Appendix A: Review of SOGIECE literature

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Sexual orientation and gender identity and expression conversion efforts (SOGIECE), also known as “conversion therapy” or “reparative therapy”, are pseudo-scientific practices intended to suppress or deny unwanted feelings or expressions of sexual attraction to members of the same gender or unwanted feelings or expressions of incongruence between one’s sex assigned at birth and gender identity.(1,2) SOGIECE are ineffective and harmful, often causing psychological damage, including poor self-esteem, internalized stigma and discrimination, self-harm, self-hatred, depression, anxiety, and suicide ideation and attempts; adaptive substance use (as a form of coping or suppression); and delayed integration and acceptance of sexual or gender minority identities.(1–7) For these reasons, SOGIECE have been unequivocally denounced by the Canadian Psychological Association, American Psychiatric Association, and numerous other health professional bodies.(8–11)

In the United States (US), empirical data are emerging to provide estimates of the prevalence of SOGIECE, social-demographic correlates of exposure to SOGIECE, and ongoing health consequences.(5,6,12) These data suggest a lifetime prevalence of SOGIECE exposure of 7-18% among lesbian, gay, bisexual, queer, and other sexual minority (i.e., non-heterosexual) people(12,13) and 14% among transgender, non-binary, and other gender minority (i.e., non-cisgender) people(6). Approximately half of sexual and gender minority people exposed to SOGIECE were subjected to these change efforts during childhood or adolescence.(12,13) Lifetime prevalence of SOGIECE exposure is highest among those born before 2000(5,14); however, at least 3-4% of sexual and gender minority children and adolescents (born after 2000) are estimated to have been exposed (likely much higher, owing to the challenges in sampling and surveying youth currently/recently exposed to SOGIECE).(12,14) Among US sexual minority populations, up to 60% of those exposed to SOGIECE report experiencing these change efforts in religious settings, while the remainder visited counselors (many unlicensed), psychologists, and psychiatrists.(3,12,13) Among US gender minority populations, 35% report exposure to SOGIECE in religious settings and the remainder in secular settings, including offices of medical doctors and psychologists.(5)

Evidence on how best to support SOGIECE survivors is scarce and outdated.(15,16) Individual stories of SOGIECE survivors suggest that effective models for healing and recovering from SOGIECE may include LGBTQ2-affirming psychotherapeutic approaches, dialogues or support groups with other survivors, opportunities for social connection to those with shared experiences, and trauma-informed practices.(17–21)

Federal SOGIECE bans have been enacted in two jurisdictions globally (Malta and Taiwan)(22,23) and proposed in three additional countries (Australia, Ireland, and Canada)(24–

26). A recent public opinion poll (July 26, 2019) found that 58% of Canadian adults think that "conversion therapy" should be banned in Canada.(27) It is unlikely that any single jurisdictional ban will eradicate SOGIECE because it occurs in a wide array of settings.(28) Settings include but are not limited to religious settings, private and unregulated "counsellor's" offices, businesses, and healthcare professional offices—some of which fall under the purview of federal legislation, others under provincial or municipal legislation. Healthcare professional-conducted SOGIECE is gradually being marginalized(1,29,30); however, this is only a recent phenomenon in the case of gender identity change efforts (i.e., for gender minority people), and many healthcare professionals who lack the training and support to deliver gender-affirming care may otherwise seek ways to deter their patients from transitioning from the gender aligned with their sex assigned at birth.(5,6,31–33) Moreover, as SOGIECE is banned and regulated in healthcare offices, a "market" for SOGIECE appears to have opened in settings beyond healthcare professional-regulated spaces.(28)

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Appendix B: Research priorities

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The following questions—corresponding to the four topics discussed at the Dialogue—were identified as areas where we need more evidence to fully address the harms associated with SOGIECE.

(1) Supporting survivors

- What forms of support and healing work for SOGIECE survivors (acknowledging there will not be a one-size-fits-all solution)?
- What types of practitioners are effectively addressing the needs of SOGIECE survivors?
- What settings work for reaching SOGIECE survivors (LGBTQ2 community spaces, healthcare settings, religious settings, other)?
- How do we adapt support services to reach tailored needs of SOGIECE survivors from diverse intersecting social positions relating to gender identity, gender, age, social-economic power, spirituality and faith, Indigeneity, and immigrant status?

(2) Legislative action and policy

- What evidence do legislators and policymakers need to inform government action toward SOGIECE?
- What has been the effect of legislative action in jurisdictions that have enacted SOGIECE bans (3 Canadian provinces, 18 US states, 2 federal governments)? And what made those particular bans effective (i.e., successfully result in reductions in SOGIECE exposure)?
- How does SOGIECE cause or relate to intersecting social and health problems? E.g., noting the high rate of homelessness among LGBTQ2 youth; should issues of SOGIECE be tied to legislative and policy responses to these pressing social and health crises?
- What is the relative impact of “negative” (bans) versus “positive” (healthcare for recovery from SOGIECE; improved access to LGBTQ2-affirming services) policy actions?
- What are the unintended consequences of bans?

(3) Creating and supporting LGBTQ2-affirming institutions

- What have the institution-specific impacts been of various institutional changes, including regulations and policies related to SOGIECE?
- What aspects of SOGIECE survivor stories are most effective at bringing about institutional changes?
- How can public opinion (polling data, etc.) be used to clarify to institutional leaders how their constituents, patients, and stakeholders feel about these practices?
- How do we transfer what is learned in one setting about promoting LGBTQ2-affirming policies and strategies, as well as curbing SOGIECE, to other institutions?

(4) Communications

- What ways of telling SOGIECE survivor stories have the greatest effects, in terms of shifting public understandings, and abating SOGIECE?
- What resources are needed to elevate the stories of SOGIECE survivors representing diverse intersecting positions (relating to gender, gender identity, gender expression, race, bisexuality, faiths, immigration status, and ages) that are otherwise not communicated?
- How can arts-based strategies be used as both communications tools and therapeutic supports for SOGIECE survivors?