I am."

Encourage patience and mutual respect, while reinforcing that survivors are not responsible for their family's emotional work or acceptance.

Balance authenticity with safety in interactions

Help survivors navigate the tension between being authentic and adapting their communication to align with generational sensitivities, when appropriate.

Reinforce the survivor's right to prioritize their safety and comfort while engaging with family.

Decision-making about contact/reconciliation vs. maintaining distance

Reflect on personal goals for family relationships:

Guide survivors in exploring their desires regarding contact with family members, such as reconciling relationships, establishing limited contact, or maintaining distance.

Example prompts:

"What do you hope to gain or preserve by maintaining contact?"

"What boundaries would help protect your emotional well-being in this relationship?"

Emphasize that there is no "right" answer—only what feels right for the survivor's needs and circumstances.

Assess costs and benefits of reconciliation or distance

Help survivors weigh up the emotional, relational, and practical implications of their choices.

Example:

“What do you think might change in your life if you chose to reconcile with this family member? What might remain the same?”

Discuss potential consequences of maintaining or ending contact, such as:

- Emotional impacts (e.g., guilt, relief).
- Practical considerations (e.g., financial dependence, shared responsibilities).
- Social dynamics (e.g., mutual connections within the family).

Provide tools for navigating mixed contact approaches

Normalize survivors choosing different levels of contact with various family members, based on trust and safety.

Refer to ***Guideline 7: Establishing Boundaries and Safety in Relationships*** for strategies on setting boundaries and managing relationships with varying levels of closeness.

Prepare survivors for evolving decisions

Reinforce that their decisions about family relationships are not fixed in time and can evolve as circumstances or feelings change.

Example prompt:

“What would need to happen for you to consider reconnecting with this family member in the future?”

Foster self-compassion in decision-making

Normalize feelings of guilt, sadness, or ambivalence when making decisions about family contact.

Encourage survivors to prioritize their own mental health and well-being, recognizing that self-care is not selfish.

Support chosen family relationships

- Validate the importance of chosen family as a source of affirmation and connection.
 - Encourage survivors to balance relationships with biological family and chosen family in ways that prioritize their well-being.
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Providers Can Do the Following for the Survivor		
Assess family involvement and survivors' preferences Discuss the survivor's goals regarding their family, whether they desire reconciliation, limited contact, or maintaining distance. Respect the survivor's boundaries while exploring safe ways to engage with family members, if desired.	Facilitate conversations between survivors and families Where appropriate, act as a neutral facilitator to support dialogue between the survivor and their family. Help both parties express their needs, concerns, and feelings without escalating conflict.	Provide psychoeducation on LGBTIQ issues Offer families accurate, affirming information about gender and sexual diversity to address misconceptions or biases. Recommend resources, such as books, articles, or support groups, to help families better understand the survivor's experiences.
Support families in navigating change Validate family members' feelings of confusion, grief, or guilt as they adjust to new ways of understanding the survivor's identity. Emphasize the importance of honoring the survivor's autonomy while navigating these changes.	Encourage affirming behavior Teach families how to offer meaningful support, such as using correct names and pronouns or celebrating the survivor's milestones. Highlight the significance of small acts of affirmation in rebuilding trust and connection.	Validate and normalize ambivalence Acknowledge that family members may have conflicting feelings about the survivor's identity or their own responses. Encourage families to sit with this ambivalence without forcing premature resolution or actions.
Address the role of cultural and religious beliefs Explore how cultural or religious frameworks may shape family members' reactions to the survivor's identity. Offer strategies for reconciling these beliefs with affirming behaviors, if desired by the family.		
Normalize support for chosen family Help families understand the role of chosen family in the survivor's life and encourage them to respect and include these relationships.		

Boundary and Safety Resources

Activity 52 Boundary Rehearsal Role-Play Guide helps survivors practice setting and maintaining boundaries in challenging family interactions.

Activity 53 Relational Assessment Worksheet is a tool for evaluating family relationships, including identifying red flags and areas for potential healing.

Activity 54 Reflecting on Harmful Relationships Worksheet supports survivors in navigating decisions about maintaining or distancing from specific relationships.

Communication and reconciliation aids: **Activity 51 Trauma-Sensitive Communication Guide** provides strategies for facilitating respectful and emotionally safe conversations with family members.

Psychoeducation for families: **Activity 55 Family Education Pack** includes accessible resources on LGBTIQ identities, the impact of conversion practices, and how to support queer family members.

Decision-making about family contact worksheet: Helps survivors weigh the emotional, practical, and relational implications of maintaining, limiting, or severing contact with family members. See **Activity 56 Decision-Making About Family Contact Worksheet**.

Chosen family mapping worksheet: Supports survivors in visualizing their support system outside of their biological family. See **Activity 57 Chosen Family Mapping Worksheet**.

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- ☐ Discussed the survivor's current family dynamics and the historical context of relationships
 - ☐ Identified sources of support, conflict, or harm within familial relationships
 - ☐ Supported the survivor in evaluating their comfort and readiness to engage with family members
 - ☐ Helped survivors navigate conversations about identity and experiences with their children
 - ☐ Provided support for addressing challenges in partnerships, including issues of trust, disclosure, or shared responsibilities
 - ☐ Encouraged the integration of chosen family into their broader support network
 - ☐ Adjusted interventions based on changes in family dynamics, personal growth, or external factors

Activity 50 Grounding Techniques Toolkit

This toolkit provides a collection of grounding exercises designed to help survivors reconnect with the present moment, manage distressing emotions, and create a sense of safety. These techniques are adaptable and can be personalized to meet the unique needs of each survivor. Grounding exercises are particularly helpful in reducing anxiety, managing trauma responses, and fostering emotional regulation.

- **Encourage** survivors to try different techniques and note which ones resonate with them.
- **Practice these exercises** during therapy sessions, so that survivors feel confident using them independently.
- **Recommend pairing grounding exercises** with other therapeutic tools, such as journaling or mindfulness apps.

Grounding Techniques	
5-4-3-2-1 Sensory method  This technique uses the five senses to anchor survivors in the present moment. • Identify five things you can see around you. • Name four things you can touch or feel (e.g., your clothes, the chair you're sitting on). • List three things you can hear (e.g., a clock ticking, birds chirping). • Note two things you can smell (or imagine smells if none are present). • Recognize one thing you can taste (or remember a favorite taste).	Body scan exercise  This practice involves paying attention to sensations in the body to foster a sense of calm and awareness. • Sit or lie down in a comfortable position. • Close your eyes (if comfortable) and take a few deep breaths. • Starting at your toes, slowly bring attention to each part of your body, moving upward to your head. • Notice any sensations (e.g., tension, warmth) without judgement. • If you encounter discomfort, visualize releasing it with each breath.
Grounding with breathing techniques  Focused breathing helps calm the nervous system and reduce stress. Box breathing Inhale for 4 counts, hold for 4 counts, exhale for 4 counts, and hold for 4 counts. Repeat.	Physical grounding  Engaging the body can help survivors reconnect with their surroundings. Stomping feet Firmly stomp your feet on the ground to feel its stability and support.

4-7-8 Breathing Inhale for 4 counts, hold for 7 counts, and exhale slowly for 8 counts.	Holding an object Grip an object with texture (e.g., a smooth stone, a stress ball) and focus on its details. Temperature shift Hold something cool or warm, like an ice cube or a cup of tea, to focus on the sensation.
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Grounding Techniques		
Visualization techniques Imagining safe and calming environments can create emotional grounding. Safe place visualization Close your eyes and picture a place where you feel safe and at peace (e.g., a forest). Focus on the sensory details of this environment (e.g., the smell of pine trees). Anchoring phrase Create a mantra or phrase that brings comfort, such as “I am safe, I am here.”	Movement-based grounding Gentle physical activity can help survivors release tension and reconnect with their bodies. Progressive muscle relaxation Tense each muscle group for 5 seconds, then release, starting from your feet and moving upward. Walking grounding Take a slow walk and focus on the sensations of your feet touching the ground.	Sound-based grounding Using auditory input can redirect focus and provide comfort. Favorite song Play a song that makes you feel calm or joyful and listen attentively to the lyrics or melody. Nature sounds Listen to recordings of rain, birds, or ocean waves to create a calming atmosphere.

Supporting Resources		
Grounding techniques handout Create a printable guide summarizing these exercises for survivors to use at home.	Guided grounding apps Suggest apps such as Insight Timer or Calm for additional guided exercises.	Personalized grounding plan Help survivors create a customized list of their favorite techniques.

Activity 51 Trauma-Sensitive Communication Guide

This guide provides survivors of conversion practices with practical tools to navigate difficult conversations and relational dynamics, particularly in contexts shaped by trauma, coercion, and invalidation. It prioritizes emotional safety, self-empowerment, and the survivor’s right to set boundaries while considering cultural, familial, and social pressures unique to their experiences.

Foundational Principles for Survivors		
Prioritize emotional safety Survivors have often faced invalidation or harm when expressing their needs. Reassure them that they are not obligated to engage in conversations that jeopardize their well-being.	Reclaim agency Survivors of conversion practices may feel disempowered or silenced. Emphasize their right to communicate their feelings and set limits that reflect their values and needs.	Acknowledge relational complexity Many survivors feel torn between cultural/familial obligations and self-preservation. Frame communication as a way to navigate, rather than resolve, these tensions.

Preparing for Challenging Conversations		
Clarify intentions and boundaries Encourage survivors to identify what they want to achieve from the conversation. Example prompts • “What’s most important for me to communicate?” • “What boundaries do I need to maintain?”	Anticipate harmful patterns Reflect on past interactions that felt dismissive, coercive, or harmful. Help survivors strategize ways to manage similar dynamics.	Practice grounding beforehand Suggest techniques such as deep breathing or visualizing a safe, supportive environment to reduce anxiety before the conversation.

Grounding Techniques for Conversations About Identity or Boundaries

Anchor in authenticity Encourage survivors to remind themselves: “I am valid and deserving of respect, even if others disagree.”	Set exit strategies Survivors can pre-plan a way to exit conversations if they become unsafe or triggering, such as: • “I need to step away to think about this.” • “Let’s pause this discussion and revisit it another time.”	Focus on sensory grounding Techniques include focusing on surroundings or touching a comforting object to stay present during emotionally charged moments.
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Scripts for Common Scenarios Survivors May Face

When challenged on their identity • “I understand your perspective, but I need you to respect my decisions about who I am.” • “My identity is not up for debate, and I need us to focus on respecting one another.”	Responding to coercion or pressure • “I know you care about me, but this is something I need to decide for myself.” • “I hear your concerns, but I need space to navigate this on my own terms.”	Addressing religious or moral arguments • “My faith is personal, and I’m working to reconcile it with my identity. I ask for your understanding.” • “I respect your beliefs, but I also need you to respect my journey.”
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Reflective Listening for Rebuilding Trust

Survivors may want to rebuild connections but struggle with fear of judgement or invalidation. Reflective listening techniques can create mutual understanding:

To de-escalate conflict “What I hear you saying is that you’re worried about me. I appreciate your concern, but I need you to trust my decisions.”	To encourage empathy “It sounds like this is hard for you to understand. Can I share how it feels from my perspective?”
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Affirmation Techniques for Survivors

Self-compassion statements • “It’s okay if this conversation doesn’t go perfectly. I’m doing the best I can.” • “My worth isn’t determined by their acceptance or agreement.”	Boundary affirmations • “Setting this boundary isn’t selfish; it’s necessary for my well-being.”
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Addressing Relational Power Dynamics	
Recognize power imbalances Survivors may feel intimidated by authority figures (e.g., religious leaders or family heads). Help them frame communication to assert their autonomy without inviting conflict. <i>Example</i> "I respect your role in my life, but this decision is deeply personal, and I need you to trust me."	Cultural nuances Survivors may feel constrained by cultural norms that discourage assertiveness. Offer culturally sensitive scripts that balance respect with boundary-setting. <i>Example</i> "I value our relationship, but I need to take this step for my own well-being."

Managing Invalidation or Gaslighting	
Reframe conversations Survivors often face dismissal or manipulation. Teach them to stay grounded in their truth: "I understand that's how you see it, but my experience is different, and it's valid."	Avoid overexplaining Encourage concise responses to avoid unnecessary self-justification.

POST-CONVERSATION REFLECTION

After challenging interactions, guide survivors to reflect on:

- "What helped me feel grounded and confident?"
- "What strategies worked well, and what might I try differently next time?"
- "How can I care for myself after this interaction?"

Activity 52 Boundary Rehearsal Role-Play Guide

This guide offers a step-by-step framework for mental health-care providers to facilitate boundary rehearsal role-plays with survivors of conversion practices. It is designed to empower survivors to practice asserting their needs and responding to criticism or invalidation in a safe and supportive environment.

PURPOSE

Boundary rehearsal role-plays help survivors:

- Build confidence in asserting their needs and setting boundaries.
- Develop effective communication strategies tailored to challenging scenarios.
- Explore and reflect on emotional and relational dynamics in a controlled, low-risk setting.

Preparation		
Set the stage Create a safe and affirming space where the survivor feels comfortable experimenting with different approaches. Establish clear ground rules, such as pausing at any time if the survivor feels overwhelmed.	Clarify goals Ask the survivor what they hope to gain from the role-play. <i>Example prompts</i> “What is the most difficult aspect of boundary-setting for you?” “What would you like to say in this situation but find hard to express?”	Collaboratively choose a specific scenario to focus on, such as asserting a need with a family member or responding to invalidation.

Design the Scenario
Use real-life examples the survivor provides to create a relatable and relevant situation. Define roles: The survivor practices as themselves, while the provider plays the other party. Adjust complexity based on the survivor’s readiness.

Role-Play Process	
Warm-Up	Begin with a grounding exercise to help the survivor feel calm and focused. <i>Example:</i> Practice deep breathing or use sensory grounding techniques.

Scenario Introduction	Briefly set the scene for the role-play, ensuring both parties are clear about the dynamics. <i>Example:</i> “Let’s imagine your parent is questioning your decision to set this boundary.”
Practice Boundary-Setting	Encourage the survivor to express their boundary using their own words.
Provide Prompts if They Feel Stuck	“What would you like this person to understand about your need?” “How can you clearly and respectfully communicate this boundary?”
Explore Responses	Play the role of the other party and offer varied responses (e.g., cooperative, resistant, dismissive) to simulate different outcomes. Encourage the survivor to practice responding calmly and assertively to each type of reaction. <i>Example:</i> If you respond dismissively, the survivor might say, “I understand your perspective, but this is a boundary I need to maintain.”
Pause and Reflect	After each iteration, pause to reflect with the survivor: “How did that feel to express your boundary?” “What worked well, and what could be adjusted?”
Refine and Repeat	Collaboratively refine the survivor’s language or approach as needed. Repeat the role-play to reinforce confidence and skill.

Debriefing		
Reflect on the experience Discuss what the survivor learned or noticed during the role-play.	Identify takeaways Summarize key strategies or phrases the survivor found effective.	Plan for real-life application Encourage the survivor to identify when and how they might use the skills practiced in their daily life.
Example prompts “How did it feel to practice asserting yourself in this scenario?” “What aspects of this felt most challenging?”	Example: “I noticed that when you said, ‘I need you to respect this boundary,’ you seemed confident. Would you use that phrasing in real life?”	Example: “What’s one situation where you feel ready to try this approach?”

Tips for Providers			
Adapt to readiness Start with simpler scenarios if the survivor feels anxious, gradually introducing more complex dynamics as confidence builds.	Validate efforts Reinforce that boundary-setting is a skill that takes time and practice, and progress is meaningful regardless of the outcome.	Acknowledge relational contexts Discuss how cultural, familial, or societal dynamics might shape the survivor’s experience of boundary-setting and tailor the role-play accordingly.	Monitor emotional responses Be attentive to signs of distress or overwhelm. Offer grounding exercises or pauses as needed to maintain a sense of safety.

Activity 53 Relational Assessment Worksheet

This worksheet is designed to help survivors of conversion practices assess the health and dynamics of their relationships. Survivors often navigate complex relational challenges, shaped by their experiences of invalidation, coercion, or harm. The purpose of this tool is to provide a structured way to reflect on key aspects of a relationship, such as trust, reciprocity, emotional safety, and alignment with personal values. It supports survivors in identifying strengths, recognizing areas for growth, and determining the impact of a relationship on their well-being.

INSTRUCTIONS

- Use the prompts and scales below to evaluate one relationship at a time.
- Be honest with yourself about your feelings and experiences in the relationship—there are no right or wrong answers.
- Reflect on your responses to determine what adjustments, if any, could improve the relationship or whether boundaries need to be strengthened.

Part 1: Relationship Traits Assessment		
Rate the following traits on a scale from 1 (not at all true) to 5 (completely true) as they apply to the relationship you are assessing.		
Trait	Rating (1-5)	Notes/Examples
I feel emotionally safe in this relationship.		
This person respects my boundaries.		
Communication in this relationship is open and honest.		
There is a balance of giving and receiving between us.		
This person supports my growth and healing.		
I feel respected and valued for who I am.		
Conflicts are handled constructively and respectfully.		

This person listens to me without judgement.		
I can express my authentic self in this relationship.		

Part 2: Reflection Prompts

Use the questions below to explore the dynamics of the relationship in greater depth.

Emotional safety • When do I feel most comfortable in this relationship? • Are there times when I feel uneasy or guarded? What triggers those feelings?	Trust and respect • How has this person demonstrated trustworthiness or respect for me? • Have there been instances where my trust was broken? How did that affect me?
Reciprocity and balance • What do I contribute to this relationship, and what do I receive in return? • Are there patterns of giving and taking that feel unbalanced or unfair?	Support for growth • In what ways does this relationship support my healing and personal growth? • Are there aspects of this relationship that feel limiting or discouraging?
Authenticity • Do I feel I can be my true self in this relationship? • Are there parts of myself I hide or suppress to maintain the relationship?	

Part 3: Relationship Summary

Based on your responses, summarize your overall impression of the relationship. Use the questions below to guide your summary.

Strengths What are the positive aspects of this relationship that you value most?	Challenges What are the main challenges or areas for growth in this relationship?	Impact How does this relationship affect my emotional and mental well-being overall?
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Part 4: Next Steps		
Use this section to outline potential actions to strengthen the relationship or protect your well-being.		
Boundaries to set or reinforce • What boundaries could improve this relationship? • How will I communicate them?	Conversations to have • What discussions could help address challenges or improve mutual understanding?	Decisions to make • Is this a relationship I want to continue investing in? Why/why not? • What changes would I need to see to feel more supported and respected?



Activity 54 Reflecting on Harmful Relationships Worksheet

Relationships can be sources of comfort, support, and growth, but they can also cause harm when they undermine our safety, well-being, or sense of self. Survivors of conversion practices often face uniquely complex dynamics in relationships, especially when connected to individuals who were involved in or supportive of conversion efforts. Ending or redefining these relationships can be deeply challenging due to factors such as cultural or familial obligations, financial dependence, or fear of isolation. In addition, societal or systemic pressures may limit the survivor’s ability to make changes, adding another layer of difficulty.

This worksheet is not about directing you to end a relationship—it is a tool to help you reflect on the dynamics of a challenging relationship and explore options for protecting your well-being. For some survivors, ending a harmful relationship may not be possible or safe at this time. In such cases, this worksheet offers strategies to manage boundaries, minimize harm, and safeguard your emotional health.

Before You Begin: Important Considerations	
Your safety comes first If ending a relationship could result in harm, retaliation, or other significant risks (e.g., financial insecurity, loss of housing), focus on strategies for self-protection and harm reduction. Consider seeking guidance from trusted professionals, support groups, or hotlines.	Emotional complexity Feelings of guilt, sadness, or obligation are natural when considering changes in relationships. This worksheet acknowledges that even harmful relationships can carry emotional weight, especially when connected to family or cultural expectations.
Real-life consequences Reflecting on or ending a relationship may impact other areas of your life. Mutual friends, shared communities, or family ties can create ongoing contact, even if the primary relationship ends. Think about how these dynamics might play out and how to navigate them.	Your autonomy and pace This worksheet is a tool for reflection, not a directive. You are in control of your choices, and it is okay to take your time as you consider what is best for you.

Part 1: Understanding the Relationship Dynamics

Use the following questions to explore the relationship and its impact on you

- How does this relationship make me feel (emotionally, physically, mentally)?
- What specific behaviors or patterns in this relationship make me feel unsupported or unsafe?
- Are there times when this relationship feels positive or nurturing? What makes those moments different?
- What do I gain from maintaining this relationship, and what does it cost me?

Activity

List three ways this relationship has positively impacted you (if applicable).

List three ways this relationship has negatively impacted your well-being.

Part 2: Identifying Options and Barriers

Reflection prompts

- What are my reasons for considering changes in this relationship?
- What are the potential risks or consequences of ending or redefining this relationship?
- Are there external factors (e.g., financial dependence, shared responsibilities) that make it difficult to change this relationship?
- Are there ways to protect myself without ending the relationship entirely (e.g., setting firmer boundaries, limiting contact)?

Activity

Write down the barriers that make changing this relationship difficult.

Brainstorm possible ways to navigate these barriers while prioritizing your safety and well-being.

Part 3: Exploring the Path Forward

This section helps you consider what steps, if any, you might take to address the relationship.

Scenario 1: Adjusting boundaries

If ending the relationship isn't feasible, think about how to set boundaries to reduce harm:

- What boundaries could help me feel safer in this relationship?
- How can I communicate these boundaries effectively?
- Who can I turn to for support if these boundaries are not respected?

Scenario 2: Gradually redefining the relationship

For relationships where complete disengagement feels too abrupt or unsafe:

- What small changes can I make to create distance or reduce the intensity of the relationship?
- Are there specific topics, behaviors, or interactions I want to limit?

Scenario 3: Considering disengagement

For relationships that are consistently harmful or unsalvageable:

- How will I know if disengaging is the right decision for me?
- What support systems do I need to navigate this process?
- How can I prepare for potential emotional or practical challenges (e.g., guilt, mutual contacts)?

Activity:

Write a boundary you could set in this relationship. Example: "I will no longer discuss my identity or decisions with this person to avoid invalidation."

Activity:

List one or two small adjustments you could make in this relationship. Example: "I will only meet this person in group settings where I feel supported."

Activity:

Write a plan for disengaging, if appropriate. Include:

- A step-by-step outline (e.g., reducing contact gradually or ending the relationship in a direct conversation).
- A self-care plan for managing emotional impacts.
- A list of trusted people or resources to turn to for support.

Part 4: Navigating Emotional Responses

Reflection prompts

- What emotions come up when I think about making changes in this relationship?

Activity

Write three self-compassionate statements to support yourself during this process.

Part 4: Navigating Emotional Responses

- How can I remind myself that protecting my well-being is valid and necessary?
- What affirmations can I use to counter feelings of guilt or obligation?

Examples

- “I deserve relationships that honor and respect my identity.”
- “It’s okay to prioritize my safety and well-being, even if others don’t understand.”
- “Letting go of harm is an act of self-care, not selfishness.”

Part 5: Preparing for Potential Challenges

If disengaging or redefining the relationship may cause ripple effects, use this section to plan ahead.

Mutual contacts or shared spaces:

How will I handle interactions with people connected to this person (e.g., mutual friends, family members)?

What support or boundaries will I need in these situations?

Managing pushback:

How might the person react to changes I make in the relationship?

What strategies can I use to remain calm and assertive if they push back?

Activity 55 Family Education Pack

The **Family Education Pack** is designed to support families of survivors of conversion practices in understanding their loved one's journey, rebuilding trust, and fostering affirming relationships. Conversion practices often cause profound harm, not only to survivors but also to family dynamics. This resource offers education, reflection points, and practical guidance to promote understanding, compassion, and healing.

INTRODUCTION TO LGBTIQ IDENTITIES

Understanding Sexual Orientation, Gender Identity, and Expression (SOGIE): LGBTIQ identities represent the diversity of human experience in terms of who we love, how we identify, and how we express ourselves. Sexual orientation refers to emotional, romantic, or sexual attraction (e.g., gay, lesbian, bisexual, pansexual). Gender identity is an individual's deeply felt sense of being male, female, both, neither, or somewhere along the spectrum. Gender expression is how we communicate our gender identity outwardly, through clothing, behavior, or other means.

Dispelling Common Myths		
Myth	Reality	What to Understand
LGBTIQ identities are a "choice."	Sexual orientation and gender identity are not choices but inherent aspects of a person's being. Survivors of conversion practices often face harm precisely because these aspects cannot be changed, despite societal or familial pressure.	Rejecting these inherent identities can cause deep psychological harm. Accepting them fosters a healthier, more supportive environment for your loved one.
Queer identities are caused by trauma or upbringing.	Scientific research does not support the idea that sexual orientation or gender identity is caused by parenting style, family structure, or adverse experiences. These aspects of identity are complex and rooted in biological, psychological, and social factors.	Blaming yourself or others for your loved one's identity is neither accurate nor helpful. Instead, focus on supporting their authenticity.

Being LGBTIQ is “un-African” or a Western import.	LGBTIQ identities and expressions have existed across cultures and continents, including within African societies, for centuries. The idea that queerness is foreign often stems from colonial-era laws and religious influences that imposed heteronormativity and cis-normativity.	Embracing your loved one’s identity does not mean rejecting cultural values; it means creating a space where all members of your family can thrive.
LGBTIQ people are hypersexual or deviant.	This harmful stereotype perpetuates stigma and overlooks the full humanity of LGBTIQ people, who, like anyone else, seek love, connection, and belonging.	Your loved one’s identity is not reducible to their sexuality. They are multifaceted individuals with dreams, values, and unique qualities beyond their orientation or gender.
Being queer is incompatible with religion.	Many LGBTIQ individuals reconcile their faith and identity, finding affirming religious or spiritual communities. Queer people exist in all faith traditions and have often contributed to religious life and understanding.	Support your loved one by recognizing that their faith journey is personal and valid, even if it diverges from traditional teachings.

THE DIVERSITY OF LGBTIQ EXPERIENCES

Queer relationships are about more than sex: Emotional connection, trust, and shared values are at the heart of LGBTIQ relationships, just as they are for heterosexual ones.

Gender diversity is not a phase: Gender identity may evolve, but this evolution reflects self-discovery, not confusion. For some, labels change over time as they gain clarity about themselves.

Challenging rigid norms: Many LGBTIQ individuals reject heteronormative or cis-normative expectations, instead embracing diverse ways of living, loving, and expressing themselves.

What Survivors Want Families to Understand

Affirmation is key

Simply saying, “I see you, and I love you as you are” can be life-changing.

Do not make assumptions

Your loved one’s identity doesn’t define their entire being; ask questions and be open to learning who they are.

What Survivors Want Families to Understand

It is okay to make mistakes

What matters most is your willingness to learn and grow. If you use the wrong term or react poorly, acknowledge it, apologize, and commit to doing better.

Support over silence

Even if you are uncertain about what to say, express your love and commitment to understanding. Silence can feel like rejection.

Encouraging Empathy and Understanding

Reflect on your own experiences of identity, belonging, or self-doubt. How did you feel when others supported you—or failed to? Use this reflection to build empathy for your loved one's journey.

Ask yourself

What does unconditional love look like for me? How can I offer that to my loved one, even when I'm still learning about their identity?

This nuanced understanding of LGBTIQ identities can help families approach their loved ones with curiosity, compassion, and respect, paving the way for healing and connection.

THE IMPACT OF CONVERSION PRACTICES

Conversion practices, often framed as “therapy,” spiritual interventions, or corrective actions, are designed to change, suppress, or eliminate an individual's sexual orientation, gender identity, or expression. These practices are based on the false belief that being LGBTIQ is inherently wrong, unnatural, or a condition needing correction. Survivors of these practices endure significant harm, often from trusted individuals or institutions, such as family members, religious leaders, or mental health professionals.

The Consensus Against Conversion Practices

Scientific and professional rejection: Major medical and psychological organizations, including the World Health Organization (WHO), the American Psychological Association (APA), and the Psychological Society of South Africa (PsySSA), have unequivocally denounced conversion practices as unethical, ineffective, and harmful.

Legal prohibitions: Many countries and regions around the world have banned conversion practices, recognizing them as forms of abuse or torture. These bans reflect a growing understanding that these practices violate basic human rights.

Ineffectiveness: Conversion practices do not work. Research demonstrates that sexual orientation and gender identity cannot be changed through coercion, therapy, or spiritual intervention. Attempts to suppress or alter these aspects of identity only lead to increased distress and harm.

THE UNNECESSARY NATURE OF CONVERSION PRACTICES

LGBTIQ identities are not disorders or illnesses—they are natural variations of human diversity. There is nothing to fix, change, or correct.

The premise of conversion practices is rooted in societal prejudice, not in medical or psychological science. These efforts are based on cultural, religious, or personal discomfort with LGBTIQ identities, rather than evidence-based understanding.

The Harms of Conversion Practices	
Psychological Trauma	
- Survivors often experience long-term effects such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts. - The rejection and coercion inherent in these practices create deep feelings of shame, self-loathing, and worthlessness. - Survivors may struggle with internalized stigma, making it difficult to form healthy relationships or embrace their identity.	
Emotional and Relational Damage	
- Conversion practices frequently involve betrayal by trusted figures, such as family members or faith leaders. This erodes survivors' ability to trust and feel safe in relationships. - Survivors often feel isolated and disconnected, both from their families and from affirming LGBTIQ communities.	
Physical Harm	
- Some conversion practices involve physical abuse, such as beatings, starvation, or deprivation, often under the guise of religious or cultural rituals. - Survivors may also face long-term health consequences from these practices, including substance use or eating disorders as coping mechanisms.	
Spiritual Harm	
- Survivors who underwent faith-based conversion practices often feel alienated from their spiritual or religious communities, creating a sense of loss and grief. - The misrepresentation of religious teachings to justify these practices can lead to a crisis of faith or spiritual disconnection.	
Cultural and Social Impacts	
- In many societies, conversion practices reinforce stigma against LGBTIQ people, perpetuating harmful narratives and discrimination. - Survivors often carry the weight of societal rejection alongside the personal harms they have endured.	

What Families Need to Know	
Conversion practices are rejection, not love Supporting these practices sends the message that your loved one is unacceptable as they are, which can cause lasting emotional harm.	The survivor’s experience matters Survivors of conversion practices often feel betrayed, abandoned, or dehumanized by those who pressured or coerced them into these efforts.
Acceptance is the healthiest response Research consistently shows that affirming LGBTIQ individuals fosters better mental health, well-being, and stronger family connections.	A call for accountability and support If you have been involved in supporting or suggesting conversion practices for your loved one, it is never too late to change your approach. Acknowledge the harm these practices have caused, even if you believed they were for the best at the time. Offer a sincere apology and commit to supporting your loved one unconditionally moving forward.

Reflective Prompts for Families		
Have I ever conveyed, intentionally or unintentionally, that my loved one’s identity is something to fix or change?	How can I create an environment that affirms my loved one’s identity and allows them to heal from the harm of conversion practices?	What steps can I take to educate myself about LGBTIQ issues and advocate for my loved one’s well-being?

CONCLUSION

Conversion practices are not only harmful but also unnecessary and unjustifiable. Your loved one does not need to be fixed—they need to be affirmed, supported, and loved as they are. By rejecting these harmful practices and embracing a path of acceptance, you can play a vital role in your loved one’s journey toward healing and authenticity.

1. HOW TO BE AN AFFIRMING FAMILY MEMBER

What does it mean to be affirming? Being an affirming family member means offering unconditional love, acceptance, and support for your loved one as they navigate their identity. Affirmation goes beyond mere tolerance—it involves actively recognizing and celebrating your loved one’s LGBTIQ identity as a vital and valuable part of who they are. It’s about fostering an environment where they feel safe, respected, and loved for their authentic self. Affirming family relationships are not just about your loved one; they also benefit the entire family unit. Family acceptance significantly improves mental health, resilience, and overall well-being for LGBTIQ individuals while fostering stronger and more connected family bonds.

Practical Ways To Be Affirming	
Learn and educate yourself Take responsibility for learning about LGBTIQ identities and experiences. Your loved one shouldn’t have to educate you.	Celebrate their authenticity Show enthusiasm for their milestones, whether it’s coming out, embracing their gender expression, or forming meaningful connections.
Be an advocate Stand up for your loved one in social or familial settings, ensuring they are treated with respect and dignity.	Foster open communication Let your loved one know they can talk to you about their experiences without fear of judgement or dismissal.

Why Names and Pronouns Matter

Respecting Names and Pronouns Your loved one’s choice of name and pronouns is an important part of their identity. Names and pronouns are deeply personal and reflect how someone sees and expresses themselves. For survivors of conversion practices, choosing a new name or asserting specific pronouns can be a reclaiming of their autonomy and a rejection of past harm. Using the correct name and pronouns is one of the simplest yet most powerful ways to show respect and affirmation.

- Using someone’s chosen name and pronouns validates their identity and signals acceptance.
- Misgendering (using the wrong pronouns) or deadnaming (using a former name) can feel invalidating and harmful, particularly for someone already navigating rejection or trauma.
- Affirming someone’s name and pronouns helps to create a safe space where they can feel seen and respected.

Quick Tips for Affirming Names and Pronouns

Practice makes perfect: Practice using the correct name and pronouns in private to build confidence. For example, try incorporating them into sentences or journaling.

Expect mistakes: It's okay to make mistakes as you adjust. The key is to handle them respectfully.

Correct yourself quickly without over-apologizing: "She—sorry, he—told me about his plans."

Avoid prolonged justifications, which can make your loved one feel uncomfortable or responsible for your emotions.

Model respect for others: If someone else misgenders or deadnames your loved one, correct them calmly and assertively: "Actually, they go by Alex now, and their pronouns are they/them."

2. ACKNOWLEDGING AND APOLOGIZING FOR HARM

Conversion practices often involve harm inflicted by trusted individuals, including family members. Acknowledging past mistakes and offering a sincere apology can be a significant step toward healing and rebuilding trust. Survivors of conversion practices may carry feelings of betrayal, sadness, or anger related to their experiences with family.

A heartfelt apology can open the door to deeper understanding and connection.

Why Acknowledgement Matters

It validates your loved one's experiences and recognizes the pain they endured.

Acknowledgement demonstrates accountability, showing that you are committed to changing harmful behaviors/attitudes.

How to Apologize Effectively

Be honest and specific

Avoid vague apologies like "I'm sorry for everything." Instead, acknowledge specific actions or attitudes: "I'm sorry for not supporting you when you needed me most and for encouraging you to attend conversion practices."

Center their experience

Focus on their feelings and avoid defensiveness. Resist the urge to explain your intentions or justify your actions, as this can shift the focus away from their pain.

Express commitment to change

Apologizing isn't just about the past; it's about the future. Share what you've learned and how you plan to support them moving forward: "I've realized how harmful those practices were, and I'm committed to educating myself to be a better ally."

Practice self-forgiveness and self-compassion

Acknowledge and manage your own feelings of guilt or regret without allowing them to derail the survivor's healing process. Feeling remorse is natural, but dwelling on guilt can lead to self-centeredness that unintentionally burdens your loved one. Seek ways to forgive yourself, recognizing that making amends and growing from the experience is part of your own journey.

- Consider journaling or speaking with a supportive friend, therapist, or community group to process your emotions constructively.
- Remind yourself that while past mistakes cannot be undone, your commitment to change demonstrates your care and love.

Allow time and space

Healing takes time. Respect your loved one's need to process your apology without expecting immediate forgiveness or resolution.

Reflection Prompts for Families

- What assumptions/beliefs have I held about LGBTIQ identities, and how might they impact my loved one?
- How can I show my loved one that I value and affirm their identity every day?
- In what ways can I take responsibility for my role in their journey, both past and present?
- Being an affirming family member is about embracing your loved one for who they truly are and showing up for them consistently. It's a journey of growth, understanding, and connection that benefits not only your loved one but the entire family.

3. ADDRESSING CONCERNS AND MISCONCEPTIONS

Faith and LGBTIQ identities

- Many faiths affirm LGBTIQ individuals as part of their communities. Highlight resources or leaders who support this view.
- Explore how spirituality can coexist with affirming one's identity.

Cultural norms and stigma

- Challenge the myth that LGBTIQ identities are "un-African" or against cultural values.
- Normalize queerness as part of diverse human experiences across all societies.

REFLECTION QUESTIONS

"What concerns do I have about my loved one's identity, and where do they stem from?"

"How can I replace harmful myths with affirming truths?"

4. SUPPORTING FAMILY RECONCILIATION

ASSESS INVOLVEMENT Reflect on how family dynamics have impacted the survivor's experience.	FACILITATE DIALOGUE If safe and desired, use neutral facilitators (e.g., therapists/mediators) to support open conversations.	VALIDATE THE SURVIVOR'S JOURNEY Affirm their identity without conditions or expectations of change.
Steps Toward Rebuilding Trust		

Reflection Questions

"Am I willing to hear my loved one's story, even if it's difficult?"

"How can I create a safe space for my loved one to share their feelings?"

5. PARTNERS OF SURVIVORS

For partners of survivors of conversion practices, the journey of understanding and supporting their loved one can be both rewarding and complex. Survivors may carry lingering trauma, shame, or unresolved emotions that influence their capacity for trust, intimacy, and connection.

Partners play a vital role in creating an environment of safety and mutual respect, fostering healing and deeper relational bonds.

Understanding the Survivor's Experience

- Educate yourself about conversion practices and their impact on survivors, particularly how they might influence trust, intimacy, and communication.
- Be patient as your partner processes their experiences, acknowledging that healing is not linear and may require time and support.
- Avoid centering your own feelings of betrayal or confusion; instead, focus on active listening and empathy.

Navigating Intimacy and Trust

Survivors may struggle with vulnerability, particularly if intimacy has been tied to past shame or coercion. Approach these moments with sensitivity and an open mind.	Discuss boundaries openly, ensuring both partners feel heard and respected. Revisit these conversations periodically as comfort levels evolve.	Reaffirm your commitment to the relationship through consistent actions that demonstrate respect, care, and support.
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Processing Feelings of Betrayal or Insecurity

If the survivor previously concealed their identity or participated in conversion practices to maintain the relationship, it's natural to feel hurt or unsure.	Seek a neutral space, such as therapy or a support group, to process these emotions without projecting them onto the survivor.	Remember that their actions were likely driven by fear, societal pressure, or internalized shame, not a lack of love or care for you.
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Building Collaborative Healing

Consider couples therapy with an affirming mental health professional to navigate complex emotions and strengthen your bond.

Celebrate small milestones in the relationship, such as moments of trust, connection, or shared growth, reinforcing mutual support and commitment.

6. CHILDREN OF SURVIVORS

For children of survivors, discovering a parent's LGBTIQ identity may bring a range of emotions, including confusion, curiosity, pride, or even feelings of betrayal or shame. Younger children may have questions about what it means, while older children may struggle to reconcile this new information with their previous perceptions. Providing thoughtful guidance and age-appropriate resources can help children navigate this shift with understanding and compassion.

Reassurance and Openness

- Reassure children that their parent's identity does not change their love or commitment to them. Emphasize that families come in many forms, all equally valid.
- Create an open space for questions, allowing children to express curiosity, confusion, or even discomfort without fear of judgement.

Addressing Shame or Stigma

- Acknowledge that children may face external stigma or teasing from peers. Equip them with simple, empowering responses they can use if confronted.
- Affirm the importance of family unity and pride in their parent's authenticity. Share age-appropriate stories or examples of diverse families to normalize their experience

Providing Age-Appropriate Information

For younger children

Use simple explanations to describe LGBTIQ identities. For example, “Sometimes people realize later in life that they love someone in a way they didn’t understand before. It’s all part of being true to yourself.”

For older children

Offer more nuanced discussions, addressing questions about relationships, identity, and societal stigma. Encourage open dialogue where children can share their thoughts freely.

Supporting Their Emotional Process

Validate their feelings, even if they express hurt, anger, or confusion. Let them know it’s okay to take time to process and that their feelings are respected.

Encourage them to speak with a trusted adult or therapist if they feel overwhelmed by the changes in their family dynamic.

Fostering Connection and Understanding

Share stories about their parent’s journey in an age-appropriate way, emphasizing themes of resilience, authenticity, and love .

Encourage activities that reinforce family connection and pride, such as creating a family tree that celebrates diversity or participating in community events that affirm LGBTIQ identities.

Emphasize that their parent’s identity is a source of strength and authenticity, not something to hide or be ashamed of.

Navigating Teasing or External Pressure

Role-play potential scenarios with children to help them feel prepared to handle teasing or intrusive questions confidently.

Equip them with phrases like: “My parent is just being true to themselves, and that’s something I’m proud of.”

Encourage them to seek support from affirming friends, teachers, or community groups if they encounter challenges.

Encouraging Empathy and Growth

- Emphasize the value of understanding and compassion, teaching children that everyone’s journey is unique and worthy of respect.
- Frame this as an opportunity for growth, where the family can deepen their connections by learning from and supporting each other.

7. REFLECTION AND ACTION STEPS

“What does being a supportive family member mean to me?”

“How can I ensure my actions align with my commitment to affirming my loved one?”

Encourage Families To Write Down Steps They Will Take To Support Their Loved One and Foster Healing

“I will educate myself about LGBTIQ issues.”

“I will actively listen to my loved one without judgement.”

“I will advocate for my loved one in our community.”



Activity 56 Decision-Making About Family Contact Worksheet

Navigating family relationships can be especially complex for survivors of conversion practices. Family ties often come with layers of cultural, financial, and emotional responsibilities that require thoughtful consideration. This worksheet is designed to help survivors reflect on their needs, boundaries, and priorities when deciding how to approach family contact.

Clarifying Personal Needs and Goals	
Reflection questions • What do I need from my family relationships to feel supported, respected, and safe? • What are my short-term and long-term goals regarding family contact (e.g., maintaining, minimizing, or ending contact)? • How does my cultural or personal sense of duty influence my decisions about family connections?	Prompts • "I feel most at peace in family interactions when ..." • "My non-negotiable boundaries in family relationships are ..."

Evaluating Current Dynamics	
Assessing family roles • What roles do I currently fulfill in my family (e.g., financial provider, caregiver, mediator)? • Are these roles sustainable for me emotionally, financially, or physically?	Relational dynamics • What are the patterns of communication in my family? • Are my contributions to the family dynamic acknowledged and valued? • Are there specific individuals in my family I feel safer interacting with?

BALANCING RESPONSIBILITIES AND WELL-BEING

Reflecting on obligations

- Are there financial or caregiving responsibilities I feel obligated to uphold? If so, how do they impact my mental health or safety?

BALANCING RESPONSIBILITIES AND WELL-BEING

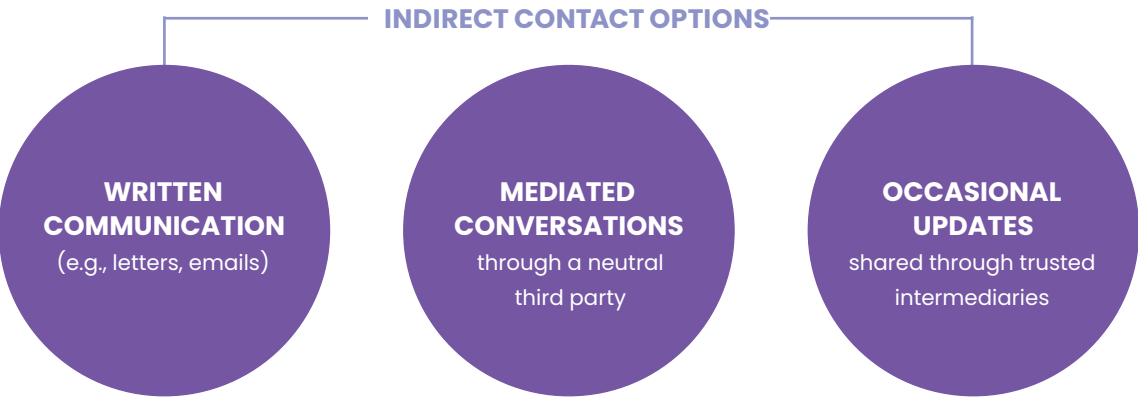
- Are there alternatives to fulfilling these obligations that do not compromise my well-being (e.g., delegating tasks, seeking external support)?

Exploring boundaries

- How can I set boundaries that protect my emotional and physical well-being while balancing family responsibilities?
- Are there specific areas where I need to assert more clarity (e.g., limiting financial contributions, creating caregiving schedules)?

Anticipating Potential Outcomes	
Risk and benefit analysis • What are the potential benefits of maintaining contact with my family (e.g., emotional connection, cultural continuity)? • What are the potential risks of maintaining contact (e.g., emotional harm, conflict)? • What are the potential benefits and risks of reducing or ending contact?	Preparing for reactions • How might family members react to my decisions about contact or boundaries? • How can I prepare emotionally and logistically for their reactions?

Exploring Alternatives to Direct Contact



Reflection: Are there ways I can honor my connection to my family without direct engagement (e.g., participating in cultural traditions with chosen family)?

Building a Supportive Framework	
Identifying allies • Who in my family or community can support me in navigating these dynamics? • Are there friends, therapists, or LGBTIQ organizations that can provide guidance or advocacy?	Creating a self-care plan • How will I care for myself after difficult family interactions? • What grounding or coping strategies can I use to maintain emotional stability?

DECISION-MAKING SUMMARY

Final reflections

- Based on this exploration, what is my current decision about family contact (e.g., maintaining, reducing, or ending contact)?
- What steps do I need to take to implement this decision?
- How will I periodically reassess this decision to ensure it aligns with my evolving needs?

This worksheet complements the following

- Relational Assessment Worksheet (Activity X) – for evaluating relational dynamics.
- Reflecting on Harmful Relationships Worksheet (Activity Y) – for deeper insight into patterns of harm.
- Boundary Rehearsal Role-Play Guide (Activity Z) – for practicing boundary-setting in family contexts.

Activity 57 Chosen Family Mapping Worksheet

Chosen families are a vital source of affirmation, support, and connection for many survivors of conversion practices, particularly when biological family relationships are strained or harmful. This worksheet is designed to help survivors identify, nurture, and reflect on their chosen family members, recognizing the unique roles they play in their lives. It encourages survivors to explore how these connections can foster a sense of belonging, safety, and empowerment.

Identifying Chosen Family Members	
Chosen family can include friends, mentors, partners, community members, or anyone who provides support and affirmation.	
Prompts • Who in my life makes me feel valued, respected, and seen for who I truly am? • Who has consistently supported me during challenging times? • Are there people who celebrate my identity and encourage my growth?	Reflection • Write the names of individuals you consider part of your chosen family. Include a brief note about the unique role they play in your life. Example: • Sam – Always checks in on me and listens without judgement. Example: • Lee – Shares similar experiences and makes me feel understood.

EXPLORING SUPPORT DYNAMICS

How does this person make me feel supported (e.g., emotionally, practically, spiritually)?

What do I appreciate most about this connection?

Are there ways I could strengthen or nurture this relationship?

Name	Type of Support	What I Value Most	Ways To Nurture This Connection
<i>Example:</i> Alex	Emotional (listening, advice)	Makes me feel understood	Regular coffee catch-ups
<i>Example:</i> Jamie	Practical (rides, errands)	Always reliable	Sending a thank-you message

Expanding Your Chosen Family

Prompts	Reflection
• Are there areas in my life where I would like more support (e.g., emotional, social, practical)? • What communities or spaces can I explore to meet supportive people? • What qualities am I looking for in future chosen family members?	• Imagine an ideal chosen family member. What traits or values do they have? How would they make you feel? • Write a few sentences describing this person to guide you in identifying potential connections.

Maintaining and Strengthening Chosen Family Relationships

Prompts	Practical Suggestions
• How can I show appreciation for the support my chosen family provides? • Are there specific ways I can contribute to these relationships (e.g., being more available, initiating check-ins)? • What boundaries or needs should I communicate to ensure these relationships are supportive?	• Schedule regular check-ins or hangouts. • Celebrate milestones and achievements together. • Create rituals, such as weekly calls or shared meals, to deepen connections.

Reflecting on the Impact of Chosen Family

Prompts	Exercise: gratitude letter
• How has my chosen family positively impacted my life? • What emotions arise when I think about the support and love I receive from them? • How do these relationships help me feel affirmed and connected?	• Write a letter (for yourself or to share) expressing gratitude to a chosen family member for their role in your life. Reflect on specific moments or qualities you appreciate.

NAVIGATING CHALLENGES IN CHOSEN FAMILY RELATIONSHIPS

- Are there any misunderstandings or conflicts within my chosen family that I need to address?
- How can I approach these challenges with empathy and open communication?
- What boundaries might I need to set to maintain the health of these relationships?

Visualizing Your Chosen Family	
Activity: create a chosen family map • Draw a circle in the center of the page and label it "Me." • Surround this circle with additional circles representing your chosen family members. Connect them to your circle with lines. • Use symbols or colors to represent the type of support they provide (e.g., emotional, practical, spiritual).	Reflect on the map • Are there areas where you feel well-supported? • Are there gaps you'd like to fill?



Guideline 13

Engaging Safely in Digital Spaces and Building Online Connections



Some additional background information has been included in this guideline to ensure a balanced approach to both the opportunities and risks of digital engagement. Given the vital role of online spaces in connection, identity exploration, and activism, this expanded discussion equips survivors with the knowledge and tools to navigate them safely and effectively.



Digital spaces serve as a critical resource for LGBTIQ individuals, particularly in contexts where their identities are marginalized or criminalized. These platforms offer transformative opportunities for connection, identity exploration, and advocacy, empowering individuals to find affirming communities, access essential resources, and reclaim their narratives.¹⁵³ For survivors of conversion practices, digital platforms can be a lifeline—offering validation, support, and tools for resistance against harmful practices such as conversion therapy.¹⁵⁴

Yet, engaging with digital spaces carries significant risks. LGBTIQ individuals often encounter online harassment, cyberbullying, and, in hostile environments, doxing, surveillance or legal threats.¹⁵⁵ These challenges are magnified for survivors of conversion practices, who may already navigate heightened emotional and psychological vulnerability. Recognizing the dual nature of digital engagement, this guideline balances safety with empowerment, equipping survivors to use these platforms thoughtfully and confidently.

By providing practical strategies and tools, this guideline addresses privacy protection, safe digital engagement, and fostering mental health online. Survivors will also gain insights into the broader role of digital spaces in LGBTIQ activism, community building, and identity development, empowering them to navigate these platforms in ways that align with their safety and values.

The Role of Digital Spaces in LGBTIQ Empowerment and Safety

Access to information and resources: Digital platforms serve as essential gateways for LGBTIQ individuals to access vital information, support, and resources, particularly in regions where offline services are limited or inaccessible. Online communities create spaces for individuals to share personal experiences, gain knowledge about sexual and gender diversity,

¹⁵³ Lauren McInroy et al., “LGBTQ+ Youths’ Community Engagement and Resource Seeking Online versus Offline,” *Journal of Technology in Human Services* 37, no. 4 (2019): 315–33, <https://doi.org/10.1080/15228835.2019.1617823>; Benjamin Hanckel and Shiva Chandra, *Social Media Insights From Sexuality and Gender Diverse Young People During COVID-19*, Western Sydney University, 2021, https://www.westernsydney.edu.au/_data/assets/pdf_file/0006/1837896/SocialMedia_LGBTQIA_YPReport_Final.pdf.

¹⁵⁴ Abideen David Amodu, “Sex Panics: Queer (Counter)publics, Networking, and Sociality in Nigeria,” *Journal of Homosexuality* 72, no. 3 (2025): 478–500, <https://doi.org/10.1080/00918369.2024.2322613>; The Trevor Project, “Research Brief: Experiences and Mental Health Outcomes of Intersex LGBTQ+ Young People.”

¹⁵⁵ Paul Onanuga, “Coming Out and Reaching Out: Linguistic Advocacy on Queer Nigerian Twitter,” *Journal of African Cultural Studies* 33, no. 4 (2021): 489–504, <https://doi.org/10.1080/13696815.2020.1806799>; Evan Mwangi, “Queer Agency in Kenya’s Digital Media,” *African Studies Review* 57, no. 2 (2014): 93–113, <https://doi.org/10.1017/asr.2014.49>.

and connect with advocacy organizations and mental health services. These resources not only equip individuals with the tools to navigate challenges like discrimination and violence but also empower them to make informed decisions about their well-being.¹⁵⁶

For survivors of conversion practices, online platforms provide a wealth of educational materials that help them understand their rights, navigate recovery, and access practical support. Resources such as digital safety guides and survivor-led forums also offer targeted strategies for managing the unique challenges they face, such as rebuilding self-esteem and processing trauma.

Practical tip: *Help survivors identify and bookmark credible online resources, such as advocacy organizations, forums, and educational websites, ensuring reliable access to support, rights information, and recovery tools.*

Building community and belonging: For many LGBTIQ individuals, particularly those in isolated or conservative areas, digital spaces serve as lifelines for connection and solidarity. Social media platforms, encrypted messaging services, and LGBTIQ forums allow users to form affirming communities where they can share their stories, celebrate their identities, and find support.¹⁵⁷

These virtual spaces provide an opportunity for survivors of conversion practices to connect with others who share their experiences, reducing feelings of isolation and fostering a sense of belonging. For instance, online forums often act as safe spaces for survivors to discuss their journeys, seek advice, and share resources. Platforms such as Instagram and X (formerly Twitter) also enable collective storytelling and resistance, helping survivors reclaim their narratives and challenge societal stigma.

Practical tip: *Encourage survivors to join moderated, affirming online spaces for connection and support, starting with observation before participating, to foster belonging whilst maintaining safety and comfort.*

Identity exploration and language: Digital platforms offer a unique opportunity for LGBTIQ individuals to explore and affirm their identities, often in ways that feel safer than offline interactions. Survivors of conversion practices, who may have been denied opportunities for self-expression, find these spaces invaluable for rediscovering their authentic selves.

Through online communities, individuals can engage with localized and global terms that resonate with their lived experiences, from understanding nuanced gender identities to exploring intersectional expressions of queerness.¹⁵⁸ This process not only fosters self-acceptance but also enables survivors to navigate the complexities of societal or familial expectations with greater confidence and clarity.

¹⁵⁶ McInroy et al., "LGBTQ+ Youths' Community Engagement and Resource Seeking Online versus Offline;" Hanckel and Chandra, Social Media Insights From Sexuality and Gender Diverse Young People During COVID-19.

¹⁵⁷ Amodu, "Sex Panics;" Leanna Lucero, "Safe Spaces in Online Places: Social Media and LGBTQ Youth," Multicultural Education Review 9, no. 2 (2017): 117–28, <https://doi.org/10.1080/2005615X.2017.1313482>; Onanuga, "Coming Out and Reaching Out."

¹⁵⁸ Shelley L. Craig and Lauren McInroy, "You Can Form a Part of Yourself Online: The Influence of New Media on Identity Development and Coming Out for LGBTQ Youth," Journal of Gay & Lesbian Mental Health 18, no. 1 (2014): 95–109, <https://doi.org/10.1080/19359705.2013.777007>; Kieran (Kie) Cronberry and Luke Ward, "Exploring Gender Diverse Young Adults' Gender Identity Development in Online LGBTQIA + Communities," International Journal of Transgender Health (2024): 1–13; <https://doi.org/10.1080/26895269.2024.2344534>.

Practical tip: Encourage survivors to follow affirming creators or join private groups that promote identity exploration in supportive environments, fostering self-acceptance and confidence in navigating societal or familial expectations.

Digital activism and advocacy: Digital platforms are powerful tools for collective advocacy and social change. Campaigns advocating against harmful practices, such as conversion therapy, leverage hashtags, personal stories, and educational content to raise awareness, mobilize support, and push for legislative reforms. For example, campaigns such as #StopConversionTherapy have become significant in raising awareness about the harms of conversion practices and have amplified survivor voices, creating a ripple effect that challenges public misconceptions and drives systemic change.¹⁵⁹

For survivors, participating in or supporting such movements can be empowering, offering a sense of agency and connection to broader struggles for justice. Even engaging as a silent supporter—through following, liking, or sharing content—can provide a meaningful way to feel connected to advocacy efforts without directly exposing oneself to potential risks.

Practical tip: Guide survivors to engage in advocacy at their comfort level, starting with low-risk activities such as sharing resources or signing petitions, while safeguarding privacy through pseudonyms or limited personal details.

RISKS AND CHALLENGES OF DIGITAL ENGAGEMENT

While digital spaces offer immense benefits, they also pose significant risks, particularly in regions with restrictive legal frameworks. LGBTIQ individuals who express their identities online may face online harassment, cyberbullying, doxing, or targeted attacks, as well as potential legal repercussions in countries where queer identities are criminalized.¹⁶⁰

Doxing, short for “dropping documents,” refers to the act of publicly revealing private, sensitive, or personally identifiable information about an individual without their consent. This information, which can include addresses, phone numbers, emails, workplace details, or other private data, is often disseminated with malicious intent to harass, intimidate, or harm the targeted individual. Doxing operates on the principle that uncovering and exposing personal details makes it easier to exploit vulnerabilities or inflict psychological, social, or physical harm.

Survivors of conversion practices, in particular, may be more vulnerable to the psychological toll of online hate or exploitation. For example, some may be targeted through catfishing schemes on dating apps or face digital surveillance that threatens their privacy and safety. The emotional impacts of such incidents—ranging from fear to retraumatization—underscore the need for survivors to approach digital spaces with caution and intentionality.

Practical tip: Survivors should prioritize privacy by using secure passwords, enabling two-factor authentication, and being mindful about sharing personal information online.

¹⁵⁹ The Trevor Project, “Research Brief: Experiences and Mental Health Outcomes of Intersex LGBTQ+ Young People;” Agunwa, “Feminism and the Digital Era.”

¹⁶⁰ Onanuga, “Coming Out and Reaching Out;” Mwangi, “Queer Agency in Kenya’s Digital Media.”

Balancing benefits and risks: For LGBTIQ survivors, digital spaces are both a sanctuary and a potential source of harm. Striking a balance between leveraging the benefits and mitigating the risks is essential. Survivors should be encouraged to approach digital engagement with intentionality, prioritizing safety while embracing opportunities for connection and self-expression.

***Practical Tip:** Encourage survivors to set boundaries for online engagement, curating affirming content and limiting exposure to harmful material, ensuring a balance between digital connection and emotional safety.*

PROVIDERS CAN DO THE FOLLOWING

Educate survivors about digital safety basics: Understanding basic digital safety empowers survivors to navigate online spaces confidently while minimizing the risk of harm or exploitation.

Discuss the importance of privacy: Teach survivors about protecting their online identities through secure passwords, two-factor authentication, and careful sharing of personal information.

Highlight risks in different contexts: Explain the risks of digital surveillance in regions with restrictive laws and offer practical steps to minimize these risks, such as using Virtual Private Networks (VPNs) or encrypted messaging apps.

Support survivors in curating safe online spaces: Curating safe and supportive online spaces fosters a sense of belonging and reduces exposure to negativity or trauma-inducing content.

Encourage positive engagement: Help survivors identify and engage with affirming online communities, creators, and resources that align with their needs and values.

Guide content curation: Teach survivors to use tools like blocking, muting, and filtering to manage their exposure to harmful content or harassment.

Teach strategies for managing online harassment: Preparing survivors for potential challenges reduces the psychological toll of online interactions and enhances their ability to navigate such situations.

Prepare survivors for potential risks: Discuss scenarios such as receiving hateful comments or targeted attacks and provide practical responses, such as reporting, blocking, and documenting incidents.

Foster emotional resilience: Offer grounding techniques and self-soothing strategies to manage emotional distress caused by online harassment.

Foster self-awareness in digital engagement: Building self-awareness helps survivors maintain a healthy balance between digital engagement and emotional well-being.

Discuss digital boundaries: Help survivors set limits on their online engagement to avoid burnout, emotional exhaustion, or overexposure to distressing content.

Identify emotional triggers: Teach survivors to recognize when digital interactions negatively impact their mental health and develop strategies to step away or take breaks.

Encourage Reflective Use of Digital Spaces for Advocacy: Digital advocacy can empower survivors and provide a sense of agency, but it must be approached in a way that aligns with their safety and emotional readiness.

Support survivor-led advocacy: If survivors express interest, guide them in sharing their stories or engaging in advocacy while safeguarding their privacy and well-being.

Normalize silent support: Remind survivors that engaging with advocacy efforts passively—by following or amplifying affirming content—can still have a meaningful impact.

Teach survivors to balance online and offline connections: A balanced approach ensures survivors derive the benefits of digital connectivity while maintaining meaningful offline relationships.

Promote healthy integration: Encourage survivors to balance digital connections with offline relationships, emphasizing the importance of face-to-face interactions and real-world support.

Foster local community building: If possible, help survivors identify local affirming spaces or events to complement their online connections.

Address the challenges of digital activism: Activism can be empowering but may also expose survivors to additional stress or risks, requiring intentional strategies to ensure safety and sustainability.

Discuss risks and precautions: For survivors engaged in activism, provide tools to protect their digital identity, such as pseudonyms, secure communication channels, and data encryption.

Support activism with emotional boundaries: Teach survivors to recognize the emotional toll of activism and establish boundaries to prevent burnout.

Provide targeted support for specific digital risks: Equipping survivors to anticipate and navigate specific risks enhances their ability to use digital spaces effectively and safely.

Help navigate legal and cultural risks: Educate survivors on the potential legal and cultural risks of online engagement in their region and strategies to mitigate them.

Prepare for catfishing and exploitation: Discuss common tactics used in online scams or exploitation and teach survivors how to identify and avoid these threats.

ADDITIONAL POINTS ON DATING APPS

Recognize opportunities and risks

Opportunities for connection: Acknowledge that dating apps can provide a meaningful way for survivors to explore relationships, connect with like-minded individuals, and affirm their identities in ways that might not be accessible offline.

Risks of harassment and exploitation: Discuss the unique vulnerabilities of dating apps, such as catfishing, exploitation, or targeted harassment of LGBTIQ users, particularly in regions with legal or cultural hostility.

Teach survivors to evaluate profiles critically

Look for red flags: Encourage survivors to watch for inconsistent photos, vague profile details, or overly eager messages, which could indicate fake profiles or malicious intent.

Verify authenticity: Suggest video calls or social media cross-checks to confirm the authenticity of someone before meeting or sharing personal details.

Promote safer conversations

Set boundaries early: Encourage survivors to establish clear boundaries about the type of conversations they are comfortable having and to disengage if someone violates these boundaries.

Avoid sharing sensitive information: Reinforce the importance of withholding personal details such as addresses, financial information, or work locations until trust is established.

Support survivors in setting meeting guidelines

Public first meetings: Advise survivors to meet new contacts in public spaces, such as cafés or parks, and to inform a trusted contact of their location and plans.

Safety signals: Encourage survivors to arrange check-ins with a friend during the date or establish a pre-arranged signal to indicate if they need assistance.

Discuss healthy use of dating apps

Minimize overreliance: Encourage survivors to use dating apps as one tool for connection, balanced with other forms of social interaction to prevent emotional burnout.

Foster realistic expectations: Remind survivors that not every interaction will lead to a meaningful connection and that rejection is part of the experience, not a reflection of their worth.

Address internalized stigma in dating dynamics

Combat feelings of unworthiness: Discuss how internalized stigma or shame might affect survivors' self-perception and how this may manifest in their approach to dating.

Normalize diverse relationship preferences: Encourage survivors to embrace their unique preferences and desires without conforming to societal or community expectations about relationships or dating.

Provide LGBTIQ-specific resources

Share safer apps: Recommend dating platforms that cater specifically to LGBTIQ individuals and have robust safety features, such as Grindr, HER, or Lex.

Highlight community guidelines: Encourage survivors to familiarize themselves with an app's safety policies and features, such as reporting tools or blocking options.

Discuss navigating cultural and regional risks

Understand local contexts: Highlight how dating apps may pose heightened risks in regions with legal or social hostility toward LGBTIQ individuals.

Leverage anonymity features: Suggest using apps with robust privacy controls, such as blurred photos or location masking, to maintain safety in restrictive environments.

Digital Safety Guide: A comprehensive guide with best practices for navigating digital spaces securely, including privacy settings, safe browsing habits, and avoiding phishing scams. Refer to [**Activity 58 Digital Safety Guide**](#) and Access Now's Digital Safety Guide for LGBTQ+ Activists in Africa.

Dating App Safety Checklist: A list of practical precautions for survivors using dating apps, such as verifying profiles, meeting in public, and using anonymity features. See [**Activity 59 Dating App Safety Checklist**](#).

Managing Cyberbullying Worksheet: A resource to help survivors plan responses to cyberbullying, including scripts for reporting harassment, identifying affirming support networks, and strategies for emotional resilience. See [Activity 60 Managing Cyberbullying Worksheet](#).

Cyber Civil Rights Initiative Safety Centre for support and resources.

Have I Been Pwned: check if your accounts have been compromised in data breaches.

Access Now's LGBTIQ Digital Safety Guide: tailored resources for digital security in African contexts.



- ☐ Supported survivors in understanding the role of digital spaces in their identity and recovery
- ☐ Guided survivors in navigating online spaces safely and securely
- ☐ Helped survivors identify and mitigate risks, including online harassment and privacy breaches
- ☐ Encouraged critical evaluation of online information and sources
- ☐ Introduced tools and strategies to enhance digital privacy and safety
- ☐ Provided resources for engaging positively and affirmatively in LGBTIQ digital communities
- ☐ Facilitated discussions on managing the emotional impact of harmful online content
- ☐ Empowered survivors to set boundaries and practice self-care in digital interactions

Activity 58 Digital Safety Guide

Digital spaces can empower LGBTIQ individuals by fostering connection, support, and self-expression. However, they also present risks such as cyberbullying, harassment, and privacy breaches. For survivors of conversion practices, these risks may feel heightened due to past trauma, societal stigma, or legal persecution in certain regions. This guide equips users with practical strategies to navigate online spaces safely and confidently, while minimizing harm.

Protecting Your Privacy	
Adjust privacy settings Set social media profiles to private and limit who can view your posts: • Instagram: Use the “Close Friends” feature for stories, restrict who can comment on your posts, and enable manual approval for tags. • Facebook: Customize your audience for each post using the “Privacy Shortcuts” or “Custom Friends” options. • X (formerly Twitter): Set your profile to private and approve follower requests manually. Use the “Muted Words” feature to filter out triggering content. Restrict friend/follower requests to known and trusted individuals.	Be mindful of information sharing Avoid sharing personal details such as your full address, phone number, or location. Use pseudonyms or alternate names where appropriate.
Limit location sharing Turn off geo-tagging in posts or stories. For apps such as Snapchat, use “Ghost Mode” to hide your location on Snap Map.	Enable two-factor authentication Add an extra layer of security to your online accounts by enabling two-factor authentication (2FA).

MANAGING ONLINE INTERACTIONS

Block and report

Block accounts that harass or intimidate you and report abusive behavior to the platform.

Platform-specific tools

On Instagram, use “Restrict” to limit someone’s interactions without alerting them. On Facebook, report and block accounts using the “Support Inbox.”

Control comments and messages

Use tools to filter or limit who can comment on your posts or send you direct messages.

Curate your feed

- Follow accounts that promote positivity and affirmation.
- Mute or unfollow accounts that cause distress or discomfort.
- Be mindful that others may see which accounts you follow, change your privacy settings to prevent this or reconsider following accounts if this jeopardizes your safety.

Protecting Yourself from Cyberbullying

Identify cyberbullying	Do not engage	Seek support
Recognize signs such as harassment, unsolicited threats, or spreading false information about you online. Harassment can include derogatory comments, spreading false information, or doxing (publicly revealing personal information).	Avoid responding to cyberbullies to prevent escalation. Use platform tools to block and report abusive accounts. Archive threatening messages or comments as evidence if needed for reporting.	Share your experience with trusted friends or a support network See the <u>Cyber Civil Rights Initiative Safety Centre</u>.

Engaging Safely in LGBTIQ Online Spaces

Verify communities	Be discreet	Know the risks
Join online LGBTIQ communities and support groups that are moderated and verified as safe spaces.	When joining a group, observe how members interact before actively participating. Avoid sharing identifiable information immediately.	Be aware of potential monitoring or censorship in certain regions where LGBTIQ identities are criminalized. Use VPNs if necessary for anonymity.

Recognizing and Managing Triggering Content

Content warnings	Customize algorithms	Take digital breaks
Look for posts with trigger warnings and decide whether you want to engage with the content.	Hide or remove triggering posts to help algorithms display content aligned with your preferences.	Step away from digital spaces when overwhelmed, focusing instead on grounding activities.

Managing Your Digital Footprint

Search yourself Online	Remove personal data	Use secure platforms
Regularly check what information is publicly available about you through a search engine.	Contact websites or use tools like Google's URL removal tool to request the removal of outdated or sensitive content.	Prefer encrypted messaging apps such as Signal or Telegram for privacy.

SPECIFIC SAFETY MEASURES FOR DATING APPS



Maintain anonymity

Use an alias or limit personal information in your profile. Avoid linking social media accounts.



Verify matches

Use video chats to confirm identities before meeting someone in person.



Meet in public spaces

Always meet in safe, public locations and inform a trusted contact of your plans.



Use app safety features

Enable in-app safety features, such as Tinder's "panic button" to alert the authorities if necessary.

Building a Supportive Online Network

Follow affirming accounts	Set boundaries
Engage with activists, organizations, and individuals who promote LGBTIQ rights and well-being.	Limit interactions with accounts that are negative, invalidating, or discriminatory.

Responding to Online Threats

Document incidents	Report to authorities	Access legal support
Take screenshots or save evidence of harassment or threats for reporting purposes.	In cases of serious threats, consider reporting incidents to law enforcement or cybercrime units.	Reach out to organizations that offer legal advice for LGBTIQ individuals.



Privacy and security tools

Have I Been Pwned: Check if your accounts have been compromised in data breaches.

DuckDuckGo:

Use a private search engine to minimize tracking.

VPN services

Surfshark, NordVPN, or ExpressVPN for encrypted and anonymous browsing.

Access Now's LGBTIQ Digital Safety Guide

Tailored resources for digital security in African contexts.

Mental health and support apps

Calm, Insight Timer, or Headspace for mindfulness and emotional regulation.

Platform safety centers

Visit safety centers of platforms such as Facebook, Instagram, or Twitter for detailed guides on managing privacy and reporting abuse.

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CHECKLIST FOR DIGITAL SAFETY

Reclaiming identity

- ☐ Do I use two-factor authentication for additional security?
- ☐ Have I reviewed and updated my privacy settings on all accounts?
- ☐ Am I part of verified and moderated LGBTIQ online communities?
- ☐ Do I have a plan for responding to cyberbullying or online threats?
- ☐ Am I aware of tools to manage triggering content and curate my online experience?
- ☐ Do I regularly monitor and manage my digital footprint?



Activity 59 Dating App Safety Checklist

This checklist is designed to help survivors of conversion practices navigate dating apps safely and confidently. It provides practical tips for protecting privacy, recognizing red flags, and fostering healthy, affirming interactions. Survivors are encouraged to adapt these suggestions to align with their specific needs and circumstances.

Before You Start	
Choose the right app • Research apps to find those with inclusive policies for LGBTIQ users. • Prioritize platforms with robust safety features, such as identity verification and profile reporting options.	Create a safe profile • Use photos that don't reveal identifying details like your workplace, home, or frequently visited locations. • Avoid linking your profile to other social media accounts unless privacy settings are strictly controlled. • Choose a username that doesn't disclose your real name, especially in regions where LGBTIQ identities are criminalized.

Engaging with Matches	
Verify profiles • Look for signs of authenticity, such as consistent photos, verified badges, or detailed bios. • Be cautious with users who avoid sharing personal details or have incomplete profiles.	Set boundaries early • Clearly communicate your boundaries regarding topics of conversation, physical intimacy, and timelines for meeting in person. • Example: "I prefer to chat a bit more before deciding to meet in person."

RECOGNIZE RED FLAGS



Dating apps can be a wonderful tool for connection, but they also come with risks. Recognizing red flags early can help survivors of conversion practices protect themselves from potential harm or exploitation. Below are detailed considerations for spotting red flags:

Overly aggressive or pushy behavior <i>Examples</i> • Pressuring you to meet in person after only a few messages. • Insisting on obtaining your phone number or social media handles immediately. • Sending multiple messages in a short period of time, even after you've not responded.	Invasive or personal questions too early <i>Examples</i> • Asking about your financial situation, address, or specific location. • Probing deeply into your past relationships or intimate history before trust has been established. • Prying about your family dynamics or other potentially sensitive topics.
Why it is a red flag: This behavior can indicate a lack of respect for boundaries, which is crucial for fostering safe and affirming connections.	Why it is a red flag: Genuine connections take time to build. Overly personal questions early on may signal manipulative intentions or an attempt to gather information for exploitation.

Recognize Red Flags	
Inconsistent information or suspicious behavior <i>Examples</i> • Profile pictures that appear overly polished or professional, as if taken from a stock photo website • Providing conflicting answers about their life, such as their job, location, or personal details • Refusing to video chat or provide recent photos to verify their identity	Reluctance to respect boundaries <i>Examples</i> • Persisting in discussing topics you've stated are off-limits • Ignoring your expressed preferences, such as wanting to text rather than call • Reacting defensively or angrily when you assert your boundaries
Why it is a red flag: Inconsistencies can indicate catfishing or deceptive motives. Verifying a person's authenticity is a key step in ensuring safety.	Why it is a red flag: Disregard for boundaries signals a lack of respect and consideration, qualities essential in building trust.

Love-bombing or over-the-top compliments <i>Examples</i> • Lavishing you with excessive praise or declarations of love after minimal interaction • Saying things like “I’ve never felt this way about anyone before” too early in the connection	Negative or hostile comments about LGBTIQ identities <i>Examples</i> • Making jokes or offhand remarks that dismiss or degrade LGBTIQ identities • Questioning your gender or sexual orientation in a judgmental or dismissive tone
Why it is a red flag: While flattery can feel affirming, excessive praise early on can be a tactic used to gain your trust or manipulate your emotions.	Why it is a red flag: A lack of acceptance for LGBTIQ identities can create an unsafe environment for connection and may trigger past trauma.
Sudden disappearing or reappearing (“breadcrumbing”) <i>Examples</i> • Engaging enthusiastically, then vanishing without explanation for days or weeks • Returning to chat as though nothing happened, with no acknowledgement of their absence Why it is a red flag: This inconsistent behavior can indicate a lack of genuine interest or reliability, potentially leading to emotional distress.	
Encouraging secrecy <i>Examples</i> • Insisting that your connection remain secret from friends or family. • Requesting you delete messages or avoid sharing details of your interactions with others. Why it is a red flag: This behavior isolates you and limits your support network, which can be a precursor to manipulation or control.	

REPORT PROBLEMATIC USERS

Use the app’s reporting features to flag abusive or inappropriate behavior.

What To Do if You Notice Red Flags		
Pause and reflect Take time to evaluate whether you feel safe and respected in the interaction. Trust your instincts.	Verify their identity Request a video chat or recent, candid photos. Be cautious if they make excuses to avoid verification.	Set boundaries Clearly state your comfort levels and observe how they respond. If they dismiss your boundaries, it's a sign to disengage.
Report and block Use the app's reporting features to flag inappropriate behavior and block the user if necessary.		Seek support Share your experience with a trusted friend or therapist to gain perspective and emotional support.

Privacy and Safety Features	
Enable anonymity features • Use options to hide your profile from users who haven't been matched with you. • Block or report users who make you feel uncomfortable.	Turn off Location tracking • Disable location-sharing features to prevent others from pinpointing your exact whereabouts.

MEETING IN PERSON

Choose a public space

- Meet in a public, well-lit area where there are other people around.
- Share your location with a trusted friend before the meeting.

Have an exit strategy

- Plan a way to leave if you feel uncomfortable, such as arranging for a friend to call you during the meeting.

Trust Your instincts

- If something feels off, prioritize your safety and leave the situation.

After the interaction

- Debrief with yourself or a trusted person.
- Reflect on how the interaction made you feel.
- Share your experience with someone you trust if you need support.

ADDITIONAL TIPS

1

Use a secondary email address when signing up for dating apps to maintain privacy.

2

Avoid sharing sensitive personal information, such as your address, financial details, or workplace, until you feel secure in the relationship.

3

Regularly review the app's privacy policies and updates to stay informed about changes that may affect your safety.



Activity 60 Managing Cyberbullying Worksheet

This worksheet is tailored for survivors of conversion practices who navigate digital spaces as part of their recovery journey. By identifying unique triggers, setting boundaries, and responding effectively to cyberbullying, survivors can reclaim their digital presence with safety and confidence.

Recognizing Cyberbullying in the Context of Conversion Practices			
Common Forms of Cyberbullying Relevant to Survivors			
Religious shaming Using religious rhetoric to demean LGBTIQ identities or justify conversion practices.	Targeted outing Threats to expose a survivor’s sexual orientation or gender identity without their consent.	Stigma-based attacks Accusations of being “unnatural,” “immoral,” or “broken.”	Gaslighting Invalidating survivors’ experiences by claiming conversion practices were not harmful or were necessary.

REFLECTION QUESTIONS

- Have I encountered online interactions that use religious or moral arguments to criticize my identity?
- How do I typically feel or respond when someone invalidates my experience of conversion practices?
- Are there particular phrases, topics, or types of content that trigger distress?

Protecting Your Privacy and Well-Being Online		
Actions to protect privacy specific to survivors		
Adjust privacy settings Limit visibility on posts discussing your experiences with conversion practices. Use pseudonyms or a secondary account for activism or advocacy.	Minimize triggers Mute or block accounts that post harmful religious or anti-LGBTIQ content. Use filters to hide triggering keywords (e.g., “conversion therapy,” “pray the gay away”).	Preserve emotional boundaries Decide in advance what parts of your story you feel comfortable sharing publicly. Practice saying no to interactions or messages that feel invasive or invalidating.

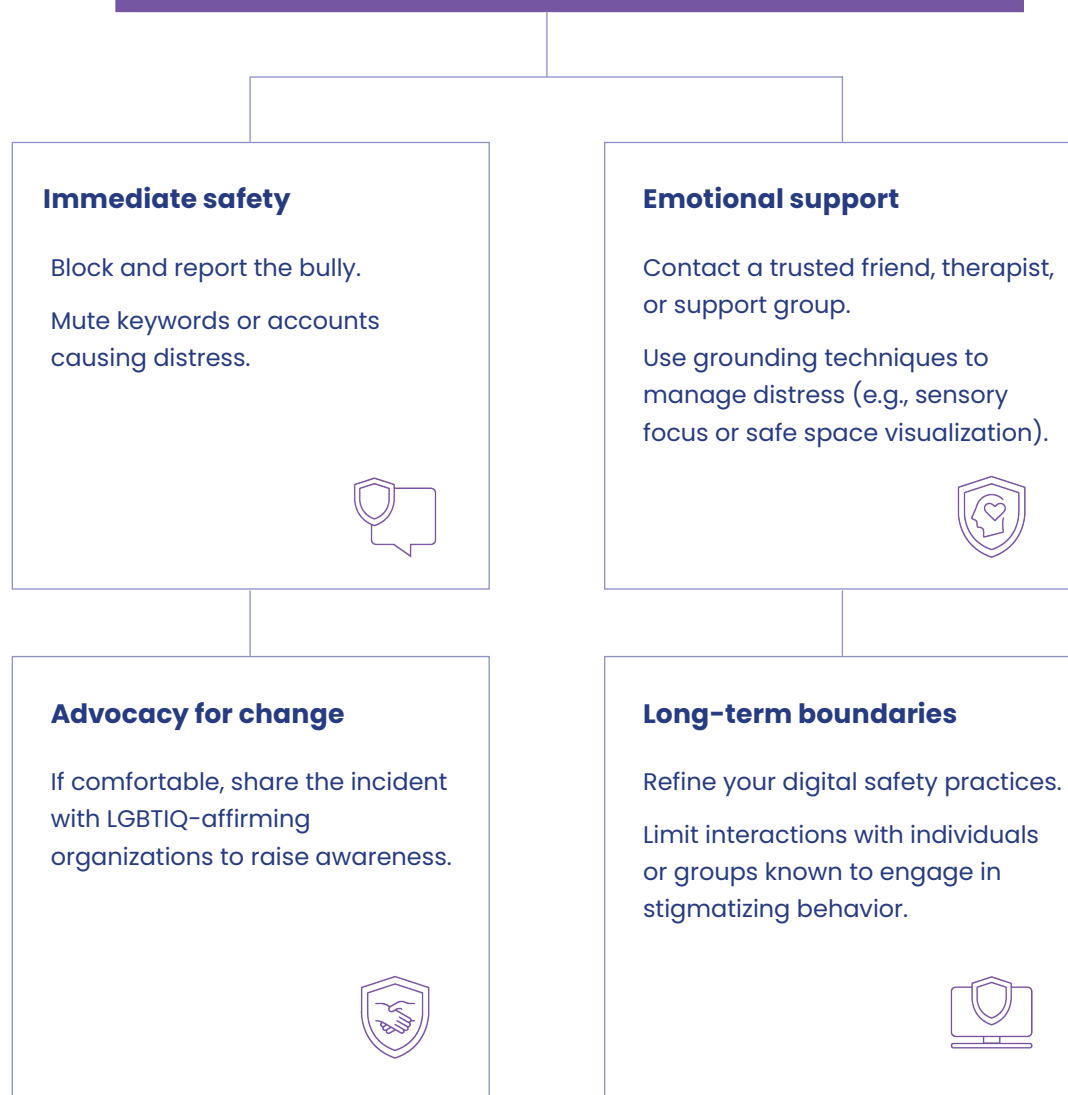
REFLECTION QUESTIONS

What steps can I take today to feel safer when discussing my experiences online?

Responding to Cyberbullying Related to Conversion Practices			
Possible responses for survivors			
Do not engage Avoid engaging with accounts attempting to invalidate your experiences or use harmful rhetoric.	Document evidence Save screenshots of harmful messages, particularly if they involve threats or attempts at outing.	Share the load Designate a trusted friend or advocate to monitor comments or messages when sharing vulnerable posts.	Report and block Use platform tools to report harmful content. Where possible, reference hate speech policies to bolster your report.

[illegible]

DEVELOPING A CYBERBULLYING ACTION PLAN



Reclaiming Your Online Space

Celebrate affirming spaces

Follow LGBTIQ-positive accounts that resonate with your experiences or values.

Share on your terms

Post about your journey when you feel safe and empowered, rather than pressured to respond to negativity.

Engage with collective advocacy

Participate in online campaigns like #SurvivorStories to amplify awareness about conversion practices while staying within your comfort zone.

RESOURCES FOR SUPPORT

Support networks

- The Trevor Project
- Survivor-focused communities on Reddit or Discord

Legal and advocacy help

- National or local LGBTIQ organizations offering legal support for harassment or outing threats

Mental health apps

- Calm, Insight Timer, or apps providing trauma-sensitive mindfulness exercises.

FINAL NOTE

Cyberbullying related to conversion practices can feel deeply personal and distressing. Remember: your identity, experiences, and recovery are valid, regardless of the hate you may encounter online. Use this worksheet to set boundaries, protect your peace, and reinforce your right to exist authentically in digital spaces.



Guideline 14

Identifying and Addressing Disinfor- mation and Misinfor- mation



This guideline serves as both an educational and practical tool. Unlike other guidelines, this section integrates additional background information to provide a direct link between understanding and action. Misinformation and disinformation are not just abstract concepts; they are actively experienced by survivors, shaping their self-perception and influencing the broader societal narratives that justify conversion practices. By keeping this discussion within the guideline itself, survivors and providers can immediately apply critical thinking skills to challenge harmful narratives in real time. Additionally, unlike other forms of oppression, disinformation operates by manipulating emotions, creating doubt, and eroding confidence, making it essential to address both the psychological toll and the strategies for resistance in one place. Finally, as global anti-gender movements continue to evolve, misinformation is constantly adapting, requiring an approach that remains flexible and responsive to emerging threats. Integrating the theoretical background within this guideline ensures that survivors and providers have access to up-to-date, applied knowledge alongside concrete strategies for countering disinformation.



Misinformation and disinformation form the ideological backbone of conversion practices and broader anti-LGBTIQ movements, impacting both survivors and the mental health providers who support them. For survivors of conversion practices, these harmful narratives can amplify internalized shame, fuel confusion, and undermine their progress toward healing. Misinformation and disinformation prey on fears of rejection, spiritual condemnation, or societal ostracism. Providers, too, are directly impacted, facing the dual challenge of supporting survivors in dismantling harmful beliefs while countering pseudoscientific rhetoric and anti-LGBTIQ ideologies in their professional contexts.

The emotional toll of misinformation and disinformation is immense. Survivors may feel isolated or retraumatized by narratives that echo the oppressive ideologies they endured during conversion practices. Providers may experience frustration or despair as they encounter the widespread reach and systemic impacts of disinformation campaigns. Understanding these dynamics is essential to fostering collective resilience and ensuring that survivors and providers alike can navigate this challenging terrain with confidence and clarity.

Misinformation

Misinformation refers to the sharing of false or misleading information without the deliberate intent to deceive. However, this lack of deliberate malice does not absolve it of harm. Often, individuals disseminate misinformation because they genuinely believe

it to be true, relying on internalized stereotypes, cultural norms, or dominant ideologies that perpetuate systemic inequities.¹⁶¹ For survivors of conversion practices, misinformation can take the form of cultural myths, pseudoscientific claims, or reductive narratives that stigmatize LGBTIQ identities and justify harmful interventions.

Misinformation operates as a subtle yet pervasive tool of power by reinforcing the status quo and maintaining systems of oppression. For example:

- **Cultural narratives:** In some regions, myths such as “homosexuality is un-African” serve to delegitimize queer identities whilst upholding heteronormative cultural and political dominance.
- **Religious rhetoric:** Misinformed interpretations of religious texts often frame LGBTIQ identities as sinful, creating moral and spiritual justifications for conversion practices.
- **Medical myths:** Claims that LGBTIQ identities result from trauma or hormonal imbalances foster mistrust in queer identities and lead to pseudoscientific “therapeutic” interventions.

Disinformation

Disinformation involves the deliberate creation and dissemination of false information to mislead or manipulate audiences for specific ideological, financial, or political gains. Disinformation campaigns targeting LGBTIQ individuals often seek to exploit existing societal prejudices, justify harmful practices, and maintain systems of oppression under the guise of cultural or moral preservation. Disinformation is weaponized to maintain societal hierarchies, justify discrimination, and foster systemic harm against LGBTIQ individuals.

Disinformation reinforces systems of oppression by exploiting societal prejudices and targeting marginalized communities:

- **Legitimizing conversion practices:** Disinformation campaigns present queer identities as pathological, framing conversion practices as necessary “treatment” to “correct” these identities.
- **Undermining LGBTIQ advocacy:** By discrediting affirming organizations or spreading doubt about gender-affirming care, for example, disinformation isolates survivors and erodes trust in supportive systems.
- **Weaponizing cultural and religious narratives:** Claims that LGBTIQ identities are “Western imports” create moral panics and hinder solidarity by positioning queer rights as antithetical to cultural preservation.
- **Discredit affirming voices:** By targeting LGBTIQ-affirming organizations, activists, and health-care providers, disinformation isolates survivors and obstructs access to accurate information and support.¹⁶²

¹⁶¹ Baqar Husain, “Stigma, Cisgenderism, and the Pathologization of Transness” (Public Health diss., Yale University, 2022), <https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=2153&context=ysphdtdl>.

¹⁶² Lewandowsky, Ecker, and Cook, “Beyond Misinformation.”

HOW MISINFORMATION AND DISINFORMATION FUNCTION

Misinformation and disinformation often operate in tandem, leveraging similar mechanisms to manipulate beliefs, perpetuate stigma, and maintain systemic oppression against LGBTIQ individuals. These narratives are deeply insidious, intertwining factual distortions with societal prejudices to exert control, spread fear, and justify harmful practices such as conversion therapy.

Amplifying fear and prejudice: Both misinformation and disinformation exploit fear as a means of societal control, invoking moral panics to frame LGBTIQ identities as existential threats to cultural, religious, or familial values. For example, narratives that cast queer identities as undermining societal stability are used to rationalize exclusionary laws or interventions, making conversion practices appear virtuous or necessary.

Pseudoscience and the manipulation of credibility: Disinformation frequently co-opts the language of science to lend legitimacy to harmful claims, presenting pseudoscientific theories as credible evidence. For instance, discredited concepts such as “rapid-onset gender dysphoria” are weaponized to delegitimize gender-affirming care, while outdated pathologizations of queer identities reinforce conversion practices as therapeutic interventions.¹⁶³ Misinformation amplifies these claims by spreading them through trusted networks, where their scientific veneer makes them seem more credible.

Emotional manipulation: Both forms of information distortion rely on emotional resonance to gain traction. By appealing to anger, fear, or nostalgia, these narratives tap into deep-seated biases and moral anxieties. Disinformation often deploys emotionally charged language—such as framing LGBTIQ advocacy as a threat to children—to galvanize support for anti-LGBTIQ policies, while misinformation disseminates these fears through community networks, reinforcing stigma and distrust.

Cultural and religious exploitation: Cultural and religious values are often co-opted to frame LGBTIQ identities as antithetical to societal integrity. Narratives such as “homosexuality is un-African” or “queerness is incompatible with faith” exploit cultural authenticity arguments to delegitimize queer rights and maintain systemic oppression. These claims are particularly harmful to survivors of conversion practices, who may already grapple with reconciling their identities with cultural or spiritual affiliations.

Repetition and familiarity: Misinformation becomes more persuasive when repeated across multiple platforms, embedding itself within societal discourse. Disinformation campaigns exploit this by disseminating falsehoods through media, political speeches, and online forums, ensuring their narratives are ubiquitous and familiar. This repetition erodes critical thinking and fosters a sense of inevitability about harmful ideologies.¹⁶⁴

¹⁶³ Meredith McNamara et al., “Scientific Misinformation and Gender Affirming Care.”

¹⁶⁴ Agunwa, “Feminism and the Digital Era.”

Sowing division: Disinformation campaigns often exploit tensions within LGBTIQ communities, such as generational divides or differing identity perspectives, to weaken collective resistance. By fostering mistrust and isolation, these narratives make individuals and groups more susceptible to external attacks, conversion practices and anti-LGBTIQ policies.

Targeting survivors and providers: Survivors of conversion practices are uniquely vulnerable to disinformation that reinforces the ideologies underpinning their trauma. Narratives suggesting that LGBTIQ identities are pathological may resonate with survivors' internalized shame. Providers, meanwhile, face disinformation that undermines affirming care models or questions their professional integrity, contributing to burnout and moral distress.

Coordinated global efforts: Both misinformation and disinformation benefit from well-funded, internationally coordinated campaigns, often led by anti-gender movements, religious organizations, and political groups. These efforts tailor their messaging to local cultural contexts while leveraging global platforms to amplify their reach, creating a formidable challenge for survivors, providers, and advocates.¹⁶⁵

PROVIDERS CAN DO THE FOLLOWING

Foster critical media literacy: Teach survivors and providers to critically assess the information they encounter. Develop skills to identify misinformation and disinformation, such as recognizing biased language, evaluating source credibility, and distinguishing opinion from fact.

Discuss how algorithms prioritize emotionally charged content, which can amplify disinformation.

Practice identifying common tactics used in disinformation campaigns, such as emotional appeals, pseudoscientific claims, and cultural narratives.

Rationale: Media literacy empowers survivors to navigate digital spaces confidently, minimizing the impact of harmful narratives on their well-being.

Challenge internalized false narratives: Help survivors identify and critically evaluate false narratives they may have internalized from conversion practices or broader societal stigma.

Use reflective exercises to explore questions such as:

“What messages about your identity have you absorbed, and where did they come from?”

¹⁶⁵ Ingrid Lynch, Justice, Abundance, and Possibility for All: Countering Anti-Gender Movements in South Africa, Afrikagrupperna, 2024, https://afrikagrupperna.se/wp-content/uploads/2025/03/lynch_2024_countering-anti-gender-movements-in-south-africa_final.pdf; IJSC, Inside the U.S. Christian Right's Spending Boom in Africa.

“How do these messages align with affirming truths about yourself?”

Facilitate discussions on replacing these narratives with affirming beliefs rooted in evidence-based knowledge and self-compassion.

Rationale: Addressing internalized falsehoods supports survivors’ healing and fosters self-acceptance.

Promote evidence-based knowledge: Provide survivors with reliable, affirming resources on LGBTIQ identities, conversion practices, and the psychological and medical consensus on their harm.

Share materials from trusted organizations, such as the APA, PATHSA, and The Trevor Project.

Encourage survivors to explore affirming online communities or attend workshops that emphasize accurate information.

Rationale: Access to accurate information builds survivors’ confidence in their identities and counters the pervasive influence of disinformation.

Encourage narrative reclamation: Support survivors in sharing their experiences and truths to counter harmful narratives, if they feel ready and safe to do so.

Discuss the power of storytelling as a way to reclaim agency and challenge disinformation.

Collaborate on crafting survivor-centered narratives for personal healing or public advocacy.

Rationale: Amplifying survivor voices disrupts disinformation while fostering empowerment and community solidarity.

Build community support networks: Help survivors identify and connect with affirming individuals, groups, and organizations that counter isolation and provide accurate information.

Use tools like the Support Network Mapping Worksheet to identify reliable allies and affirming spaces.

Encourage engagement with LGBTIQ-focused advocacy groups and peer-led initiatives.

Rationale: Community networks act as a buffer against harmful narratives and provide emotional and informational support.

Strengthen digital advocacy skills: Teach survivors and providers to engage constructively with misinformation online.

Share strategies for responding to misinformation on social media, such as posting affirming content, citing credible resources, or reporting harmful posts.

Encourage survivors to set boundaries for online engagement, such as stepping away from triggering content or limiting time on social media.

Rationale: Digital advocacy fosters collective resistance while protecting individual well-being.

Normalize emotional responses to disinformation: Acknowledge the feelings of frustration, despair, or powerlessness that survivors and providers may experience when confronting disinformation.

Provide psychoeducation on managing these emotions, such as practicing mindfulness or seeking support from trusted individuals.

Validate survivors' anger or sadness as natural responses to systemic harm, while offering hope through collective action.

Rationale: Addressing emotional impacts fosters resilience and sustains efforts to challenge harmful narratives.

Engage in collective resistance: Encourage survivors and providers to participate in broader advocacy efforts, such as campaigns to counter disinformation or promote LGBTIQ rights.

Highlight successful examples of collective action, such as #StopConversionTherapy or community-led initiatives against anti-gender movements.

Discuss opportunities for engagement that align with survivors' comfort levels, from sharing posts to attending rallies or contributing to affirming resources.

Rationale: Collective resistance counters disinformation at systemic levels and reinforces a sense of agency and solidarity.

Combat pseudoscience and medical myths: Equip survivors and providers with tools to identify and counter pseudoscientific claims.

Offer a primer on distinguishing legitimate research from flawed studies or biased interpretations.

Provide examples of how pseudoscience has been weaponized against LGBTIQ individuals, such as framing queer identities as disorders.

Rationale: Addressing pseudoscience ensures survivors have confidence in affirming care and scientific consensus.

Develop a personal disinformation defense plan: Collaboratively create a plan for managing exposure to disinformation, tailored to survivors' specific vulnerabilities and needs.

Identify trusted sources of information and develop routines for fact-checking content.

Discuss strategies for setting boundaries, such as limiting interactions with harmful individuals or curating online feeds.

***Rationale:** A personalized approach supports survivors in maintaining control over their information environment and mental health.*



Media Literacy Toolkit: A resource that equips survivors and providers with practical strategies to critically evaluate information, identify biases, and discern credible sources. Includes tips on recognizing red flags in articles or posts (e.g. emotionally charged language, lack of citations) and evaluating scientific claims. See [Activity 61 Media Literacy Toolkit: Navigating Disinformation](#).

Digital Advocacy and Engagement Guide: Equips providers with strategies to engage safely and effectively in digital spaces, focusing on:

Amplifying affirming narratives and sharing evidence-based resources to support LGBTIQ individuals and counter misinformation.

Addressing and managing online harassment or disinformation campaigns that target providers or affirming organizations.

Leveraging platform-specific tools to report harmful content, maintain a professional digital presence, and foster supportive online environments.

Refer to [Activity 62 Digital Advocacy and Engagement Guide](#) for Providers for the detailed guide, including actionable steps and tools tailored for providers engaged in advocacy and education.

Challenging Harmful Narratives and Emotional Manipulation Worksheet: This survivor-centered worksheet is designed to foster self-awareness, resilience, and empowerment, helping them navigate the often-subtle harms of emotional manipulation and false narratives. See [Activity 63 Challenging Harmful Narratives and Emotional Manipulation Worksheet](#).

Media literacy and digital engagement tools: [Integrity Project](#) provides guides on media literacy, misinformation, and strategies for truth-focused advocacy.

Fact-checking platforms: [*Snopes*](#) and [*Africa Check*](#).

Digital literacy apps: [*NewsGuard*](#) evaluates credibility of news sources. [*Mind Over Media*](#) provides educational tools for analyzing media messages.

Community-Based resources: [*PFLAG*](#) offers resources for families and allies on supporting LGBTIQ individuals.

LGBTIQ support networks: Online forums and community spaces like Reddit's LGBTIQ groups and The Queer Community on Discord. See also [*Activity 64 LGBTIQ Online Communities*](#).

Workshops and trainings

Media Literacy for Providers: Professional development courses focused on identifying disinformation and fostering affirming care practices.

Advocacy Training: Programs by organizations like GLAAD and ILGA World for digital and in-person advocacy.



Narrative reclamation exercise: Encourages survivors to rewrite harmful narratives they've internalized, replacing them with affirming truths.

Prompts:

"What disempowering messages have shaped your self-view? "

"What affirming truths counter these messages? "

"How have cultural or societal messages influenced the way you see yourself? "

"What strengths or qualities have helped you navigate challenges? "

"If you could speak to your younger self, what affirming message would you share? "

"How do you want your story to reflect resilience and authenticity? "

"What aspects of your identity do you feel proud to embrace today? "

“What would you tell someone facing similar disempowering messages about themselves? ”

“How can you celebrate the progress you’ve made in reclaiming your truth? ”

“What part of your narrative feels most important to rewrite now? ”



- ☐ Supported survivors in identifying and challenging harmful narratives
- ☐ Provided psychoeducation on misinformation, disinformation, and their impacts
- ☐ Helped survivors build media literacy and critical thinking skills
- ☐ Guided survivors in reclaiming affirming and empowering narratives
- ☐ Equipped survivors with practical strategies for managing emotional responses to harmful content
- ☐ Referred survivors to safe, evidence-based resources and communities

Activity 61 Media Literacy

Toolkit: Navigating Disinformation

Media literacy is an essential skill for both survivors of conversion practices and the mental health providers who support them. In a world where disinformation and misinformation about LGBTIQ identities are widespread, the ability to critically assess information empowers survivors to challenge harmful narratives, rebuild self-confidence, and engage meaningfully with affirming resources. For providers, media literacy ensures informed advocacy and reinforces their role as credible allies in combating harmful ideologies.

This toolkit offers practical strategies, tools, and insights tailored to survivors and providers, equipping them to recognize, analyze, and counter misinformation and disinformation effectively.

Key Concepts of Media Literacy	
Understanding bias and intent	
Bias in media Recognize how cultural, religious, or political biases shape media narratives. For instance, a “study” sponsored by anti-LGBTIQ groups may present skewed data to support harmful practices.	Intent assessment Ask, “Is this content designed to inform, manipulate, or provoke?”

Source Evaluation		
Credibility of authors and publishers Is the author an expert in the field, or do they have known biases? Is the platform reputable, with a track record of accuracy?	Funding sources Identify potential conflicts of interest, such as studies funded by anti-gender movements.	Cross-referencing information Verify claims with trusted LGBTIQ-affirming organizations or peer-reviewed research.

Recognizing Red Flags		
Sensational language Beware of emotionally charged or overly dramatic phrasing designed to provoke fear or outrage.	Lack of citations Articles or studies without credible references may lack legitimacy.	Cherry-picked data Partial or misrepresented findings often serve as disinformation tactics.

Exploitation of the Language of Care and Science	
Recognize how disinformation often appropriates the language of empathy, care, and scientific credibility to manipulate audiences. Language of care: Phrases like “protecting children” or “ensuring well-being” may disguise harmful anti-LGBTIQ agendas. Scientific misrepresentation: Use of pseudoscientific jargon, cherry-picked studies, or outdated classifications (e.g., homosexuality as a disorder) to legitimize false narratives.	Reflect on how these tactics aim to gain public trust while perpetuating harm. Example: Claims that conversion practices are “therapeutic” or “explorative” misuse psychological terms to lend credibility to harmful interventions.

DIFFERENTIATING FACT FROM OPINION

Understand the distinction between evidence-based information and opinion pieces. Look for clear labeling and verify facts presented within opinion articles.

NAVIGATING EMOTIONAL RESPONSES

Disinformation often targets emotions such as fear, anger, or guilt. Pause and reflect before reacting or sharing content.

Practical Tools for Media Literacy		
CRAAP test A widely used method for evaluating information:	Fact-checking resources Use trusted fact-checking platforms like:	Spotting misleading language Look for emotionally manipulative phrases, such as “saving lives” or “protecting

• Currency: Is the information recent or still relevant? • Relevance: Does it meet your needs or address the topic meaningfully? • Authority: Who is the author, and what are their qualifications?	• Snopes: Fact-checks common myths and claims. • FactCheck.org: Provides nonpartisan analysis of public claims.	values,” especially when used to justify exclusion or harm. • Identify pseudoscientific terms without clear definitions, such as “rapid-onset gender dysphoria” or “gender confusion.”
• Accuracy: Is the content supported by evidence and free of errors? • Purpose: Is the content intended to inform, sell, entertain, or persuade?	• The Trevor Project: A source for accurate LGBTIQ information.	• Analyze language for implicit bias, such as terms like “gender distress,” “developmental issues,” or “underlying trauma” linked to queer identities.

More Practical Tools for Media Literacy

Evaluating scientific claims Checklist for assessing research: • Is the study peer-reviewed? • Are the sample size and methodology clearly outlined? • Does the research appear in a reputable journal?	Understanding pseudoscience • Identify vague terms like “studies suggest” without specifics. • Beware studies that lack clear data or use outdated classifications of LGBTIQ identities.
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Practical Exercises

Source comparison exercise Compare two articles on the same topic—one from a reputable LGBTIQ advocacy organization and another from a less credible source. Reflect on differences in tone, evidence, and messaging.	Debunking myths Practice identifying common myths about LGBTIQ identities (e.g., “homosexuality is unnatural”) and counter them with evidence-based facts.	Identifying manipulative tactics Review examples of content that use fear-mongering or scapegoating tactics. Discuss how these techniques aim to influence public opinion.
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Case Study Reflection Exercise

Compare Gender Exploratory Therapy's framing of gender identity with the principles of gender-affirming care.

Gender Exploratory Therapy (GET)

"Exploration to uncover underlying causes of dysphoria."

Affirming care

"Support and validation of an individual's self-identified gender, without imposing a predetermined narrative."

Reflective question

How do these approaches differ in respecting autonomy and reducing harm?

Tips for Survivors and Providers

For survivors

- Use affirming sources for LGBTIQ information, such as GLAAD or The Trevor Project.
- Seek support from online or local queer communities to validate your experiences.
- Practice self-care by limiting exposure to triggering content.

For providers

- Stay updated on the latest research to counter pseudoscientific claims effectively.
- Provide psychoeducation on media literacy during therapy sessions with survivors.
- Model critical thinking by sharing vetted resources and explaining your process for evaluating information.

Activity 62 Digital Advocacy and Engagement Guide for Providers

This guide equips mental health providers with the knowledge and tools to engage in digital advocacy for LGBTIQ rights and survivors of conversion practices. By navigating online platforms with intentionality and care, providers can amplify affirming narratives, challenge harmful ideologies, and foster supportive digital communities while maintaining professional boundaries and safeguarding their own well-being.

Understanding Digital Advocacy

Digital advocacy uses online platforms to promote awareness, education, and systemic change. For providers, this involves:

Amplifying survivor voices

Sharing survivor-centered stories, with consent, to raise awareness about the harms of conversion practices.

Promoting affirming care

Advocating for evidence-based, LGBTIQ-affirming practices within professional and public discourse.

Combating misinformation

Addressing false claims about LGBTIQ identities and conversion practices with accurate, evidence-based information.

Encouraging policy change

Supporting campaigns that call for the prohibition of conversion practices and the protection of LGBTIQ rights.

Ethical Considerations in Digital Advocacy

Providers must balance advocacy with their ethical responsibilities to clients and the profession.

Maintain confidentiality

Never share personal details about clients or cases without explicit, informed consent.

Respect professional boundaries

Avoid personal exchanges with clients on public platforms to maintain therapeutic integrity.

Stay informed

Ensure that shared resources and claims are accurate and evidence-based.

Mitigate risk

Use anonymity or pseudonyms if advocacy work could endanger personal safety or professional standing.

Crafting Effective Advocacy Messages	
Engage effectively with online audiences by:	
Focusing on clarity and impact Share concise, accessible content that resonates with diverse audiences.	Centering survivors' perspectives Highlight stories and insights that amplify survivor voices and experiences.
Using inclusive language Avoid jargon or terms that may exclude or alienate individuals.	Incorporating visuals Use infographics, videos, and other visuals to enhance engagement.

Navigating Challenges and Risks		
Digital advocacy can expose providers to challenges such as harassment, misinformation, or burnout. Strategies include:		
Developing a crisis plan Outline steps to take in case of online harassment, including how to report abuse and seek support.	Managing emotional labor Set boundaries around digital engagement to prevent compassion fatigue or advocacy burnout.	Building alliances Collaborate with trusted organizations, activists, and colleagues to share the workload and amplify impact.

TOOLS FOR ADVOCACY

Equip yourself with the right resources for effective digital engagement:

Social media platforms

Twitter, Instagram, and LinkedIn can amplify advocacy efforts.

Hashtags for advocacy

Use relevant hashtags (e.g., #StopConversionTherapy, #LGBTQIAHealing) to join larger conversations.

Resource directories

Share links to affirming organizations, survivor networks, and LGBTIQ advocacy groups.

Fact-checking tools

Use platforms like Snopes, FactCheck.org, or Google Reverse Image Search to verify claims before sharing.

Practical Steps for Digital Advocacy	
Educate yourself on the digital landscape Stay updated on emerging issues, key narratives, and influential voices in the LGBTIQ advocacy space.	Engage thoughtfully and strategically Prioritize quality over quantity in your digital engagements.
Follow credible accounts, organizations, and researchers to ensure you are informed about the latest developments.	Focus on platforms where your voice can have the greatest impact, such as professional networks or public awareness campaigns.
Amplify evidence-based narratives Share peer-reviewed research, professional guidelines, and survivor stories that challenge disinformation and highlight affirming care.	Support survivor-led campaigns Align your efforts with survivor-led movements, ensuring your advocacy uplifts their voices without centering your own.
Monitor and reflect Regularly assess the effectiveness of your advocacy efforts and adjust your strategies as needed. Reflect on your motivations, boundaries, and the impact of your work to maintain alignment with your values and well-being.	



- ☐ Have you ensured that all content shared is accurate, evidence-based, and affirming?
- ☐ Have you maintained ethical boundaries and protected client confidentiality in your advocacy efforts?
- ☐ Are you engaging with survivor-led movements and amplifying marginalized voices?
- ☐ Do you have a plan to address potential harassment or challenges during digital advocacy?
- ☐ Are you prioritizing self-care and setting limits to prevent burnout?

FINAL THOUGHTS

Effective digital advocacy by providers can drive systemic change, challenge harmful narratives, and amplify the voices of survivors. By engaging thoughtfully and ethically, providers can play a vital role in fostering online spaces that affirm LGBTIQ identities and promote healing for survivors of conversion practices. This guide offers a starting point, empowering providers to navigate the complexities of digital advocacy with confidence and care.

Activity 63 Challenging Harmful Narratives and Emotional Manipulation Worksheet

This worksheet is designed to help survivors of conversion practices recognize and challenge harmful narratives and subtle forms of emotional manipulation that undermine their identity and well-being. These narratives often exploit the language of care, science, or exploration, making them particularly insidious and difficult to identify.

Survivors may feel a sense of unease, self-doubt, or anxiety when encountering these messages, as they are often cloaked in a veneer of concern or rationality. By identifying and deconstructing these harmful messages, survivors can build resilience, reclaim their autonomy, and affirm their authentic selves.

Recognizing Harmful Narratives	
Harmful narratives often masquerade as supportive or neutral advice but carry hidden messages that invalidate your identity or question your choices. They may:	
Exploit the language of care Framing rejection as concern for your well-being. <i>Example:</i> “We just want to make sure you’re not rushing into anything you might regret later.”	Cast doubt on self-determination Posing questions that seem neutral but are designed to provoke self-doubt. <i>Example:</i> “Have you really explored all your options? Maybe this isn’t the path you’re meant to take.”
Pathologize your identity Using pseudoscientific claims to frame your experiences as symptoms of trauma or confusion. <i>Example:</i> “Maybe these feelings are a result of something unresolved from your childhood.”	Promote fear through subtle threats Highlighting extreme or unlikely outcomes to discourage authenticity. <i>Example:</i> “People who take this path often end up isolated and regretful.”

REFLECTION PROMPTS

Have you encountered messages like these? How did they make you feel?

What were the underlying assumptions behind these messages? Were they affirming or invalidating?

Understanding Emotional Manipulation

Emotional manipulation often works by preying on vulnerabilities, creating feelings of guilt, fear, or uncertainty. This manipulation may:

Appeal to fear of the unknown

Suggesting dire consequences for embracing your identity.

Example: "What if this decision ruins your career or relationships?"

Exploit guilt

Using your empathy or care for others to make you question your choices.

Example: "Think about how this will affect your family. They've sacrificed so much for you."

Create false equivalence

Framing affirming care or self-expression as extreme or reckless.

Example: "Shouldn't we consider a more balanced approach rather than making drastic changes?"

REFLECTION PROMPTS

What emotions arise when you hear these types of messages?

Can you identify whose needs are being prioritized in these narratives?

Are they yours or someone else's?

Deconstructing Harmful Narratives

To challenge these narratives, it is important to uncover their intent and replace them with affirming truths. Steps for deconstruction:

Identify the message

Write down a harmful statement or narrative you've encountered."

Example

"Maybe you're just confused and need more time to figure things out.

Examine the assumptions

What assumptions does this message make about your identity, choices, or needs?

Example

It assumes that I'm incapable of understanding my own feelings or making decisions about my life.

Assess the source

Who is delivering this message, and what might their motivations be? Are they genuinely supportive, or are they projecting their own fears or biases?

Example

This came from a family member who has always struggled with my queerness and might be trying to delay my progress.

Deconstructing Harmful Narratives

To challenge these narratives, it is important to uncover their intent and replace them with affirming truths. Steps for deconstruction:

Replace the narrative

Reframe the message with affirming language that reflects your truth and autonomy.

Example

"I've taken the time I need to understand my feelings and make decisions that align with my authentic self. My journey doesn't need anyone else's validation."

PRACTICING RESILIENCE

Resilience is built by consistently affirming your truth and rejecting narratives that cause harm. Use these prompts to develop affirming statements:

What would I say to a friend experiencing these feelings or doubts? How can I say that to myself?

What actions or affirmations remind me of my worth and authenticity?

Navigating Conversations

When harmful narratives arise in conversation:

Pause and reflect

Take a moment to breathe and ground yourself before responding.

Set boundaries

Assert your needs clearly and calmly.

Example

"I appreciate your concern, but I've made decisions that are right for me, and I'd prefer we not discuss this further."

Redirect the conversation

Shift focus to shared values or topics that reinforce mutual respect.

Example

"I'd love to hear about what's been going on in your life instead."

Confront constructively

If appropriate, address the harmful narrative directly but respectfully.

Example

"I hear your concern, but what you're saying feels invalidating to my experience. I'd like us to have a conversation that respects my perspective and choices."

Example

"That viewpoint is based on misinformation, and I'd be happy to share resources with you that provide a different perspective if you're open to it."

Navigating Conversations	
When harmful narratives arise in conversation:	
Ask for clarity Encourage the other person to reflect on their own assumptions or intentions.	Example “Can you help me understand what you mean by that? I want to make sure we’re on the same page.”

Affirmation and Empowerment		
Survivors of conversion practices are often targeted by narratives designed to undermine their confidence and autonomy. Remember:		
You are the expert on your own experiences.	The discomfort others feel about your identity is not your responsibility to resolve.	Reclaiming your narrative is an act of courage and self-love.

FINAL REFLECTION

What is one harmful narrative you have successfully challenged? How did it feel to reclaim your truth?

What support systems can you lean on when navigating difficult conversations or misinformation?



Activity 64 LGBTIQ Online Communities¹⁶⁶



Proud and Connected: LGBTIQ Social Media Communities | LinkedIn

Instagram 		
@humanrightscampaign: The Human Rights Campaign is a leading LGBTIQ advocacy organization that promotes equality and fights for LGBTIQ rights through legislative advocacy, education, and public awareness campaigns.	@them: THEM is a platform that amplifies diverse LGBTIQ voices through stories, art, and cultural commentary. They cover a wide range of topics, including politics, fashion, identity, and social issues.	@lgbt_history: This Instagram account explores the rich history of the LGBTIQ community. They share historical photos, stories, and milestones, highlighting the contributions and struggles of LGBTIQ individuals throughout history.
@glaad: GLAAD is an LGBTIQ media advocacy organization that works to accelerate acceptance and promote fair and accurate representation of the LGBTIQ community in media. They share news, resources, and stories that advance LGBTIQ visibility and understanding.	@lgbtq: The official Instagram account of the LGBTIQ community celebrates diverse identities, stories, and milestones. They promote inclusivity, share positive messages, and provide resources for LGBTIQ individuals and allies.	@translawcenter: The Transgender Law Center is a legal advocacy organization that focuses on advancing transgender rights and fighting against discrimination. They provide resources, share resilience stories, and work towards achieving equality for transgender and gender non-conforming individuals.

¹⁶⁶ Hunt, "Proud and Connected."

Instagram



@pride: The official Instagram account of Pride, a global movement that celebrates and advocates for LGBTIQ rights and visibility. They share stories, events, and resources related to Pride celebrations worldwide.

Facebook



Human Rights Campaign: The Human Rights Campaign (HRC) is one of the largest LGBTIQ advocacy organizations in the United States. Their Facebook page provides updates on LGBTIQ rights, equality, and social justice issues. They share news, resources, and opportunities for activism, promoting inclusivity and acceptance.

Trevor Project: The Trevor Project is a nonprofit organization focused on suicide prevention and crisis intervention for LGBTIQ youth. Their Facebook page shares information about their support services, events, and initiatives. They also provide resources and raise awareness about the unique challenges faced by LGBTIQ youth.

PFLAG National: PFLAG (Parents, Families, and Friends of Lesbians and Gays) is a national organization that supports and advocates for LGBTIQ individuals and their families. Their Facebook page shares stories, resources, and information on support groups and events for LGBTIQ people and their loved ones.

Advocates for Trans Equality: Comprising of the National Center for Transgender Equality (NCTE), which was an advocacy organization focused on transgender equality and social justice. Their Facebook page shares news, policy updates, and resources for transgender individuals and their allies.. Also enjoined to this new entity is the former **Transgender Legal Defense & Education Fund (TLDEF)** which was a nonprofit organization dedicated to advancing transgender rights and legal protections. Their Facebook page provided updates on their legal initiatives, resources for transgender individuals, and educational content to promote understanding and acceptance of transgender issues. The new entity works to educate the public and policymakers about transgender issues and advocate for inclusive policies.

Lambda Legal: Lambda Legal is a legal advocacy organization working to achieve full civil rights for LGBTIQ individuals and those living with HIV. Their Facebook page shares legal updates, news, and resources related to LGBTIQ rights. They also provide information on their legal cases and initiatives aimed at achieving equality.

It Gets Better Project: The It Gets Better Project is a global movement that aims to uplift and support LGBTIQ youth facing adversity. Their Facebook page shares stories of hope, empowerment, and resilience from LGBTIQ individuals around the world. They provide resources, support networks, and promote positive messages to inspire LGBTIQ youth.

National LGBTQ Task Force: The National LGBTQ Task Force is an advocacy organization working towards LGBTIQ equality and social justice. Their Facebook page highlights their initiatives, events, and campaigns aimed at advancing LGBTIQ rights. They also share news and resources related to LGBTIQ activism and community empowerment.



Part Two: Provider- Oriented Practice

The provider-centered portion of this toolkit focuses on the essential role that mental health practitioners play in fostering ethical, effective, and sustainable therapeutic relationships with survivors of conversion practices. Supporting survivors can be profoundly meaningful and rewarding, but it also requires practitioners to navigate complex power dynamics, address their own biases, and sustain emotional resilience to provide consistent, affirming care.

This section emphasizes two key dimensions of professional practice:

1. Equitable and affirming support

Practitioners are guided in creating culturally sensitive, survivor-centered therapeutic spaces. This includes navigating issues of power and privilege thoughtfully and ensuring that care honors survivors' autonomy and lived experiences.

2. Sustaining provider wellbeing

Recognizing that this work can be both challenging and transformative, this section equips providers with tools to manage emotional demands, maintain boundaries, and engage in intentional self-care.

PRACTICAL AND REFLECTIVE TOOLS

Each guideline in this section offers practical strategies and reflective exercises to help practitioners maintain ethical and affirming practices. These tools are designed to foster cultural humility, deepen self-awareness, and support providers in building emotionally grounded and sustainable approaches to their work. Recommended resources and application checklists ensure that providers can integrate these practices into their day-to-day interactions with survivors.

A FOUNDATION FOR MEANINGFUL CARE

The provider-centered guidelines are not just about addressing challenges—they are about helping practitioners grow in ways that make their work more effective, sustainable, and fulfilling. By fostering a sense of balance between survivor care and personal well-being, these guidelines support providers in creating therapeutic relationships that are built on trust, respect, and collaboration.

This section reminds practitioners that their ability to support survivors is deeply tied to their own capacity for growth, reflection, and care. By using these guidelines, providers can continue to develop practices that honor survivors' journeys while finding meaning and resilience on their own.

Navigating Power and Privilege in the Therapeutic Relationship



In every therapeutic relationship, an inherent imbalance of power exists due to the therapist's professional role and societal advantages. Therapists often hold authority as experts in mental health and may possess privileges related to their education, cultural background, race, gender, sexual orientation, gender identity, or economic status. These factors can give therapists significant influence over the therapeutic process, which can shape the client's experience in both positive and negative ways.

Acknowledging these power dynamics is essential to fostering a therapeutic environment that is both equitable and healing. Power imbalances, if left unaddressed, can unintentionally perpetuate systems of oppression or disempower clients, particularly those from marginalized or vulnerable groups. For instance, a therapist's unexamined cultural assumptions or biases could lead to misinterpretations of a client's experiences or needs. Developing an awareness of these dynamics requires therapists to engage in ongoing self-reflection and exploration of their own privileges and biases. This involves examining how their social identities intersect with their professional role and considering how these intersections might influence the therapeutic relationship.

Creating a respectful and healing space involves actively working to minimize the impact of these power differentials. This includes practicing cultural humility, validating the client's experiences, and empowering clients by honoring their autonomy and lived expertise. Therapists can also invite feedback, openly acknowledge any missteps, and strive to co-create a collaborative therapeutic alliance where clients feel seen, heard, and valued.

PROVIDERS/THERAPISTS ARE ENCOURAGED TO PRACTICE THE FOLLOWING TO MINIMIZE POWER IMBALANCES BETWEEN THEMSELVES AND THE CLIENTS IN THEIR CARE:

Acknowledge power dynamics

Therapy is not immune to broader social and systemic power imbalances. As the provider, you start out holding more influence by virtue of your role, training, and potentially privileged social identity.

Initiating open conversations about these dynamics from the outset helps dismantle the often-hidden hierarchies that can negatively influence the therapeutic relationship. For instance, you can gently name that you, as the therapist, are often viewed as the "expert" but emphasize that the client is an expert on their own life and experiences. By explicitly acknowledging that some level of power difference naturally exists, you set the stage for greater trust and transparency.

Adopt a curious stance

Each client arrives in therapy with a unique cultural background, personal history, and worldview. By approaching their experiences with genuine curiosity and openness, you communicate that you are not there to project assumptions onto them.

Instead of relying on preconceived notions, you can ask clients how they understand and define their own identities—whether they are related to their race, ethnicity, sexual orientation, gender identity, religious affiliation, or other cultural factors. This inquiry signals that you respect them as the experts on their own lives.

Acknowledge your limits

No therapist can be fully familiar with every culture, identity, or lived experience. By openly admitting what you do not know, you model humility. Clients are more likely to trust you when you show that you understand your own limitations and are committed to continual learning. This transparency helps reduce the risk of making uninformed assumptions and reassures clients that they will not be misunderstood.

Examine your privilege

Reflecting on how your own identities—such as race, class, gender, gender identity, sexual orientation, age, ability status, and cultural background—intersect with systems of privilege and oppression is important. These identities can unconsciously influence how you perceive the client's experiences, how you communicate, and the assumptions you make.

Engaging in ongoing self-reflection, seeking supervision or consultation, and continuing education about cultural humility can improve your awareness and reduce the likelihood of causing harm.

When appropriate, you can share some of your reflections with the client, making it clear that you recognize these power differentials and are actively working to lessen their impact. This transparency can enhance trust and signal to the client that you see them within the larger social context of their identities, not just as an isolated individual in therapy.

Collaborative decision making

A client's healing journey should be co-created rather than imposed. Presenting multiple therapeutic options, such as different treatment modalities and pacing allows the client to choose what feels most aligned with their comfort and goals. By continually inviting the client's input, you respect their autonomy and reduce the risk of reproducing disempowering dynamics they may have previously experienced.

Create equality in your space

The physical setup of the therapy room and your nonverbal cues communicate important messages about power. For example, sitting at eye-level with the client rather than behind a desk or on an elevated chair helps create a sense of equality.

Maintaining open and relaxed body language and maintaining a gentle and approachable facial expression can communicate empathy and respect. These nonverbal elements, while often overlooked, play an important role in making the client feel safe and respected.

Address microaggressions and bias

In the therapeutic space, it is important to remain vigilant about subtle or unconscious microaggressions that may arise, as these can harm the therapeutic alliance and the client's sense of safety.

Providers need to cultivate an awareness of their own behaviors and language, ensuring they do not inadvertently perpetuate stereotypes or invalidations. Creating an open environment where clients feel empowered to provide feedback about perceived biases or microaggressions is equally crucial. This demonstrates a commitment to humility and a willingness to learn from the client's perspective.

When missteps occur, take responsibility and apologize to the client. Make efforts to repair the therapeutic relationship as this shows accountability and fosters trust.

Advocate for social justice

Commitment to equity and justice in mental health care must extend beyond the therapy room, encompassing advocacy for systemic change. Providers/practitioners have a responsibility to challenge policies and practices that perpetuate inequality or bias, using their voice and influence to promote fairness and inclusivity. This requires actively addressing structural barriers and fostering a culture of accountability in the workplace.

Engage with professional organizations and initiatives that prioritize diversity, equity, and inclusion is another vital step. By participating in such efforts, practitioners can contribute to broader systemic changes, access resources to enhance their practice, and collaborate with others to create a more equitable mental health landscape.

Engage in ongoing self-reflection and education

Providers need to commit to continuous learning about systemic oppression, privilege, and cultural humility. This involves actively seeking out knowledge and understanding the historical and societal factors that perpetuate inequities, as well as recognizing how these dynamics influence mental health.

Regular self-examination is equally important, requiring providers to reflect on their biases, assumptions, and blind spots. This can be achieved through supervision, peer consultation, or personal therapy, creating opportunities for honest introspection and accountability.

Staying informed about the lived experiences of diverse communities is another critical aspect. Understanding how intersecting factors such as race, gender identity, sexual orientation, socioeconomic status, and disability shape mental health challenges and resilience enables practitioners to provide more empathetic, inclusive, and effective care.

Seek supervision and peer support

Regularly consult with colleagues or supervisors to gain a different perspective and address challenges related to power and privilege in therapy. These interactions provide a supportive space to explore complex dynamics and identify areas for growth.

Engage in peer groups or professional networks that prioritize equity and inclusion, will help create a sense of community and shared learning. These networks offer opportunities to exchange ideas, access resources, and deepen understanding of diverse experiences.



See ***Activity 65 Examples of Heterosexual Privilege*** for a list of some heterosexual privileges.

Read about different form of power in psychotherapy (professional power, transference socio-political and bureaucratic): ***Power Dynamics in the Clinical Situation: A Confluence of Perspectives***.

After going through the privilege tracker worksheet, providers and therapists are encouraged to critically engage with the following questions as a way of further deepening their insight to their privileges.



How do these privileges shape my assumptions or interventions in therapy?

These privileges can lead providers to assume that certain resources, support, or life opportunities are universally accessible. This might influence the interventions they propose, inadvertently requiring levels of financial stability, cultural familiarity, or language fluency that not all clients have.

Where might I unintentionally minimize a client's struggles because I cannot personally relate to them?

Providers who have never experienced racial profiling, socioeconomic insecurity, or stigma related to sexual orientation or gender identity may unintentionally downplay the emotional toll such experiences exact. They might respond with less urgency, empathy, or validation because they lack personal familiarity with these challenges, potentially making clients feel unseen or misunderstood.

Which of my privileges intersect to create an even greater power imbalance between me and my clients? Privileges related to race, socioeconomic status, educational background, and professional authority often intersect, magnifying the power differential in the therapeutic relationship. For instance, being a white, financially secure, and highly educated professional may mean that the provider benefits from multiple reinforcing advantages that make it easier for their voice to be heard and respected, potentially overshadowing the client's lived experience.

How can I use my awareness of these privileges to actively counter biases, make therapy more accessible, and validate the experiences of my clients? Recognition of the potential impact of their privileges should prompt providers to approach therapy with greater cultural humility. For example, they can adjust their language, incorporate culturally relevant materials, and recommend resources that are more accessible. They can seek ongoing education, supervision, and peer consultation to identify and address biases. Most importantly, they can invite feedback from clients, actively listen, validate their realities, and ensure that their therapeutic approach honors the client's identities and lived experiences.

- 
- ☐ Initiated conversations about the inherent power imbalance in the therapeutic relationship
 - ☐ Avoided assumptions; asked clients to define their identities and experiences in their own word
 - ☐ Modeled humility and commitment to continual learning
 - ☐ Reflected on how your own intersecting identities influence your perspective and practice
 - ☐ Engaged in regular self-reflection, supervision, and continuing education on cultural humility
 - ☐ Respected the client's autonomy by inviting their input at every stage of therapy
 - ☐ Empowered clients to provide feedback on perceived microaggressions or biases



- ☐ Took responsibility, apologized, and repaired the therapeutic relationship when missteps occurred
- ☐ Used your voice and influence to promote systemic change in mental health care
- ☐ Reflected on biases, assumptions, and blind spots through supervision, peer consultation, or personal therapy
- ☐ Stayed informed about the lived experiences of diverse communities to provide inclusive care
- ☐ Regularly consulted with colleagues or supervisors to explore power dynamics and areas for growth
- ☐ Joined peer groups or professional networks that prioritize equity and inclusion

Activity 65 Examples of Heterosexual Privilege¹⁶⁷

Heterosexual privilege is the unearned, often unconscious and taken for granted benefits afforded to heterosexuals in a heterosexist society based on their sexual orientation. Notice that the items on the list represent personal, social, psychological, economic, and legal privileges that accrue to heterosexuals.

All heterosexuals have these privileges most of the time, the goal of reading and thinking about the list is to raise awareness. As you read this list, assess which of them you are aware that you have, and which of them you never thought about before.

The privileges are written from the perspective of heterosexuals, and is not a complete list:	Aware	Not Aware
No one questions the “normality” of my sexuality or believes my sexuality was “caused” by psychological trauma, sin, or abuse.		
I do not have to fear that my family, friends, or co-workers will find out about my sexual orientation, and that their knowing will have negative consequences for me.		
I get paid leave from work and condolences from colleagues if my partner dies.		
My sexual orientation (if known to others) is not used to exclude me from any profession or organization (e.g., teaching, coaching, joining the military, Boy Scouts).		
In the event of my partner’s death, I can inherit from my partner’s estate.		
I am not accused of being deviant, warped, perverted, psychologically confused, or dysfunctional because of my sexual orientation.		

¹⁶⁷ LGBTQ+ Initiatives at the University of California, Merced, “Queer Ally Homework,” accessed 26 May 2025, http://www.queer.ucmerced.edu/sites/queer.ucmerced.edu/files/page/documents/queer_ally_homework.pdf.

The privileges are written from the perspective of heterosexuals, and is not a complete list:	Aware	Not Aware
I get reduced rates with my partner on health, auto, and homeowner's insurance.		
I can go home from most meetings, classes, and conversations without feeling excluded, attacked, ostracized, outnumbered, intimidated, invisible, stereotyped, dehumanized, or feared because of my sexual orientation.		
I can have immediate access to my loved ones in the hospital in the event of an accident or illness.		
People don't assume that I know all the other heterosexuals just because they're heterosexual.		
I have support and inclusion from my family of origin for my relationship with my partner.		
People do not ask me why I chose my sexual orientation, and why I choose to be so open about it.		
I can walk in public, holding my partner's hand, hug my partner, and even kiss my partner in front of others without disapproval, comments, laughter, harassment, or the threat of violence.		
I can easily find a religious community that will welcome me and my partner.		
I can talk openly about my relationship, my family projects, my vacations, my partner's activities, and our family plans in personal and professional settings.		
I am guaranteed to find sexuality education materials for couples of my sexual orientation.		

The privileges are written from the perspective of heterosexuals, and is not a complete list:	Aware	Not Aware
I can disclose my pain if my relationship ends and expect that friends, family, and coworkers will notice and express their support for me.		
My gender identity is not challenged as a result of my sexual orientation.		
I can work with young children and not fear being accused of molesting, corrupting, or recruiting them to my sexual orientation.		
I can talk about my sexual orientation in casual conversation and not be accused of flaunting it or pushing it on others.		
I can volunteer or give money to organizations that discriminate based on sexual orientation and not be held accountable for the organization's stance.		
When I rent a movie, watch TV, listen to music, or go to the theater, I can be sure that my sexual orientation will be represented often and accurately.		
I can date the person I am attracted to beginning in my teens and throughout my life.		
I am guaranteed to find people of my sexual orientation represented in the school curriculum.		
I can live openly with my partner without the scrutiny, curiosity, or condemnation of others.		
People of my sexual orientation are well-represented in the positions of power in my workplace.		

The privileges are written from the perspective of heterosexuals, and is not a complete list:	Aware	Not Aware
My relationship receives validation and blessing by my religious community.		
My individual behavior does not reflect on all people of my sexual orientation.		
I can expect social acceptance from my neighbors, colleagues, and new friends.		
In everyday conversation, the language used assumes my sexual orientation (sex = heterosexual sex; family = a man, a woman, and their children; spouse = husband or wife of another gender).		
I do not have to hide or lie about the social events I attend when talking to others.		
People do not assume that I am promiscuous or sex-focused because of my sexual orientation.		
I am identified by my profession or interests rather than my sexual orientation (I am a teacher, not a gay teacher; I am a musician, not a lesbian musician).		
I have a life rather than a lifestyle.		
My sexual orientation is not used as a synonym for "bad," "stupid," or "disgusting" (e.g., "That's so gay" or "What a fag").		
I can raise children without threats of state intervention and without my children having to be worried about which friends might reject them because of their parents' sexual orientation.		

The privileges are written from the perspective of heterosexuals, and is not a complete list:	Aware	Not Aware
People do not assume that I can magically identify all people of my sexual orientation.		
I feel secure that few hate crimes are targeted at people like me because of our sexual orientation.		
I do not ever have to justify my identity, my life, or my sexual orientation to people who think I should not exist.		
I benefit from public recognition and celebration of my relationship. I get cards congratulating me on my union, and there is a social expectation that my relationship will be a committed, long, and stable marriage .		
I do not have to choose between spending significant family time (like religious holidays and family events) with my family of origin or my family of choice. I can assume that my family of origin will welcome or at least accept my partner.		
I can live every day without ever having to face, confront, engage, or cope with anything on these pages.		

Self-Care for the Mental Health-Care Provider



For many mental health-care providers, supporting survivors of conversion practices is deeply meaningful and professionally fulfilling. This work offers an opportunity to witness and support extraordinary journeys of resilience and healing. However, the emotional and relational demands of engaging with complex trauma and systemic injustices require providers to prioritize their own well-being. Without active self-care, providers risk burnout, secondary trauma, or compassion fatigue, which can compromise their capacity to remain present and effective in the therapeutic space.

Provider well-being is a professional and ethical responsibility. A thriving therapeutic relationship depends on empathy, focus, and emotional attunement, which are grounded in a provider's emotional and psychological health. By nurturing their well-being, providers ensure they can sustain the patience, understanding, and care that survivors need and deserve.

The work of supporting survivors also brings providers into contact with broader systemic challenges, such as the cultural, legal, and societal forces that perpetuate harm against LGBTIQ individuals. These realities can evoke a range of responses, including anger, grief, or frustration, especially when systemic barriers hinder progress for clients. Practicing self-care helps providers process these responses constructively, maintaining their ability to approach the work with clarity, focus, and a sense of purpose.

For providers who share lived experiences or identities with their clients, the work can hold additional layers of significance. While this shared understanding can create powerful connections, it may also amplify the emotional intensity of the work. Self-care practices enable providers to maintain clear boundaries, reflect on their own experiences, and remain client-centered, ensuring that their personal narratives do not overshadow the therapeutic process.

Ultimately, self-care is a vital component of ethical, compassionate, and sustainable practice. It equips providers with the emotional resources to navigate the complexities of their work while modelling resilience and balance—qualities that are integral to the healing journeys of their clients. By prioritizing their own well-being, providers reaffirm their commitment to creating an affirming, safe, and supportive therapeutic space for both themselves and those they serve.

PROVIDERS CAN DO THE FOLLOWING:

Recognize personal limits

Stay vigilant for signs of compassion fatigue, secondary trauma, or burnout, particularly when working with survivors whose narratives involve profound systemic and interpersonal betrayal. Recognize when exposure to recurring accounts of harm begins to impact your emotional or physical health.

Reflect on how your own identity, experiences, or values intersect with the work, particularly if you share lived experiences with the survivor or if the cultural/religious context resonates with your own history.

Acknowledge when the work feels overwhelming and proactively seek external supervision or peer support before the emotional toll escalates to a crisis.

Set and maintain boundaries

Define clear professional boundaries while remaining empathic and affirming. Survivors' histories may include blurred or violated boundaries, so modelling healthy, consistent boundaries is both a therapeutic and a self-protective practice.

Be mindful not to over-identify with survivors' struggles, especially if you are a member of the LGBTIQ community or a survivor of similar practices. Use supervision to distinguish between your reactions and the survivor's needs.

Balance advocacy with personal capacity. Avoid becoming overextended in activism, especially in regions where supporting survivors may carry risks such as legal repercussions or social ostracism.

Create and maintain a support network

Cultivate connections with other affirming practitioners, including those experienced in addressing conversion practices, to share insights, interventions, and strategies for resilience.

Participate in peer consultation groups or interdisciplinary teams where the complexities of faith, family, and cultural dynamics in survivors' experiences can be openly discussed.

Engage with advocacy networks or human rights organizations for solidarity and practical support, particularly when facing professional or systemic pushback.

Engage in regular reflective practice

Use reflective practices such as journaling, supervision, or frameworks such as Witnessing Positions (Weingarten) to process the emotional and ethical complexities of this work. This helps maintain objectivity while honoring the emotional impact of survivors' stories.

Reflect on how the systemic injustices faced by survivors may trigger personal reactions. Acknowledge anger, grief, or frustration while working toward constructive responses that sustain your professional integrity and emotional balance.

Regularly revisit your motivations for engaging in this work to maintain alignment with your values and avoid disillusionment.

Prioritize physical and emotional well-being

Incorporate restorative practices tailored to your needs, such as yoga, meditation, or grounding techniques, to help process the secondary trauma often encountered in this work.

Acknowledge the emotional demands of working in contexts where conversion practices are normalized or covertly supported. Build rituals or routines that help you separate work from personal life, ensuring time to recover and recharge.

Stay connected to joy and meaning in your personal life, whether through hobbies, community engagement, or moments of quiet reflection.

Develop resilience strategies

Celebrate the small but meaningful victories in your work, such as helping survivors reclaim aspects of their identity or navigate complex family dynamics.

Practice gratitude for the opportunity to support survivors' journeys of healing and empowerment, even in the face of systemic adversity.

Focus on strengths-based strategies, both for your clients and yourself, identifying ways to build resilience and maintain hope amidst the challenges.

Pursue ongoing education

Stay informed about advancements in trauma-informed care, affirmative practices, and the socio-political landscape of conversion practices in your region and globally.

Attend training sessions on navigating personal and professional safety in environments where anti-affirming ideologies are dominant or legally supported.

Deepen your knowledge of culturally nuanced interventions, particularly those that address the intersections of faith, family, and identity in survivor care.

Access professional support

Seek regular supervision from practitioners experienced in trauma-informed and LGBTQ-affirming care. Use these spaces to navigate ethical dilemmas, countertransference, and complex casework.

Consider therapy or counseling to process any personal reactions, unresolved trauma, or secondary stress that arises from this work—especially if your identity or history mirrors that of your clients.

Safeguard against harassment and threats

Obtain professional indemnity insurance or similar protections, particularly in regions where conversion practices are legally contested or where your work may make you a target.

Develop and regularly update a personal and professional safety plan, including strategies to protect your online presence and client confidentiality.

Use encrypted communication tools and digital security measures if working in high-risk areas or handling sensitive survivor information.

Cultivate a safe working environment

Collaborate with colleagues to create workplace cultures that explicitly affirm LGBTIQ identities and provide spaces of care for staff working with survivors.

Advocate for institutional policies that condemn conversion practices, offer protections for practitioners, and ensure resources for survivor support.

Establish protocols for staff well-being, including access to debriefing sessions, peer support, and workplace counseling services.

Legal and context-specific guidance

Seek legal training or advice on your rights and obligations as a practitioner in regions where conversion practices are legal or covertly supported.

Align your work with organizations such as PsySSA, PATHSA, or global bodies such as Outright International to access guidance on ethical and safe practice frameworks.

Familiarize yourself with asylum processes or legal protections for survivors fleeing hostile regions, ensuring you can connect clients with appropriate resources.

Recognize the role of identity and intersectionality

Reflect on how your own identity and positionality may shape your work with survivors, being aware of how your experiences and privileges intersect with those of your clients.

Engage in cultural humility, recognizing the unique challenges faced by survivors at the intersections of race, religion, socio-economic status, and sexual or gender identity.

Tailor your interventions to honor the survivor's cultural and personal context while fostering their autonomy and dignity.

Take time off

Schedule regular breaks from the emotionally intensive demands of supporting survivors to prevent desensitization or exhaustion. Use these periods to reconnect with what sustains you personally and professionally.

Plan intentional, longer periods of rest or retreat, especially after particularly challenging cases or public-facing advocacy efforts that expose you to scrutiny or harassment.



Case Consultation and Reflection Worksheet for Providers

This worksheet is designed to support mental health providers working with survivors of conversion practices in navigating the complex emotional, ethical, and professional challenges inherent in this work. It serves as a structured tool for reflection, supervision, and ethical witnessing, helping providers critically assess their therapeutic approach, maintain professional boundaries, and identify areas for growth and support. See [*Activity 66 Case Consultation and Reflection Worksheet for Providers*](#).

Witnessing positions (Weingarten): Witnessing positions is a reflective framework developed to help individuals process their role as witnesses to trauma while navigating their own emotional responses. It supports providers in maintaining empathy without becoming overwhelmed by the systemic injustices survivors face.

Four witnessing positions: Witnessing for self, witnessing for others, being witnessed, and witnessing systemic injustices.

Encourages recognition of one's emotional responses while maintaining focus on survivor strengths and narratives.

Balances accountability with self-compassion, fostering a reflective and ethical practice.

Reflect on your current position as a witness:

"What am I witnessing in the survivor's story?"

"How does this relate to broader systemic issues, and what am I feeling in response?"

Explore your emotional and cognitive responses to trauma narratives.

Revisit your role regularly, ensuring that your focus remains survivor-centered while attending to your emotional health. Use this practice in peer supervision or as part of reflective journaling.

Developing a personal safety plan

Providers should proactively create a safety plan to manage risks associated with working on sensitive topics, particularly in contexts where conversion practices are politically or socially contentious.

Steps to Develop a Plan:

Assess risks: Identify potential threats, such as online harassment, workplace backlash, or legal challenges.

Safeguard personal information: Use privacy settings on social media and limit personal details shared publicly. Consider using encrypted communication tools for sensitive conversations.

Legal protections: Research local laws and protections for affirming practitioners. Where necessary, consult legal experts or advocacy organizations for guidance.

Support networks: Build relationships with trusted peers, supervisors, and organizations for solidarity and advice.

Emergency protocols: Create a plan for responding to harassment or threats, including knowing when and how to involve law enforcement or legal counsel.



Refer to the [PsySSA Guidelines for Psychology Professionals Working with Sexually and Gender-Diverse People](#)

The PsySSA guidelines provide foundational principles and best practices for affirming care across diverse contexts. While developed in South Africa, these guidelines offer globally relevant insights for professionals working with LGBTIQ individuals, including survivors of conversion practices. They address essential principles such as adopting an affirmative stance, ensuring non-discrimination, and countering stigma, prejudice, and violence.

Access: Available through PsySSA's Sexual and Gender Division's [website](#) or by request from professional networks.

Activity 66 Case Consultation and Reflection Worksheet for Providers

This worksheet is designed to support mental health providers working with survivors of conversion practices in navigating the complex emotional, ethical, and professional challenges inherent in this work. It serves as a structured tool for reflection, supervision, and ethical witnessing, helping providers critically assess their therapeutic approach, maintain professional boundaries, and identify areas for growth and support.

INSTRUCTIONS FOR USE

For reflection

Complete this worksheet independently to deepen self-awareness and critically evaluate your therapeutic approach.

For supervision

Share your reflections with a supervisor or peer consultation group to gain additional insights and perspectives.

Revisit regularly

Use this worksheet periodically throughout the therapeutic process to track progress, identify evolving needs, and ensure alignment with survivor-centered care principles.

Step 1: Context and Survivor-Centered Focus	
Case Overview	
What are the key aspects of the survivor’s experiences with conversion practices that they have shared with you?	
How has this impacted their psychological, emotional, and social well-being?	
Current Therapeutic Focus	
What are the survivor’s immediate needs and priorities in therapy?	

Step 1: Context and Survivor-Centered Focus

What long-term goals have they expressed?	
Cultural and Societal Context	
How do cultural, religious, or societal influences affect the survivor's experiences and recovery process?	
Are there specific dynamics, such as familial or community pressures, that need to be addressed?	

Step 2: Witnessing Positions Reflection (Weingarten)

The witnessing framework encourages providers to reflect on how they witness and engage with the survivor's story and emotions, ensuring ethical and empowering therapeutic practices. Use the table below to assess and guide your approach:

Witnessing Position	Provider Reflection	Plan for Action
Bearing Witness	How have you borne witness to the survivor's pain without minimizing or retraumatizing their experiences?	Example: Use active listening techniques to validate the survivor's narrative while maintaining neutrality.
Compassionate Witnessing	How do you balance empathy with professional boundaries to support the survivor's autonomy?	Example: Use reflective statements to affirm survivor agency (e.g., "It's powerful how you're defining your path forward.").
Ethical Witnessing	Are you identifying systemic injustices connected to the survivor's experiences? How are you addressing these?	Example: Discuss systemic barriers with the survivor and identify advocacy resources or referral options.
Shared Witnessing	How do you create space for collaborative meaning-making between you and the survivor?	Example: Invite the survivor to share what support feels most empowering and co-create goals together.

INSTRUCTIONS FOR COMPLETION

- Reflect on each witnessing position as it applies to your work with the survivor.
- Use the “Plan for Action” column to document specific adjustments or enhancements to your therapeutic approach.
- Review this table regularly and update as needed.

Step 3: Provider Self-Reflection	
Personal responses and biases How have you been emotionally impacted by the survivor’s narrative (e.g., anger, sadness, hope)? Are there personal values or biases that may influence your perspective?	Boundaries and professionalism Are you noticing challenges maintaining professional boundaries, particularly when the survivor’s story overlaps with your own experiences or beliefs? How are you managing emotional responses, such as personal anger at systemic injustices, to maintain a balanced therapeutic relationship?

Step 4: Trauma-Informed and Affirming Practices		
Safety and trust-building • What steps have you taken to establish safety and trust in the therapeutic relationship? • How are you ensuring the survivor feels empowered and validated?	Approaches to addressing trauma • How are you navigating trauma responses (e.g., dissociation, hypervigilance) during sessions? • Are there any strategies or tools you are using to support emotional regulation?	Identity affirmation • How are you supporting the survivor in reclaiming and affirming their identity? • Have you addressed internalized shame or stigma in a meaningful way?

Section 5: Ethical and Systemic Considerations	
Ethical dilemmas • Are there any ethical dilemmas you are encountering, such as balancing survivor autonomy with systemic challenges? • How are you navigating these dilemmas?	Systemic advocacy • Are there broader systemic barriers impacting the survivor’s access to care or support? • How can you, as a provider, advocate for systemic change or connect the survivor to advocacy resources?

Step 6: Supervision and Support Network

Consultation Needs

What challenges or uncertainties are you experiencing with this case?

What insights or guidance are you seeking from supervision or peer consultation?

Collaborative Reflection

Are there specific aspects of the survivor's experience or your response that would benefit from collaborative reflection with peers?

Feedback Integration

What feedback have you received from supervision or consultation?

How have you applied this feedback to your work with the survivor?

Advocacy and Networking

Are there local or regional resources (e.g., peer consultation groups, LGBTIQ networks) that could provide additional support or collaboration?

Step 7: Personal Resilience and Safety

Personal Safety Plan

What measures are you taking to protect yourself from harassment or backlash, particularly if you are publicly advocating for affirming practices?

Step 7: Personal Resilience and Safety	
Have you established boundaries around your digital and physical presence to ensure safety?	
Self-Care and Emotional Well-Being	
What self-care practices are you implementing to recover from the emotional toll of this work?	
Are there any specific practices (e.g., grounding exercises, supervision) that have been especially helpful?	
Growth and Learning	
What have you learned from working with this survivor?	
Are there areas where you would like to deepen your knowledge or skills?	

Worksheet for Supervision and Reflection	
Case Details (complete prior to supervision or personal reflection):	
Prompt	Reflection/Response
Key survivor experiences	
Immediate therapy goals	
Cultural/systemic barriers	
Emotional responses to the work	
Challenges in boundaries	

Worksheet for Supervision and Reflection	
Case Details (complete prior to supervision or personal reflection):	
Ethical dilemmas or uncertainties	
Areas for additional supervision	
Advocacy or networking opportunities	

CONCLUSION

This toolkit provides mental health practitioners with a comprehensive framework to support survivors of conversion practices while maintaining their own professional and emotional well-being. By integrating survivor-centered care with provider-centered practices, the guidelines emphasize the interconnectedness of effective support and ethical practice. The journey of healing from conversion practices is deeply personal and multifaceted, requiring sensitivity, adaptability, and an unwavering commitment to fostering empowerment and trust.

Survivors need practitioners who can provide not only safety and validation but also guidance through the complexities of reclaiming identity, rebuilding community connections, and navigating systemic challenges. At the same time, practitioners must be equipped to address the nuanced power dynamics within therapeutic relationships and to sustain their own emotional resilience through reflective and mindful self-care.

Ultimately, this toolkit underscores that healing is a collaborative process—one that is enriched when survivors feel empowered and providers are well-prepared to meet their needs. By embracing these guidelines, practitioners contribute to a more compassionate, equitable, and affirming landscape of care for survivors of conversion practices, ensuring that each step forward is grounded in respect, empathy, and shared humanity.

APPENDIX 1.

THE HISTORICAL AND SOCIAL CONTEXT OF SEXUAL AND GENDER DIVERSITY IN AFRICA

LGBTIQ identities in Africa have evolved within a complex framework shaped by indigenous practices, colonial disruptions, and the influence of modern religious and political landscapes. Far from being a recent “Western import,” as some proclaim, many African cultures have long understood and acknowledged diverse gender roles and sexual expressions that challenge binary gender concepts. However, colonialism, religious doctrine, and post-colonial political developments played significant roles in shaping contemporary attitudes towards these identities, often creating the stigma that still affects LGBTIQ individuals today.¹⁶⁸ Understanding this history is critical for mental health providers who aim to offer affirming care while dismantling harmful stereotypes and practices that still persist.

PRE-COLONIAL PERSPECTIVES: INCLUSION AND FLUIDITY

Long before colonial influences, many African societies maintained fluid and inclusive gender roles and sexual relationships. These roles were often shaped by social, spiritual, and practical considerations rather than rigid biological categories. Among the Igbo people of Nigeria, for example, women could assume the role of “female husbands,” a socially recognized position that allowed them to take on male roles within family and economic systems.¹⁶⁹ Similarly, many African communities recognized the presence of gender non-conforming individuals who held important cultural or spiritual roles, often contributing to the well-being of their societies.¹⁷⁰ These inclusive practices were not framed as deviant but were integrated into the community’s social fabric, demonstrating a long history of gender and sexual fluidity that predated the colonial period.

Evidence of these historical practices challenge the widely held belief that LGBTIQ identities are foreign to African cultures. By understanding how pre-colonial African societies embraced non-binary gender roles and same-sex relationships, mental health providers can offer a more culturally sensitive and affirming approach to care, acknowledging that gender diversity is not a new or foreign concept in African contexts.¹⁷¹

COLONIAL IMPACT AND THE “UN-AFRICAN” ARGUMENT

Colonialism had a profound effect on African understandings of gender and sexuality. European colonial powers imposed rigid Western legal and moral frameworks that criminalized same-sex relationships and non binary gender identities, framing them as sinful or unnatural. For example, laws which included anti-sodomy regulations were reinforced by moral and religious ideologies that pathologized LGBTIQ identities,

¹⁶⁸ Godfried Asante and Jenna N. Hanchey, “Decolonizing Queer Modernities: The Case for Queer (Post) Colonial Studies in Critical/Cultural Communication,” *Communication and Critical/Cultural Studies* 18, no. 2 (2021): 212–220, <https://doi.org/10.1080/14791420.2021.1907849>; Kaoma, 2016; Outright, “Country Overview: Uganda;” Vasu Reddy, Theo Sandfort, and L. C. Rispel, *From Social Silence to Social Science : Same-Sex Sexuality, HIV & AIDS and Gender in South Africa : Conference Proceedings* (HSRC Press, 2009).

¹⁶⁹ (Amadiume, 1987)

¹⁷⁰ Flentje, Heck, and Cochran, “Experiences of Ex-Ex-Gay Individuals in Sexual Reorientation Therapy.”

¹⁷¹ Matolino, 2017; Chantal Zabus, “Africa Is More Queerer Than You Think,” *Africa Is a Country*, 3 April 2014, <https://africasacountry.com/2014/03/africa-has-always-been-more-queer-than-generally-acknowledged>.

embedding a culture of stigma that still persists.¹⁷² The criminalization of gender and sexual diversity served not only as legal punishment but also as an ideological tool that reinforced colonial control.

The legacy of these colonial laws continues to shape modern attitudes towards LGBTIQ identities in many African countries. The “un-African” argument, which claims that LGBTIQ identities are incompatible with African culture, has its roots in these colonial impositions. Leaders often invoke this argument to oppose LGBTIQ rights, despite historical evidence showing that many African societies embraced diverse gender roles and same-sex relationships long before colonialism.¹⁷³ For mental health providers, it is essential to recognize the ways in which these colonial narratives continue to influence contemporary legal and social views, including the ongoing marginalization of LGBTIQ individuals.

RELIGIOUS INFLUENCES AND THE RISE OF ANTI-LGBTIQ SENTIMENT

The arrival of Christianity and Islam in Africa further complicated the landscape of LGBTIQ identities. Both religions introduced moral frameworks that often condemned same-sex relationships and gender diversity, framing them as sinful or morally wrong. Biblical teachings, such as those concerning the destruction of Sodom and Gomorrah, were frequently cited to justify anti-LGBTIQ rhetoric, especially in North African and other conservative Christian communities.¹⁷⁴ These religious views were further reinforced by colonial powers, creating a powerful moral justification for the criminalization and pathologization of LGBTIQ identities.

In contrast, some African spiritual practices have historically recognized gender fluidity, such as in the case of sangomas in South Africa, who often embody fluid gender roles as part of their spiritual healing practices.¹⁷⁵ These traditional practices demonstrate that African spirituality, in some contexts, has offered a more inclusive approach to gender and sexuality than the rigid doctrines introduced by colonial powers.

In the modern era, American evangelical movements have played a significant role in shaping anti-LGBTIQ sentiment in Africa. These movements have invested heavily in promoting conservative religious ideologies that condemn LGBTIQ identities, often funding local groups and political campaigns that resist LGBTIQ rights.¹⁷⁶ This influence

¹⁷² Ezra Chitando and Pauline Mateveke, “Africanizing the Discourse on Homosexuality: Challenges and Prospects,” *Critical African Studies* 9, no. 1 (2017): 124–40, <https://doi.org/10.1080/21681392.2017.1285243>; Monica Tabengwa, and Matthew Waites, “Africa and the Contestation of Sexual and Gender Diversity: Imperial and Contemporary Regulation,” in *The Oxford Handbook of Global LGBT and Sexual Diversity Politics*, ed. Michael J. Bosia, Sandra M. McEvoy, and Momin Rahman (Oxford Handbooks, 2020); Gerbrandt van Heerden, “So, You Think Homosexuality Is Un-African? Um, Think Again.” *Huffington Post*, 12 July 2018, https://www.huffingtonpost.co.uk/entry/dispelling-the-myth-that-homosexuality-is-un-african-uk_5c7ea059e4b06e0d4c250e84.

¹⁷³ Matebeni, Monro, and Reddy, *Queer in Africa: LGBTIQ Identities, Citizenship, and Activism*; Chantal Zabuz, “Sex in Africa Is More Diverse Than Gay-Or-Straight,” *The Conversation*, 28 January 2014, <https://theconversation.com/sex-in-africa-is-more-diverse-than-gay-or-straight-22500>.

¹⁷⁴ Ezra Chitando and Nisbert T. Taringa, “The Churches, Gukurahundi, and Forgiveness in Zimbabwe,” *International Bulletin of Mission Research* 45, no. 2 (2021): 187–96, <https://doi.org/10.1177/2396939320951559>.

¹⁷⁵ Jeffrey Schneider, *Uniform Fantasies: Soldiers, Sex, and Queer Emancipation in Imperial Germany* (University of Toronto Press, 2023); Kwame E. Otu and Adriaan van Klinken, “African Studies Keywords: Queer,” *African Studies Review* 66, no. 2 (2023): 509–30, <https://doi.org/10.1017/asr.2022.163>.

¹⁷⁶ IJSC, *Inside the U.S. Christian Right’s Spending Boom in Africa*.

has compounded the marginalization of LGBTIQ people across the continent, further entrenching the belief that LGBTIQ identities are incompatible with African values.

INTERNATIONAL HUMAN RIGHTS AND LOCAL RESISTANCE

International human rights frameworks such as the Universal Declaration of Human Rights (UDHR) and the Yogyakarta Principles affirm the rights of LGBTIQ individuals to live free from discrimination and violence.¹⁷⁷ These global standards provide a robust foundation for advocating for the rights of LGBTIQ individuals in Africa. However, many African governments resist these frameworks, arguing that LGBTIQ rights contradict local cultural or religious values.

The tension between global human rights standards and local resistance creates a complex environment for LGBTIQ individuals in Africa. Mental health providers must be aware of both the international human rights frameworks that protect LGBTIQ individuals and the local cultural, legal, and political dynamics that shape their experiences.

¹⁷⁷ (United Nations, 1948; International Commission of Jurists, 2017)

APPENDIX 2.

LANGUAGE MATTERS

RELATIONAL ROLES AND SEXUAL IDENTITY IN AFRICAN CONTEXTS

Language plays a significant role in how individuals understand and express their identities, especially concerning gender and sexuality. In many African societies, terms used to describe same-sex relationships emphasize relational roles rather than fixed sexual identities. This linguistic focus reflects broader cultural understandings of social roles, gender expectations, and the nuances of interpersonal relationships.

For instance, in Swahili-speaking regions, terms like **shoga** and **basha** are commonly used to describe partners in same-sex relationships. Shoga refers to an effeminate gay man, often the “bottom” partner in a sexual relationship, while basha denotes the dominant, “top” partner who assumes the masculine role.¹⁷⁸ These terms are not merely descriptors of sexual behavior but carry cultural meanings related to gender roles, status, and expectations.

The emphasis on relational roles serves multiple functions within these communities. On one hand, it “queers” traditional gender roles by allowing individuals to express their gender and sexuality in ways that challenge binary norms. By adopting roles that blend or transcend conventional gender expectations, individuals may subvert traditional notions of masculinity and femininity, thereby expanding the cultural understanding of gender and sexuality.

On the other hand, this focus can also reflect an alignment with heteronormative frameworks. Assigning gendered roles within same-sex relationships that mirror traditional male-female dynamics may serve to normalize these relationships within existing societal structures. This alignment can be a way for individuals and communities to reconcile same-sex relationships with prevailing cultural expectations about gender and sexuality.

For some, adopting these relational roles provides a socially recognizable way to navigate their identities in contexts where fixed sexual identities such as “gay” or “lesbian” may not be widely accepted or understood. It can be a strategic adaptation that allows for the expression of same-sex desire while mitigating potential social sanctions.¹⁷⁹ This adaptation illustrates the resilience and creativity of LGBTIQ individuals in negotiating their identities within restrictive environments.

However, this dynamic can also limit the expression of identity by confining individuals to specific roles that may not fully encompass their experiences or desires. It may perpetuate stereotypes and restrict the fluidity of gender and sexual identities by imposing a binary framework onto relationships that are inherently diverse.

Recognizing how language reflects and shapes experiences of gender and sexuality can enhance culturally sensitive and affirming support. Providers should approach these dynamics without judgement, acknowledging the ways in which individuals navigate and negotiate their identities within their specific cultural and social environments.

¹⁷⁸ Moscas de Colores, “Swahili Gay Dictionary,” <https://www.moscasdecolores.com/en/gay-dictionary/swahili/> (accessed 8 June 2025).

¹⁷⁹ Deborah P. Amory, “Mashoga, Mabasha, and Magei: ‘Homosexuality’ on the East African Coast,” in *Boy-Wives and Female Husbands: Studies in African Homosexualities*, ed. S.O. Murray, W. Roscoe, and M. Epprecht (State University of New York Press, 2021); Otu and van Klinken, “African Studies Keywords: Queer.”

CODED LANGUAGE

Coded language has played a crucial role in African LGBTIQ communities, serving as a means of protection, identity formation, and community building. In environments where openly expressing one's sexual orientation or gender identity could lead to discrimination or harm, coded language allows individuals to communicate safely and find solidarity.

One prominent example is **Gayle**, an argot used primarily by English and Afrikaans-speaking gay men in urban South Africa. Originating in the 1950s within the drag culture of the Cape Coloured community, Gayle was initially known as **moffietaal** ("homosexual language").¹⁸⁰ It later spread to white gay communities in the 1960s. Gayle incorporates elements from English and Afrikaans, using women's names and creative wordplay to convey meanings known only within the community. For instance, "Laura" means "lover," "Priscilla" refers to the police, and "Christina" refers to a gay man who attends church.

Over time, Gayle has transcended its original confines. Today, it is no longer restricted to colored and white gay men but has infiltrated the speech patterns and vocabulary of individuals across various sexes, races, ages, and sexual orientations, promoting a playful, alternative reality for its speakers.¹⁸¹ While Gayle was once a protective measure under the oppressive apartheid regime, it has evolved into a celebrated part of the queer lexicon, enriching the cultural tapestry of South African LGBTIQ communities.

Similarly, in Nigeria, discreet terms like **sagba** are used by LGBTIQ individuals to identify one another without exposing themselves to potential dangers.¹⁸² These coded expressions serve as vital tools for maintaining privacy and safety in contexts where open identification may lead to severe consequences.

In addition to established argots like Gayle, new forms of coded language continue to emerge within specific subcultures. For example, transgender women in South Africa and Zimbabwe have developed terms that emphasize their femininity and affirm their identities. Words like "Mavis" and "Mabel" are used among peers to foster a sense of belonging and validation.¹⁸³

The advent of the internet and social media has further expanded the possibilities for coded language and communication within LGBTIQ communities. Online platforms have become spaces where individuals can develop and share new terminology, slang, and shorthand, fostering connections across geographical boundaries. This digital lexicon continues to evolve, reflecting the creativity and resilience of the community.

Coded language, therefore, is not only about secrecy and protection; it also celebrates identity, culture, and solidarity. It offers a vibrant, colorful vocabulary that enriches the lives of those within the LGBTIQ community, providing both a means of expression and a way to navigate complex social landscapes.

¹⁸⁰ Ken Cage, *Gayle: The Language of Kinks and Queens, A History and Dictionary of Gay Language in South Africa* (Jacana Media, 2003).

¹⁸¹ (Hendricks, 2014).

¹⁸² Onanuga, "Coming Out and Reaching Out," Onanuga, "A Journey Worth Taking: Language and Migration Narratives in Nigerian Queer X (Twitter) Discourse," *African Identities* (2024): 1–17, <https://doi.org/10.1080/14725843.2024.2385494>.

¹⁸³ Azwihangwisi Helen Mavhandu-Mudzusi et al., "Terms Which LGBTQI+ Individuals Prefer or Hate To Be Called By," *Heliyon* 9, no. 4 (2023): e14990–, <https://doi.org/10.1016/j.heliyon.2023.e14990>.

RECLAIMED TERMINOLOGY

Language plays a significant role in shaping identity and social interactions, especially for marginalized communities. For African LGBTIQ individuals, words and terms that were once used to demean or dehumanize have been reclaimed, transforming them into symbols of resilience, pride, and solidarity. This reclamation process is deeply connected to the empowerment of African LGBTIQ communities, as it allows individuals to redefine their identities on their own terms, counteracting historical stigma and discrimination.

For instance, **moffie**, which was once a derogatory term used in South Africa to insult gay men, has been embraced by some within the community as an expression of pride and strength. By reclaiming the term, many LGBTIQ individuals have turned it into a symbol of resistance against societal judgment and a marker of unity within the South African queer community. However, this reclamation is not universal, and some individuals may still find the term painful due to its historical weight, so it is essential to respect the preferences of clients when it comes to language.

However, not all terms can be easily reclaimed. Some words, while perhaps familiar within a particular region, carry a level of stigma that continues to affect their usage. For example, **unqingili** in Zulu, often translated as “faggot,” is still a highly charged and derogatory term used to demean gay men. Similarly, in Swahili-speaking regions, terms like **bwbwa**, meaning “undercooked rice,” are used to mock gay men, implying that they are incomplete or inferior.¹⁸⁴ For mental health providers, it is essential to understand the weight these terms may carry and to approach conversations with sensitivity. Using such terms without understanding their emotional impact could cause harm, especially when clients have faced years of societal rejection and stigmatization.¹⁸⁵

Reclaiming terminology can empower individuals, allowing them to take back control of their narratives, affirm their identities, and resist the harmful language that has been imposed upon them. However, this process is complex, and it is not always universally accepted within the community.¹⁸⁶ For mental health providers, understanding the cultural and emotional context of these reclaimed terms is essential in building a therapeutic relationship that is both respectful and affirming.

Some LGBTIQ individuals may choose to embrace terms that others find triggering, and as a provider, it is essential to ask clients about their language preferences. By doing so, you ensure that the language you use aligns with the client’s sense of self and avoids reinforcing negative associations tied to certain words. Language sensitivity in this context helps foster a safe, supportive, and affirming therapeutic environment, which is key to effective practice.¹⁸⁷

¹⁸⁴ Moscas de Colores, “Swahili Gay Dictionary.”

¹⁸⁵ Ell Scheepers and Ishtar Lakhani, “Somewhere Over the Rainbow: The Continued Struggle for the Realisation of Lesbian and Gay Rights in South Africa,” in *Protecting the Human Rights of Sexual Minorities in Contemporary Africa*, ed. S. Namwase and A. Jjuuko IRSA: Pretoria University Law Press, 2017).

¹⁸⁶ John Ndungu Kungu and Babere Kerata Chacha, “Decolonizing African Sexualities: Between Continuities and Change,” *International Journal of Social Sciences and Management Review* 5, no. 2 (2022): 14–30, <https://doi.org/10.37602/IJSSMR.2022.5202>; Matebeni, Monro, and Reddy, *Queer in Africa: LGBTIQ Identities, Citizenship, and Activism*.

¹⁸⁷ Otu and van Klinken, “African Studies Keywords: Queer.”

As African LGBTIQ communities continue to navigate the evolving landscape of sexual and gender identities, reclaimed terminology remains a powerful tool for resistance, solidarity, and identity affirmation. Recognizing and respecting these terms, and understanding their histories, will enable mental health providers to offer care that honors both the struggles and strengths of African LGBTIQ individuals.

QUEER IN AN AFRICAN CONTEXT

The term **queer** has been widely reclaimed by global LGBTIQ communities as an umbrella term that resists rigid definitions and embraces gender and sexual fluidity. However, in many African contexts, queer can carry a different, more complex meaning. While some African LGBTIQ individuals identify as queer, others may prefer more specific terms that resonate with local languages and histories.

In many African languages, terms for queer identities are less developed than those in Western LGBTIQ vocabularies, but they are evolving. **Amakhanukanodwa** is a term in isiXhosa that translates to “those who want their own,” and it is used to describe individuals who are attracted to the same sex. While the term is not widely used, it represents a culturally specific way of understanding same-sex attraction in the Xhosa-speaking community. Scott highlights how indigenous African languages like isiXhosa have not evolved at the same pace as Western terms for LGBTIQ identities, creating a linguistic gap that both challenges and reflects broader cultural attitudes toward same-sex attraction.¹⁸⁸ Collison also notes that while the term is relatively new and informal, it provides an important example of how African languages can develop new ways to describe queer identities, offering a more nuanced, locally relevant vocabulary than the often derogatory terms historically used.¹⁸⁹

Similarly, in Uganda, the term **kuchu** has gained significance within LGBTIQ activism. Originally a slang term, it has now been adopted by many LGBTIQ individuals as a way of identifying with their sexual and gender diversity. Kuchu helps to create a collective identity that transcends the limitations of Western labels such as “gay” or “lesbian,” offering a local alternative that resonates more deeply with the social, cultural, and political realities in Uganda. It is a term that reflects both solidarity and defiance against the homophobic and transphobic rhetoric that persists in the country. The term also highlights how African LGBTIQ communities are engaging with global queer movements while simultaneously asserting their unique cultural contexts.¹⁹⁰

¹⁸⁸ Lwando Scott, “Indigenous Language Complexities With LGBTI Terms,” Queer Consciousness, 31 January 2015, <https://queerconsciousness.com/indigenous-language-complexities-with-lgbti-terms/>.

¹⁸⁹ Carl Collison, “Searching for New Queer Terms,” Mail & Guardian, 7 September 2017, <https://mg.co.za/article/2017-09-07-00-searching-for-new-queer-terms/>.

¹⁹⁰ Richard Lusimbo and Austin Bryan, “Kuchu Resilience and Resistance in Uganda: A History,” in *Envisioning Global LGBT Human Rights*, ed. Nancy Nicol et al. (University of London Press, 2018).



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