

**Pray Away the Gay: Mainline Protestant Religious Leaders' Responses to the Conversion
Therapy Ban in Canada**

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A thesis submitted to the Faculty of Graduate Studies in partial fulfillment of the requirements of
the Master of Social Work Degree

*“He’s here in the midst of it –
right at the centre of the dance floor,
robes hitched up to His knees
to make it easy to spin.*

*At some point in the evening
a boy will touch the hem of His robe
and beg to be healed, beg to be
anything other than this;*

*and He will reach His arms out,
sweat-damped, and weary from dance.
He’ll cup the boy’s face in His hand
and say,
my beautiful child
there is nothing in this heart of yours
that ever needs to be healed”.*

Jesus at the Gay Bar

Jay Hulme (2021)

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Acknowledgements

I am incredibly fortunate to have had the guidance and encouragement of my supervisor, Dr. Ravi Gokani. Dr. Gokani first introduced me to the world of academia in 2018 and has fostered my interest in research since. Thank you for your years of mentorship and for persistently challenging me to grow as an academic. Your support and invaluable insight carried me through this thesis process and this work would not have been possible without you.

I extend my heartfelt gratitude to my thesis committee, Dr. Jodie Murphy and Dr. David Tranter. I am grateful to have had the opportunity to learn from you both in the classroom setting and to have your wisdom help shape this thesis. Thank you for sharing your extensive knowledge with me.

I would also like to sincerely thank the participants who volunteered their time and shared their stories in contribution to this research. I am deeply grateful for your vulnerability and trust. Thank you to the participant who shared the beautiful poem by Hulme (2021) which I have decided to include as a foreword to this thesis.

Finally, I would like to thank the Social Sciences and Humanities Research Council for their support by funding this research project through their Research Training and Talent Development program, specifically the Canada Graduate Scholarship for Master's students (CGS-M). I am very honoured and grateful to have received this highly regarded award.

Abstract

The purpose of this research study was to explore how mainline Protestant religious leaders are responding to the conversion therapy ban in Canada. In 2021, *Bill C-4: An Act to amend the Criminal Code (conversion therapy)* received royal assent and amended the Criminal Code to ban conversion therapy in Canada. This includes attempts to repress or change an individual's sexual identity or gender expression to heterosexual or cisgender (Parliament of Canada, 2021). Given the religious foundations of conversion therapy (Kinitz et al., 2021) this study aimed to answer the research question, "*How are mainline Protestant religious leaders responding to the conversion therapy ban in Canada?*". To answer this research question, 12 semi-structured qualitative interviews were completed with religious leaders from the Anglican Church of Canada and the United Church of Canada currently practicing in the province of Ontario. These participants were recruited using purposive and snowball sampling methods. Qualitative data were analyzed using thematic analysis. Participants indicated that they were in favour of the conversion therapy ban due to their acceptance of the 2SLGBTQ+ community, the identified strengths of the ban, the harm that conversion therapy causes, and their 2SLGBTQ+ affirming religious beliefs including scripture. Participants expressed concern over the efficacy and enforcement of the conversion therapy ban and offered suggestions for potential next steps following the conversion therapy ban. The findings of this research have potential implications for the literature on conversion therapy, Social Work practice, and mainline Protestant religious leaders.

Introduction

Conversion therapy has been defined by the Parliament of Canada (2021) as a practice, treatment, or service that seeks to repress or change a person's sexual orientation and/or gender identity to heterosexual or cisgender. This practice has been recognized within research as ineffective and harmful and practiced most commonly within Christian communities (Bracken, 2020; Drescher et al., 2016; Horner, 2010; Kinitz et al., 2021; Subhi et al., 2011). Despite the religious foundations of conversion therapy and its prevalence within Canada (Salway, 2020), the perspectives of religious leaders on this topic are under-researched (McGeorge et al., 2020).

In 2021, conversion therapy was banned in Canada when the federal government made an amendment to the *Criminal Code* to criminalize promoting or offering conversion therapy (Parliament of Canada, 2021). Due to the recency of the federal conversion therapy ban (*Bill C-4*), the responses of mainline Protestant Christian religious leaders to the ban itself have not yet been documented. My research attempts to address this gap in the literature not only for the sake of knowledge, but also for the potential benefit of our broader social understanding, by highlighting the strengths and weaknesses of the recently enacted *Bill C-4* and exploring how Protestant religious communities can work towards acceptance of the 2SLGBTQ+ community in light of the ban.

Thus, I chose to formulate the following research question to orient my work: "How are mainline Protestant religious leaders responding to the conversion therapy ban in Canada?"

In order to provide context and greater understanding of the research topic, this thesis will begin with a review of the relevant literature on the following areas: 1) the 2SLGBTQ+ Community in Canada; 2) Christianity in Canada; 3) The United Church of Canada; 4) The

Anglican Church of Canada; 5) Conversion Therapy; and 6) Bill C-4: The Conversion Therapy Ban in Canada.

The 2SLGBTQ+ Community in Canada

As the 2SLGBTQ+ acronym has frequently changed and expanded into numerous variations over the last two decades (George, 2021), it is necessary to begin with a rationalization for the acronym used throughout this paper. “2SLGBTQ+” stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, and Queer, with the plus sign intended to include all other gender and sexual minorities and to recognize the diverse experiences of members of the 2SLGBTQ+ community (Vo, 2021). Approximately one million 2SLGBTQ+ individuals live in Canada and thus account for 4% of the total population aged 15 and older as of 2018 (Statistics Canada, 2021a). In Ontario, 7.3% of the population identify as a sexual minority (Casey, 2019). This estimate may be understated, however, as 2SLGBTQ+ individuals may be hesitant to reveal their stigmatized identity and sexual orientation and gender identity can be difficult to definitively measure within the scope of surveys (Waite & Denier, 2019). The estimated one million 2SLGBTQ+ people living in Canada may actually number 2.7 million (Rainbow Health Ontario, 2019).

Despite systemic barriers, self-reported 2SLGBTQ+ identity has been increasing in Canada, potentially signaling an increasing acceptance of sexual diversity in the country (Statistics Canada, 2021a; Tjepkema, 2008). Canada has been identified as one of the most 2SLGBTQ+ accepting countries in the world, as demonstrated by a significant and continuous increase in the level of 2SLGBTQ+ acceptance from 2000 to 2019 (Flores, 2019). As of 2020, 85% of Canadians believe that homosexuality should be accepted by society (Poushter & Kent, 2020). This is an increase from 80% of Canadians in 2013 and 70% of Canadians in 2007 (Pew

Research Center, 2013b). Rayside (2019) has also reported a drastic increase in acceptance of sexual diversity in Canada from the 1990's to present, a fact that Rayside (2019) partially attributes to both decreasing religious conservatism and 2SLGBTQ+ collaboration with progressive religious networks. Increasing diversity and visibility of 2SLGBTQ+ individuals has been observed in Canadian society (Travers et al., 2010). Toronto, Ontario, is globally recognized as a hub of 2SLGBTQ+ history, culture, and services (Smith, 2005). Federal government initiatives ensuring social equality for 2SLGBTQ+ peoples in Canada, such as same-sex marriage legislation and the promotion of diversity, has placed the country among global leaders in the promotion of 2SLGBTQ+ rights (Jeffrey, 2019).

However, despite the legislative protection of 2SLGBTQ+ rights in Canada, social acceptance lags behind (Ylloja & Craig, 2014). Browne and Nash (2014) have noted that even though 2SLGBTQ+ individuals in Canada are well represented in both society and legislation, there has been a disturbing increase in homophobic sentiments and rhetoric that is partially contributed to by some conservative Christian organizations. In 2019, Canada saw a drastic spike in hate crimes targeting the 2SLGBTQ+ community as police-reported hate crimes increased 41% from the year before and reached the highest record in a decade (Moreau, 2021). From 2020 to 2021, rates of hate crimes targeting sexual orientation peaked again as they rose 64% from the year prior (Statistics Canada, 2023). Over half of all hate crimes based on sexual orientation in 2021 occurred in Ontario (Woolf & Hager, 2023). Activists have expressed concern that these statistics are an understatement and likely to increase within the next year (Woolf & Hager, 2023). In 2023, the federal government announced \$1.5 million in emergency funding towards security at Pride festivals in response to the alarming levels of hate and violence directed towards the 2SLGBTQ+ community in Canada (Draaisma & Cheese, 2023). This unprecedented need for

additional security measures is the result of targeted attacks on 2SLGBTQ+ safe spaces (Draaisma & Cheese, 2023).

The sustained persecution against the 2SLGBTQ+ community takes a heavy toll on individual wellbeing. The 2SLGBTQ+ community faces health disparities as a result of discrimination and stigmatization, including higher rates of mental illness and suicidality (Peter et al., 2017; Steele et al., 2017; Veale et al., 2017), substance use (Pakula et al., 2016; Ross et al., 2014), cancer risk (Matthews et al., 2018) and chronic disease risk (Caceres et al., 2017; Fredriksen-Goldsen et al., 2012). This phenomenon is referred to by Meyer (2013) as “minority stress” and is attributed to increased stressors caused by exposure to frequent prejudice (p. 3). The poor health outcomes disproportionately experienced by 2SLGBTQ+ individuals were further exacerbated by the COVID-19 pandemic (Jacmin-Park et al., 2022).

Some Christian healthcare providers have demonstrated negative attitudes towards 2SLGBTQ+ patients, potentially jeopardizing their access to equitable care (Westwood, 2022). Religious fundamentalism is significantly associated with homophobia and transphobia among health care providers (Fisher et al., 2017). Higher levels of anti-gay bias have been reported among Christian Social Work students who receive nonaccepting messages about sexual minorities from their religion (Chonody et al., 2013). Given that church attendance and religious teachings influence individuals' attitudes on sexual minorities (Fisher et al., 2017; Schulte & Battle, 2004), it is important to understand the perspectives of religious leaders on the ban, as this may in turn impact the attitudes of healthcare providers.

According to Browne and Nash (2014), the 2SLGBTQ+ community still faces ongoing challenges and outright opposition in ‘progressive’ nations such as Canada. According to McDermott and colleagues (2021), a depoliticized “it’s getting better” narrative surrounding

2SLGBTQ+ inequality harms the community by impeding public health interventions, social policy, and research.

Christianity in Canada

As of 2021, 53.3% of Canadians and 52.14% of Ontarians identified Christianity as their religious affiliation (Statistics Canada, 2022; Statistics Canada, 2021b). The number of Canadians reporting a Christian religion has been on a steady decline in Canada, with the percentage dropping from 77.1% in 2001, to 67.3% in 2011, to currently 53.3%. (Statistics Canada, 2022). More specifically, the percentage of Canadians who identify as Protestant has been on a steady decline, from 41% in 1971, to 27% in 2011, and 18% in 2018 (Lipka, 2019; Pew Research Center, 2013a). From 2017 to 2019, younger generations in Canada were decreasingly less likely than older generations to declare a religious affiliation and were even less likely to participate in religious activities (Cornelissen, 2021). A rising number of Canadians — 34.6% in 2021 — state that they do not identify with any religion (Statistics Canada, 2022). This is a phenomenon that Thiessen (2015) attributes to increasing opposition to the growing religious right and Christian fundamentalism. Indeed, religious fundamentalism in Canada is correlated with Right-Wing Authoritarianism and homophobia (Hunsberger et al., 2009). Christian young adults in Canada are much more likely to be opposed to 2SLGBTQ+ identities (Page & Shipley, 2021). Hout and Fischer (2002) have stated that the increase of individuals reporting no religious preference can be interpreted as a “symbolic statement against the Religious Right” (p. 165).

Protestantism

According to Barrett and colleagues (2001), over 33,000 distinct denominations of Christianity exist globally, with 9,000 different Protestant denominations noted. This makes

Protestantism the second most diverse category within Christianity after Independents, and far more varied than their Catholic counterparts who are represented by just 242 denominations globally (Barrett et al., 2001). Protestantism can prove difficult to define given its robust history, size, and proximity to Catholicism (Schmalzbauer, 2005). Hillerbrand (2003) offers a negative definition of Protestantism by describing it as “not Catholicism” (p. 5). Schmalzbauer (2005) reaffirms this stance as Protestantism as a Christian alternative to Catholicism, but also conversely adds that Protestantism serves as a “way station on the road to secularisation” (p. 247). In one study, 32% of Protestants defined their belief as “Christians who are not Catholic,” while 57% of Protestants considered Protestantism and Catholicism “religiously more similar than different” (Smith et al., 2017). Perhaps Protestantism is best understood as a myriad of Christian denominations and beliefs that stem from the Protestant Reformation, i.e., Martin Luther’s 95 theses and religious separation from the Catholic Church in the 16th century (Gonzalez, 2010).

Bibby (1993) has recognized the four ‘mainline’ Protestant denominations in Canada as Anglican, United Church, Presbyterian, and Evangelical Lutheran. Bowen (2004) and Haskell and colleagues (2016) are in consensus with this classification of mainline Protestantism, while Clarke and Macdonald (2011) also include Baptists in their definition.

For the scope of this thesis, I will be focusing on the United Church of Canada and the Anglican Church of Canada due to their size. They are the two largest Protestant denominations in Canada, comprising 3.3% and 3.1% of Canadians respectively (Statistics Canada, 2022). Both the United Church and Anglican Church possess more than one million members in Canada each (Statistics Canada, 2022). Size was considered as an inclusion criterion for this study in order to include denominations that have the greatest reach in Canada.

The United Church of Canada

Preliminary Information on the United Church of Canada

The United Church of Canada is the largest Protestant denomination in Canada (Statistics Canada, 2022; The United Church of Canada, 2023b) and has reported ministering to over two million people in the country (The United Church of Canada, 2023b). The Church possesses approximately 2,800 congregations and over 3,400 ministers (United Church of Canada, 2023b; United Church of Canada, 2021). Additionally, the Church has identified that over 894,000 people in Canada are under their pastoral care (The United Church of Canada, 2021)

A Brief History of the United Church of Canada

The Social Gospel movement of the 19th Century in Canada saw Protestant denominations combine Christian ethics with social justice in an attempt to alleviate social issues (such as inequality and poverty) with spirituality (Belshaw, 2016). The United Church of Canada was formed in 1925 as a product of the Social Gospel movement through the merging of Methodist, Congregational, and Presbyterian churches (Schweitzer, 2011). The United Church of Canada's foundation in the Social Gospel has resulted in the Church being staunchly liberal, as demonstrated in their efforts to address social problems such as healthcare access and poverty, as well as their vocal support of controversial social justice issues such as abortion and homosexuality (Ives, 2011).

Today the United Church of Canada has a reputation across the country for being socially progressive and tolerant to divergent viewpoints, a quality partially attributed to the Church's origins in collaborative agreement via the amalgamation of four Protestant Churches (Summers, 2015; Zwissler, 2019). This reputation dates back to as early as 1965, when the Church was

described as having been “much more in the forefront of social progress than other Canadian churches” (Berton, 1965, p. x).

The United Church of Canada and 2SLGBTQ+

In 1977, the United Church of Canada openly encouraged the Canadian parliament to protect 2SLGBTQ+ individuals from discrimination under Canadian human rights law (Summers, 2015). Then, in 1988, the United Church of Canada resolved to allow all members of the Church, regardless of sexual orientation, to be ordained as ministers and validated homosexual individuals and relationships (Summers, 2015; The United Church of Canada, 2019b). It is important to note that while the Church removed sexual orientation as a barrier to ministry in 1988, the Church did not explicitly affirm the participation and ministry of transgender people until 2009 and the first openly transgender clergy member was not ordained until 2010 (The United Church of Canada, 2019a). This distinction is important to recognize as conflating gender identity with sexual orientation often renders the unique experiences of transgender and gender non-conforming people silent (Fiani & Han, 2019). The United Church of Canada recognized this important distinction in 2012 when they formally recognized the difference between gender identity and sexual orientation and updated all existing policies to include “gender identities” in addition to “sexual orientation” (The United Church of Canada, 2019a).

The United Church of Canada continued its advocacy for the 2SLGBTQ+ community throughout the subsequent decades by forming church policy to support the inclusion of 2SLGBTQ+ church members and performing same-sex marriage, starting with the first registered same-sex marriage in Canada in 2001 (United Church of Canada, 2019b).

A quick glance at the current United Church of Canada website will reveal that the Church has a section of its site devoted to “social action” and “justice initiatives” (United Church of Canada, 2023c). These causes include various socially relevant and politically charged topics such as anti-racism and reconciliation, sponsoring 2SLGBTQ+ refugees, and, most notably, conversion therapy (United Church of Canada, 2023a).

Perhaps one of the most compelling components of the United Church of Canada’s advocacy for 2SLGBTQ+ peoples is their unique Affirming Ministry Program. The Affirming Ministry Program is an initiative conducted by the United Church of Canada that has been described as “a network of congregations and ministries that declare themselves to be fully inclusive of people of all sexual orientations and gender identities” (The East Central Ontario Regional Council, 2023, para. 1). The Affirming Ministry program requires congregations to undergo a lengthy educational and reflective process before they can be certified (Affirm United, 2021b). This includes studying issues relevant to 2SLGBTQ+ people, making a public welcome statement, and undergoing a continuous commitment to 2SLGBTQ+ inclusion that is mobilized through a plan of action (Summers, 2015). The process of becoming an Affirming Ministry takes an average of two years and requires a vote of 75% approval from active members of the ministry (Huntly, 2020). There are currently over 200 Affirming Ministries within the United Church of Canada and approximately half are located within the province of Ontario (Affirm United, 2021c; Affirm United, 2021d).

The United Church of Canada’s unwavering support for the 2SLGBTQ+ community has not been without criticism and controversy within the Church itself over the years (Milne, 2007). Following the Church’s decision to allow the ordination of 2SLGBTQ+ ministry in 1988, the Church was ignited with intense debate that caused significant upheaval (McCracken, 2013). At

the time, the Church was described as “on the verge of disintegration in a struggle over homosexuality” (Freed, 1988, para. 1). Thousands of members left the Church (McCracken, 2013). Over recent decades, more conservative members have splintered into “renewal” or “reform” groups in opposition to the Church’s liberal ideology (Flatt, 2010). As of 2020, Affirming Ministries represent only 10% of the United Church of Canada’s ministries (Huntly, 2020). Many congregations are still divided on 2SLGBTQ+ equality (McCracken, 2013). Some individual congregations in the Church have declined to offer same-sex marriages, condemned 2SLGBTQ+ identities, and have refused to have 2SLGBTQ+ people in places of leadership (Huntly, 2020).

The United Church of Canada and Conversion Therapy

The United Church of Canada’s website openly condemns the practice of conversion therapy. Furthermore, it supports the recent criminalization of the practice and declares that conversion therapy is “dangerous”, “discredited”, “unethical” and “spiritually and psychologically damaging” (The United Church of Canada, 2023a, para. 1-2). They partially credit some of the earlier municipal and provincial conversion therapy bans to the advocacy work performed by their individual churches (United Church of Canada, 2023a). Indeed, members of the Church were active in calling for strict conversion therapy bans by writing articles, organizing rallies, sending letters to the federal government, engaging in media interviews, and preaching against the practice of conversion therapy at the pulpit (Peters, 2020). Affirming Ministries were particularly vocal in calling for the “Christian-justified cissexist, heterosexist abuse” that is conversion therapy to end (Affirm United, 2021a, para. 10).

The Anglican Church of Canada

Preliminary Information on the Anglican Church of Canada

The Anglican Church of Canada is an independent church in communion with 44 other global churches of the worldwide Anglican Communion (The Anglican Church of Canada, 2023a). The Church is the second-largest Protestant denomination in Canada with over one million members (Statistics Canada, 2022). The Anglican Church of Canada includes over 2,200 congregations and 3,400 clergy members (The Anglican Church of Canada, 2017). Over 359,000 Canadian Anglicans have been identified on parish rolls as of 2017 (The Anglican Church of Canada, 2017).

A Brief History of the Anglican Church of Canada

The Anglican Church of Canada is descended from the Church of England, which was infamously separated from the Roman Catholic Church in the 16th century by King Henry VIII in response to the Pope's refusal to annul his marriage (Shagan, 2017). In 1955, the Church formally changed its title from "The Church of England in the Dominion of Canada" to "The Anglican Church of Canada" (The Anglican Church of Canada, 2023a), perhaps signaling a "separate North American identity" for the Church (Berton, p. ix, 1965). The Anglican Church of Canada is distinguished by its historical connections to the Church of England, use of The Book of Common Prayer in services, and leadership by the Archbishop of Canterbury (The Anglican Church of Canada, 2023a; Russell, 2010). Despite being recognized as one of the four founding churches of Protestantism, the Anglican Church still holds both Protestant and Roman Catholic qualities (Russell, 2010). The Church has been referred to as "Reformed Catholicism" (The Anglican Church of Canada, 2023a, para. 1) and "Protestant in belief and Roman Catholic in practice" (Russell, 2010, p. 187). For decades, the Anglican Church was the established church

in Ontario and served as a reminder of Canada's British heritage and a force for traditionalism and conservatism (Berton, 1965; Douville, 2021).

Faced with social change and declining church membership, the Anglican Church of the 1960s was forced to consider the future of their denomination in a quickly evolving world (Douville, 2021). In 1965, journalist Pierre Berton was commissioned by the Anglican Church of Canada to write a book examining the state of the Church from an outside view (Berton, 1965). In *The Comfortable Pew*, Berton (1965) controversially outlined his misgivings with the Anglican Church based on their stances on a variety of social phenomena gripping Canadian society at the time, ranging from the beginnings of the sexual revolution to the looming threat of potential nuclear war. Across these topics, Berton's (1965) heaviest critique was that the Anglican Church of Canada lacked meaningful responses to a wide range of contemporary issues. He accused the Church of refusing to acknowledge the social change occurring and maintaining a "weak, tardy, equivocal, and irrelevant" (p. 16) voice within Canadian society. As he saw it, the Church had forgotten its revolutionary beginnings in Jesus Christ, who was considered a "dangerous radical" and "disturber" (Berton, 1965, p. 76). Berton (1965) proclaimed that this social inaction, this "apathy that breeds apathy" (p. 16) that had taken root within the Church, was likely to result in the death of it by the twenty-first century unless changed; he proclaimed, "the Church must get with the world, or it will surely perish" (p. 27).

While the Anglican Church of Canada was initially hesitant to embrace the social change outlined by Berton (1965), by the 1970s the Church had started to form a substantial Christian left (Douville, 2021). The Anglican Church, like other Protestant denominations, responded to the rise of secularism in Canada by concentrating on social justice issues (O'Toole, 1996). This progressivism continues to exist within the Church today, as noted by Douville (2021): "while

the left never achieved ascendancy in the Anglican Church (unlike the United Church of Canada), left-leaning Anglicans have managed to assert their presence within the denomination, and, within limits, to influence the decision-making process on select issues” (p. 518).

The Anglican Church of Canada and 2SLGBTQ+

Homosexuality has been a contentious topic within the Anglican Church of Canada for over 50 years (Coren, 2021). The blessing of same-sex unions and the legitimacy of gay clergy and bishops have been repeatedly called into question over the decades (McKinnon, Trzebiatowska, & Brittain, 2011). Starting in 1978/79, The House of Bishops affirmed the place of 2SLGBTQ+ peoples in the Church and called for their equal protection under the law. However, they also proclaimed that Holy Matrimony can only occur between a man and a woman and stated that homosexual Bishops may only be ordained if they vow to practice celibacy (The Anglican Church of Canada, 2023c). In 1997, The Anglican Bishops of Canada committed to further discussion and study on homosexuality and the Church but reaffirmed their earlier stance on same-sex unions and homosexual Bishops (The Anglican Church of Canada, 2023c). In 2003, the Church’s ongoing tension over homosexuality came to a head when the Episcopal Church, the American counterpart to the Anglican Church of Canada, appointed the Anglican Communion’s first openly gay bishop, Gene Robinson (CNN, 2003). Robinson was the first openly gay priest in a committed same-sex relationship to be ordained bishop not just in the Anglican Communion but in any Christian denomination (Adams, 2006). His ordination was controversial amongst the bishops, as some protested the decision while others rejoiced what they saw as a victory for 2SLGBTQ+ people in the Church (Davey, 2003). Robinson was forced to wear a bullet-proof vest to his own ordination after receiving death threats (Adams, 2006). The appointment of Robinson as the first openly gay bishop exposed the cracks in the Anglican

Communion over homosexuality that would eventually cause the Church to split. At the Anglican Communion's Lambeth conference of 2008, over 130 bishops called on Bishop Robinson to resign, while 230 bishops boycotted the conference because of his election. Bishop Robinson was not invited to attend the conference (Butt, 2008). Shortly thereafter, the Anglican Communion fractured as some parishes in the United States and Canada broke away to join the newly-formed Anglican Church in North America in objection to same-sex marriage blessings and gay bishops (Laidlaw, 2008). The schismatic church claimed a membership of 100,000 people and two dozen breakaway Anglican parishes from Canada at the time of its origin (Laidlaw, 2008). As of last year, the Anglican Church in North America (2022) reports ministering to 974 congregations and 122,450 members.

While same-sex blessings have occurred in the Anglican Church of Canada since 2003 (Shaw, 2014), the Church has yet to reach a national consensus on same-sex marriage (Nicholls, 2023). A resolution to amend the Marriage Canon to permit same-sex marriage was voted on and approved at the General Synod in 2016 (The Anglican Church of Canada, 2023c), but a mandatory second reading in 2019 resulted in the proposal being voted down (Thompson, 2019). Rather than the proposed nation-wide blessing on same-sex marriage, the Anglican Church of Canada has instead opted for the "local option" wherein leadership at the provincial levels decide whether or not to permit same-sex marriage within their jurisdiction (Coren, 2021; Thompson, 2019). To date, 20 out of the 29 dioceses in Canada have decided to allow same-sex marriages within their region (Proud Anglicans of Huron, 2023).

Despite the complicated history and lack of consensus regarding same-sex unions in the Anglican Church of Canada, the Church has continuously voiced their acceptance of 2SLGBTQ+ peoples through statements such as "we strongly affirm the dignity and place of

2SLGBTQI+ members in our church” and “we oppose homophobia, transphobia and discriminatory practices based on sexual identity or orientation” (Nicholls, 2023, para. 3-7).

2SLGBTQ+ parishioners have maintained an active role in the Anglican Church of Canada since the establishment of Integrity (an international network of 2SLGBTQ+ peoples in Anglican Churches) in the 1970s (Douville, 2021). Today, a group of 2SLGBTQ+ individuals and allies known as the Proud Anglicans act as a voice for their community in the Church through attending Pride marches and keeping a database of inclusive Anglican churches in Canada (Proud Anglicans, n.d.).

The Anglican Church of Canada and Conversion Therapy

The Anglican Church of Canada expressed support for the conversion therapy ban in Canada when it was first introduced in 2020, noting that the Church had passed a resolution to “embrace the outcast and stand against the abuse and torment of gay, lesbian, bisexual and transgender persons” in 2010 (Nicholls, 2020, para. 3). In addition, the Church described conversion therapy as a “dangerous and abusive practice” and “hostile to a person’s identity and an affront to their dignity” (Nicholls, 2020, para. 2-4). The Anglican Church’s growing support of 2SLGBTQ+ rights comes as no surprise when one considers the foundational values and teachings of the Church. Members of the Anglican Church are called to “honour one another and seek the common good” as a social teaching within intercessory prayers and liturgical texts (Norman, 2023, p. 92). According to Wilson (2006), the foundational teachings and beliefs within Anglicanism “provides both the justification and motivation to work both in the church and wider society” (p. 88). On their website, The Anglican Church of Canada (2023d) declares that God is calling the Church to “a stronger resolve in challenging attitudes and structures that cause injustice” (para. 3).

Conversion Therapy

Definition

Conversion therapy is sometimes referred to as “sexual orientation change efforts” (Kinitz et al., 2021; Nugraha, 2017) and “gender identity change efforts” (Plante, 2022). For the sake of clarity, in my research I use the term “conversion therapy” as it is more widely known. The term conversion therapy is also used by the Government of Canada in *Bill C-4*, the legislation criminalizing conversion therapy (Parliament of Canada, 2021). In *Bill C-4*, conversion therapy is defined as:

[A] practice, treatment, or service that is designed to: change a person’s sexual orientation to heterosexual; change a person’s gender identity to cisgender; change a person’s gender expression so that it conforms to the sex assigned at birth; repress or reduce non-heterosexual attraction or sexual behaviour; repress a person’s non-cisgender gender identity; or repress or reduce a person’s gender expression that does not conform to the sex assigned to the person at birth (Parliament of Canada, 2021, para. 3).

Components of this definition of conversion therapy provided by the Government of Canada are also reflected within the literature. Most notably, there is consensus that conversion therapy consists of attempting to change or reduce a person’s non-heterosexual sexual orientation. Przeworski and colleagues (2021) define the practice as “methods of therapy that attempt to eliminate same-sex attraction” (p. 1). George (2016) similarly describes conversion therapy as “a practice intended to reduce or eliminate a person’s same-sex sexual attractions” (p. 794). Furthermore, Drescher and colleagues (2016) define conversion therapy as practices that “attempt to change an individual’s sexual orientation from homosexual to heterosexual” (p. 7).

While the Government of Canada and the literature are in consensus that conversion therapy attempts to change a person's non-heterosexual sexual orientation, there are discrepancies in the literature regarding if conversion therapy also includes attempts to change a person's gender identity. While the definitions outlined by Przeworski et al. (2021), George (2016), and Drescher et al. (2016) only reference sexual orientation, other definitions provided within the literature and the definition provided by the Government of Canada recognize that attempts to change an individual's gender identity fall under conversion therapy. The Government of Canada includes attempts to change or repress an individual's gender expression or identity that does not conform to the sex they were assigned at birth in their definition of conversion therapy (Parliament of Canada, 2021). This has also been reflected in the definition provided by Graham (2018), who describes conversion therapy as "a series of practices meant to alter an individual's sexual orientation, gender identity, or gender expression" (p. 419). Additionally, Salway and colleagues (2021) similarly define conversion therapy as "organized and sustained efforts to avoid the adoption of non-heterosexual sexual orientations and/or of gender identities not assigned at birth" (p. 1).

Transgender individuals are underrepresented in the literature on conversion therapy despite being significantly more likely to have undergone the practice than cisgender respondents (Higbee et al., 2020). Fiani and Han (2019) have noted that research often lumps transgender and gender non-conforming people under the 2SLGBTQ+ umbrella and thus silences transgender people in the process. The omission of gender identity in some of the definitions of conversion therapy within the literature may be a function of this erasure of transgender people in research.

Methods

While the Government of Canada does not specifically address methods of conversion therapy in *Bill C-4*, the various methods of conversion therapy are outlined in the literature. These methods are traditionally composed of pseudoscientific psychotherapeutic and behavioural therapeutic techniques aimed at changing an individual's sexual orientation to heterosexual (Drescher et al., 2016; Meanley et al., 2020).

For instance, Haldeman (2012) describes conversion therapy as cognitive and psychological interventions intended to alter an individual's sexuality. Bracken (2020) explains that conversion therapy includes a wide array of harmful practices, ranging from talk therapy in which perpetrators tell victims that they are unnatural or rejected by God, to physical abuse including electric shock therapy and painful application of heat and ice during subjection to homoerotic material. Rosik and colleagues (2021) note that methods of conversion therapy vary widely, from behavioural-aversive practices to general religious teachings and prayers.

While conversion therapy practices range in severity, Boulos & González-Cantón (2022) note that 'soft' practices aimed at changing an individual's sexuality still violate 2SLGBTQ+ individuals' rights to live a dignified life free from humiliation. Bracken (2020) refers to conversion therapy as "a particularly horrific form of torture" (p. 348). This is echoed by Nugraha (2017), who states that conversion therapy techniques constitute a form of torture or cruel, inhumane, or degrading treatment as defined in international human rights law. Horner (2010) proposes that inflicting conversion therapy on 2SLGBTQ+ individuals should be considered a hate crime.

Christianity and Conversion Therapy

While conversion therapy can occur within any sect of society, it most frequently takes place within religious communities (Kinitz et al., 2021; Salway, 2020). The belief firmly held within many denominations of Christianity that homosexuality is sinful sustains this practice (Subhi et al., 2011). Conservative Christian organizations provide the strongest opposition to homosexuality and support for conversion therapy based on religious ideology, Biblical scripture, and the belief that homosexuality is morally wrong (Cyphers, 2014). Blosnich and colleagues (2020) reported that 80.8% of survivors were subjected to conversion therapy by a religious leader. Religious methods of conversion therapy such as pastoral counselling or coercion from religious institutions are the most prevalent form of the practice today (Przeworski et al., 2021). Dehlin and colleagues (2014) echo this statement and claim that many religious individuals who experience same-sex attraction engage in conversion therapy in order to conform to the religious teachings and social pressure presented by their communities.

Conflict between Religious Beliefs and Sexual Orientation in 2SLGBTQ+ Christians

Both 2SLGBTQ+ individuals and religious communities struggle to reconcile sexuality with indoctrination and faith (Trammell, 2015). A study by Subhi and colleagues (2011) found that 80% of 2SLGBTQ+ Christian participants were affected by conflict between their Christian faith and homosexuality. This statistic is quite significant as 2SLGBTQ+ people who view religion as a central principle in their lives are more likely to seek conversion therapy (Tozer & Hayes, 2004). According to Beckstead and Morrow (2004), survivors of conversion therapy have identified numerous reasons for wanting to undergo these efforts, including influence from family and peers, fear of going to hell, wanting to conform, and pressure from religious society.

2SLGBTQ+ individuals who cannot reconcile their sexual orientation and religious beliefs may be forced to choose between their religion or sexuality or attempt suicide (Subhi & Geelan, 2012). Schuck and Liddle (2001) found that homosexual Catholics most commonly stopped attending religious institutions that conflicted with their sexual orientation. This differs from the research conducted by Toft (2014), which found that 2SLGBTQ+ Christians often identify their religion as more important than their sexual orientation and thus either hide or do not label their sexuality. Morrow (2003) stated that the sources of conflict between the Christian church and the 2SLGBTQ+ community are gay-negative religious teachings, church atmospheres, Biblical interpretations, guilt and shame created by religious doctrine, and a fear of being exposed as 2SLGBTQ+ in unaccepting religious settings. Research by Schuck and Liddle (2001) found that religious teachings were the most common source of conflict between sexual orientation and faith. A number of myths regarding homosexuality are perpetuated within some Christian communities, such as myths that pose 2SLGBTQ+ people as promiscuous, going through a phase, separated from God, and/or addicted to sex and/or drugs (Toft, 2014; Trammell, 2015; Hillier & Harrison, 2004). 2SLGBTQ+ individuals are burdened with a unique kind of religious trauma due to the rejection, grief, and interpersonal loss they face within their Christian communities (Stone, 2013).

Prevalence of Conversion Therapy

Conversion therapy has been recognized as a public health issue in Canada that is still widely practiced despite its known harms (Salway, 2020). While the data on the prevalence of conversion therapy in Canada is limited, a recent study by Salway and colleagues (2021) found that as many as 1 in 10 sexual and gender minority men in Canada have been exposed to conversion therapy practices, and 67% had their experiences in religious settings. The available

research demonstrates that these practices are still occurring in Canada today (Phillips & Walker, 2021).

Data on conversion therapy in the United States demonstrates the prevalence of the practice. Among members of the Church of Jesus Christ of Latter-day Saints, 73% of men and 43% of women indicated that they have engaged in conversion therapy practices within their lifetime (Dehlin et al., 2014). A minimum of 66% of same-sex attracted Mormons reported exposure to conversion therapy practices including scripture study and prayer, mental suppression, counselling, and group-led efforts (Dehlin, 2015). 17.7% of older sexual minority men in the United States have reported being victims of conversion therapy within their lifetime (Meanley et al., 2020). Another study found that 12% of 2SLGBTQ+ youth in the United States have experienced conversion therapy (Forsythe et al., 2022).

Outcomes of Conversion Therapy

There is no evidence that conversion therapy practices result in changes to sexual orientation (Cramer et al., 2008). Rather, the psychoanalytic arguments used by religious groups to justify conversion therapy practices are grounded in disproven and outdated theories (Drescher et al., 2016). Despite that conversion therapy has been proposed as a therapeutic or scientific method for changing one's sexuality, research into the practice demonstrates that this is false (Drescher et al., 2016; Haldeman 2012; Meanley et al., 2020). Survivors of this harmful practice have reported damage to their relationships, spirituality, mental health, well-being, and many other aspects of their lives (Beckstead & Morrow, 2004; Toft, 2014). In one study, 80% of conversion therapy survivors considered the practice “not at all effective,” “moderately harmful,” or “severely harmful” (Bradshaw et al., 2015). The harms of conversion therapy have

been demonstrated through the (1) psychological outcomes, (2) interpersonal outcomes, and (3) the other outcomes of the practice.

Psychological Outcomes

As mentioned above, Christians who experience same-sex attraction often struggle to reconcile the potential conflict between their sexuality and religious beliefs and consequently may perceive their sexuality as shameful, burdensome, or destructive (Trammell, 2015). Harris and colleagues (2008) have described these negative beliefs as a symptom of “internalized homophobia”, which they define as “a set of negative attitudes about homosexuality, which is developed in pre-sexual identification socialization and is subsequently applied to an individual’s perception of self or one’s own same-sex attraction” (p. 209). Internalized homophobia has been recognized as both a reason for seeking conversion therapy (Tozer & Hayes, 2004) and a seriously harmful consequence of this practice (Meanley et al., 2020; Romero, 2019).

Moreover, internalized homophobia has been recognized as a form of religious trauma (Stone, 2013) and is frequently observed among 2SLGBTQ+ Christians (Trammell, 2015). Rates of internalized homophobia are higher among 2SLGBTQ+ individuals who attend non-affirming religious settings (Barnes & Meyer, 2012). Higher levels of internalized homophobia are associated with low self-esteem, sexual dysfunction, avoidance of intimate relationships, and substance use (Harris et al., 2008). 2SLGBTQ+ individual’s reconciliation of same-sex attraction and religious beliefs is frequently marked by inner conflict, including feelings of anger, anxiety, depression, guilt, and blame (Subhi & Geelan, 2012). The amplified internalized homophobia that results from conversion therapy may result in an increased risk of suicide (Blosnich et al., 2020).

Furthermore, research by Beckstead and Morrow (2004) found that conversion therapy produced damaging psychological outcomes including increased depression, suicidality, and negative feelings towards the self. Blosnich and colleagues (2020) state that 2SLGBTQ+ individuals who have been exposed to conversion therapy have twice the odds of lifetime suicidal ideation and 88% increased odds of a suicide attempt with injury. Survivors of conversion therapy have also reported engaging in self-harming behaviours (Shidlo & Schroeder, 2002). Drescher and colleagues (2016) have noted that 2SLGBTQ+ survivors of conversion therapy who are unable to change their sexual orientation may blame themselves and experience anxiety, depression, and suicidality as a result. Haldeman (2002) notes that survivors of conversion therapy experience depression and guilt related to the multiple losses conversion therapy causes, including religious, familial, and sexual losses. Survivors of conversion therapy have reported experiencing feelings of blame, inadequacy, self-worthlessness, lowered self-worth, paranoia, guilt, and confusion (Shidlo & Schroeder, 2002). Survivors also experience increased rates of alcohol and substance abuse (Forsythe et al., 2022). The psychological harms of conversion therapy can last for many years and may be chronic for some survivors of the practice (Independent Forensic Expert Group, 2020).

Interpersonal Outcomes

Conflict with religious family members has been identified as a reason for seeking conversion therapy and a harmful outcome of the practice (Haldeman, 2002). 2SLGBTQ+ individuals in religious settings often face interpersonal conflicts that are commonly characterized by criticism, rejection, and isolation due to their sexuality (Subhi & Geelan, 2012). Interpersonal conflict is particularly salient among 2SLGBTQ+ youth, who are often told by their religious parents that homosexuality is an illness, unnatural, or a mortal sin, and often delay

coming out due to fear of this rejection from their families (Hillier & Harrison, 2004). 2SLGBTQ+ young adults who have reported higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide and 5.9 times more likely to report high levels of depression (Ryan et al., 2009). According to Page and colleagues (2013), stress caused by their family's religious beliefs can cause "psychological maladjustment" and impairments in identity formation among 2SLGBTQ+ youth (p. 674). Many gay youth report that they were forced to attend religious institutions by their family and frequently received homophobic messages from religious family members (Kubicek et al., 2009). 2SLGBTQ+ youth who experienced a religious upbringing are more likely to consider suicide (Gibbs & Goldbach, 2015). Gay men have also identified that their family members use religious doctrine and scripture to justify homophobia (Etengoff & Daiute, 2014).

Accordingly, religious families may force conversion therapy directly upon their children or coerce them to participate in this practice (Higbee et al., 2020). 2SLGBTQ+ individuals may undergo conversion therapy to conform to the expectations of their families and face expulsion from their family units when they are unable to change their sexual orientation (Haldeman, 2002). A study by Ryan and colleagues (2018) found that over half of participants experienced conversion therapy between ages 13 to 19 from a parent or caregiver. Conversion therapy practices often encourage family members not to accept the sexual orientation of their 2SLGBTQ+ kin (Andrade & Redondo, 2022). 2SLGBTQ+ individuals who undergo conversion therapy often suffer irreparable harms to their relationships with their families, friends, and loved ones and may lose their entire support systems (Romero, 2019). Survivors of conversion therapy have increased negative feelings towards their family and interpersonal relationships (Beckstead & Morrow, 2004)

In addition to the conflict with their family units produced by conversion therapy, survivors of the practice often struggle to form intimate relationships (Beckstead & Morrow, 2004) and demonstrate unstable attachments in same-sex relationships (Haldeman, 2002). Survivors may also experience sexual dysfunction or anxiety surrounding same-sex sexual relations (Harris et al., 2008). Haldeman (2002) has noted that survivors of conversion therapy often experience intimacy avoidance as they associate sexual arousal with shame and thus become romantically and socially isolated. 2SLGBTQ+ individuals in Christian communities may be coerced into heterosexual relationships or celibacy (Toft, 2014). Victims of conversion therapy may be encouraged to marry the opposite sex and have children during the course of the practice (Drescher et al., 2016). A study by Flentje and colleagues (2013) found that half of all respondents were in opposite-sex romantic relationships during conversion therapy. Being coerced into opposite-sex relationships during the course of conversion therapy causes further harm in cases where religious beliefs also discourage divorce, thus forcing same-sex attracted individuals to remain in heterosexual relationships even after accepting their sexual orientation (Drescher et al., 2016).

Other Outcomes

Survivors of conversion therapy have reported negative outcomes in virtually all other aspects of their lives (Beckstead & Morrow, 2004). Survivors of conversion therapy experience lifetime harms in the areas of employment as they possess lower levels of educational achievement, lower income, and lower work performance in young adulthood (Cangany, 2021). Conversion therapy may come at a financial cost to survivors as well; Flentje and colleagues (2013) found that survivors spent on average over \$7,000 on conversion therapy. Transgender individuals who experience conversion therapy are more likely to experience homelessness,

engage in sex work, and are nearly three times more likely to run away from home (James et al., 2016). Survivors of conversion therapy have reported delay in developmental tasks, such as developing social skills, due to their years invested in conversion therapy and denial of their sexual orientation (Shidlo & Schroeder, 2002).

The Conversion Therapy Ban in Canada

Bill C-4: An Act to amend the Criminal Code

In December of 2021, Bill C-4: An Act to amend the Criminal Code (conversion therapy) received royal assent and amended the Criminal Code of Canada to ban conversion therapy in the country (Parliament of Canada, 2021). The bill became law after two previous attempts to pass legislation banning conversion therapy in Canada failed (Aiello, 2022). Bill C-4 prohibits and criminalizes the following:

[1] causing another person to undergo conversion therapy; [2] doing anything for the purpose of removing a child from Canada with the intention that the child undergo conversion therapy outside Canada; [3] promoting or advertising conversion therapy; and [4] receiving a financial or other material benefit from the provision of conversion therapy (Parliament of Canada, 2021, para. 1).

Knowingly causing another person to undergo conversion therapy or providing such therapy is punishable by up to five years' imprisonment, while promoting, advertising, or receiving financial or other material benefit from the provision of conversion therapy is punishable by up to two years' imprisonment (Ahmad, 2022). Canada's criminal laws on conversion therapy are now among the most comprehensive in the world (Aiello, 2022).

It is important to note that some provinces and municipalities in Canada had already prohibited conversion therapy in some way, but they were unable to criminalize the practice, as

criminalization falls under federal jurisdiction (Phillips & Walker, 2021). In 2015, for instance, Ontario passed *the Affirming Sexual Orientation and Gender Identity Act*, which prohibited regulated health professionals from billing OHIP for conversion therapy practices and banned conversion therapy for individuals under 18 years of age (Ontario, 2015). The federal ban, therefore, expanded on Ontario provincial legislation by prohibiting conversion therapy for adults over the age of 18 who have the capacity to consent to such practices (Phillips & Walker, 2021; Parliament of Canada, 2021).

The Conversion Therapy Ban and Canadian Churches

The criminalization of conversion therapy was supported by both the United Church of Canada (2023) and the Anglican Church of Canada (Nicholls, 2020) at the national level. However, the opinions of congregations at the local level have not yet been documented within the literature. This research seeks to address this gap and further understand the reception of the conversion therapy ban among mainline Protestant churches in Canada.

The conversion therapy ban received pushback from other Christian denominations. Churches in the London, Ontario region, for instance, protested the Bill out of concern that it would infringe on parental rights and religious freedoms (Juha, 2021). The Evangelical Fellowship of Canada (2021) voiced opposition to the Bill on the grounds that it “risks criminalizing religious expression, teaching, belief and practice around sexuality” (para. 8). Furthermore, the Canadian Conference of Catholic Bishops (2020) issued a statement against an earlier version of the Bill, also citing freedom of “conscience, religion, thought, belief, opinion and expression” (para. 4).

Despite being criminalized over a year ago, no criminal charges or prosecutions under the new laws have been made (Fraser, 2023). 2SLGBTQ+ activists have voiced concern that those

conducting conversion therapy may be using coded language or broader terms to avoid falling under the law (The Canadian Press, 2023). Some Christian organizations in Canada are continuing to offer services that are in line with conversion therapy under the guise of “biblically based counselling programs” (The Canadian Press, 2023, para. 19). 2SLGBTQ+ advocates also fear that enforcement of the ban may be an issue, as police may not be well-informed of the new law and survivors may be afraid of law enforcement (Fraser, 2023).

Methodology

Social Location

According to Jacobson and Mustafa (2019), “the way that we as researchers view and interpret our social worlds is impacted by where, when, and how we are socially located and in what society”(p. 1). Our social location is shaped by our characteristics such as gender, age, race, income, and other demographic features (Brenner, 2009). Our social location impacts our research interests, how we approach participants, and how we interpret data (Jacobson & Mustafa, 2019).

Given the proximity of this research to my own lived experiences and in the spirit of self-reflexivity, I find it necessary to disclose my social location and how it shaped the research process. I was raised within the Christian community (namely Anglicanism) in Northern Ontario and I am a member of the 2SLGBTQ+ community. I am no longer a practicing member of the Anglican Church and disengaged from organized religion as a teenager after struggling to reconcile my religious faith with my budding sexuality. While I was never a victim of conversion therapy, I did witness the internal struggle over homosexuality in the Church. The conflict over sexuality in mainline Protestantism has been demonstrated in the literature, the findings of this research study, and certainly within my own personal life. I am not exempt from this narrative

and hope this thesis will provide direction for others seeking to understand how the Church and 2SLGBTQ+ community can reconcile.

Participant Recruitment

The targeted research participants for this study were mainline Protestant religious leaders (also known as clergy, ministers, etc.) of the United Church of Canada and Anglican Church of Canada currently practicing in Ontario, Canada. Mainline Protestant clergy have a great deal of influence over how the discourse on homosexuality is determined in their churches and beyond (Olson & Cadge, 2002).

Recruitment of United Church of Canada Clergy

To recruit participants from the United Church of Canada in the province Ontario, I called the Canadian head office and asked if I could receive a list of the largest United Churches in Ontario by congregation size. I was referred to the Statistics and Information office which provided me with the names of the largest congregations in Northern and Southern Ontario. Having representation of participants from both the northern and southern parts of the province was a priority in order to ensure an accurate portrayal of the province as a whole. After being provided with a list of churches, I retrieved the contact information for these churches from their public websites and began recruiting via telephone and email. I then engaged in additional snowball sampling following the commencement of the first interviews.

Recruitment of Anglican Church of Canada Clergy

To recruit participants from the Anglican Church of Canada practicing in Ontario, I attempted to follow the same process outlined above by calling the Canadian head office and requesting the names of the largest Anglican churches in Ontario. However, I was informed that the Anglican Church of Canada does not keep track of congregation size or attendance and thus

could not supply me with this information. I was advised by the national office to contact the provincial diocese directly.

There are ten Anglican diocese that cover territory in the province of Ontario (The Anglican Church of Canada, 2023b). To remain within the scope of this study and to satisfy the requirement to represent the province as a whole, I decided to recruit participants from two diocese - the Diocese of Algoma and the Diocese of Toronto – because of their membership size and geographic locations.

The Diocese of Algoma stretches from Thunder Bay to Gravenhurst and is the largest diocese in Northern Ontario with 93 congregations and over 13,000 members (The Diocese of Algoma, 2023). The Diocese of Toronto, on the other hand, stretches from Mississauga to Haliburton and is the largest diocese in both Southern Ontario and Canada with 230 congregations and over 54,000 members (Diocese of Toronto, 2023). I contacted the head office for both of these dioceses directly and requested that they disseminate my information letter via email among the clergy within their diocese and they gladly did so.

After this form of recruitment failed to yield a desired number of participants, I received approval from my supervisor to begin contacting individual churches in both diocese directly. Both The Diocese of Toronto and The Diocese of Algoma have public church directories on their websites with the names and contact information of the churches in their territory. I recruited participants from these directories via email and telephone by descending the list in alphabetical order. Finally, snowball sampling was also used once interviews commenced.

Recruitment Procedures

All participants were recruited using one or more of the following: phone script, email script, or telephone voicemail script; each of these three were reviewed and approved by the

Research Ethics Board (see Appendix A). During recruitment, prospective participants were sent an information letter that explained the purpose and nature of the research study, what was requested of participants and what their rights were, the risks and benefits of the study, how confidentiality would be maintained, how to withdraw from the study, and the contact information for myself, my supervisor, and the Research Ethics Board (see Appendix B). The information letter also explained that all data, including audio, transcriptions, and aggregate data, will be stored on a password-protected hard drive in a locked file cabinet in a locked office at Lakehead University in the School of Social Work for a minimum of 5 years following the completion of the research project. Research Ethics Board approval was received before the commencement of interviews (see Appendix C).

Informed Consent

Prior to the start of the interview, participants were emailed the information letter (see Appendix B) and written consent form (see Appendix D). Consent was obtained before the start of the interviews by reading the information letter and verbal consent form to participants and then asking for verbal consent (see Appendix E). The consent form explained the participant's rights and described the research process in detail. Participants were reminded that they have the right to withdraw at any time during the interview or skip any questions that they are uncomfortable answering. Participants were encouraged to ask any questions that they may have about the interview process.

Participant Demographics

A total of 12 participants were recruited for this research study. Five participants were members of the Anglican Church of Canada, with three from Northern Ontario and two from Southern Ontario. Seven participants were from the United Church of Canada, with two from

Northern Ontario and five from Southern Ontario. Participant location spanned widely across Ontario and ranged from rural to urban areas. Participants were not asked to share their specific demographic characteristics such as gender or sexuality as this would require a secondary round of data analysis outside of the scope and purpose of this thesis. However, one Anglican participant and four United participants did self-identify as members of the 2SLGBTQ+ community. This is significant as 41.66% of participants declared a 2SLGBTQ+ identity in contrast with just 4% of the Canadian population (Statistics Canada, 2021a). Additionally, 11 out of 12 participants (91.66%) declared unprompted that 2SLGBTQ+ people are members of their church. While specific demographic characteristics were not collected, participant ages appeared to range from middle to late adulthood and there appeared to be an even distribution of males and females.

Data Collection

Interviews were conducted between June and July of 2023 via Zoom teleconference. Interviews were conducted remotely due to the wide radius of participant locations across Northern and Southern Ontario. I used semi-structured qualitative interviews as this method permits interviews to be focused while still providing the researcher with the flexibility to explore salient ideas that may arise during the interview (Adeoye-Olatunde & Olenik, 2021). Semi-structured interviews have also been recognized as a useful tool for determining participant's perceptions and attitudes (Harvey-Jordan & Long, 2001). An interview guide (see Appendix F) with several open-ended questions was used and I asked relevant follow-up questions depending on participant responses.

Interviews ranged between 25 to 79 minutes with an average of 50 minutes in length. Interviews were recorded and transcribed verbatim. Participants were made aware of this and informed that any potentially identifying information would be removed from their transcript.

Data Analysis

I used Braun and Clarke's (2006) method of thematic analysis as the method of data analysis for understanding the qualitative interviews completed with participants. Thematic analysis is conducted to identify and interpret themes and patterns within qualitative research data (Braun & Clarke, 2006). By identifying themes throughout the data, thematic analysis allows the researcher to see the connections between participants' experiences and the shared, collective meanings present (Braun & Clarke, 2012). Thematic analysis was selected due to its flexibility and accessibility, making it an ideal method for people who are relatively new to qualitative research such as myself (Braun & Clarke, 2012). Additionally, thematic analysis has been demonstrated as a complementary research method for Social Workers to use and has become increasingly popular within multiple areas of Social Work research (Labra et al., 2019).

Braun and Clarke (2006) have identified six steps to completing thematic analysis; (1) familiarizing yourself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report (p. 87). I followed all of these steps rigorously when analyzing the data. Doing so provided me with the flexibility to interpret the data while still having concrete direction on how to complete the process. Following the six steps outlined by Braun and Clarke (2006) maintains the integrity of thematic analysis and provides guidance to the researcher (Campbell et al., 2021).

Individual transcripts were reviewed multiple times following each interview. This was done to correct any transcription errors, familiarize myself with the data, and remove any

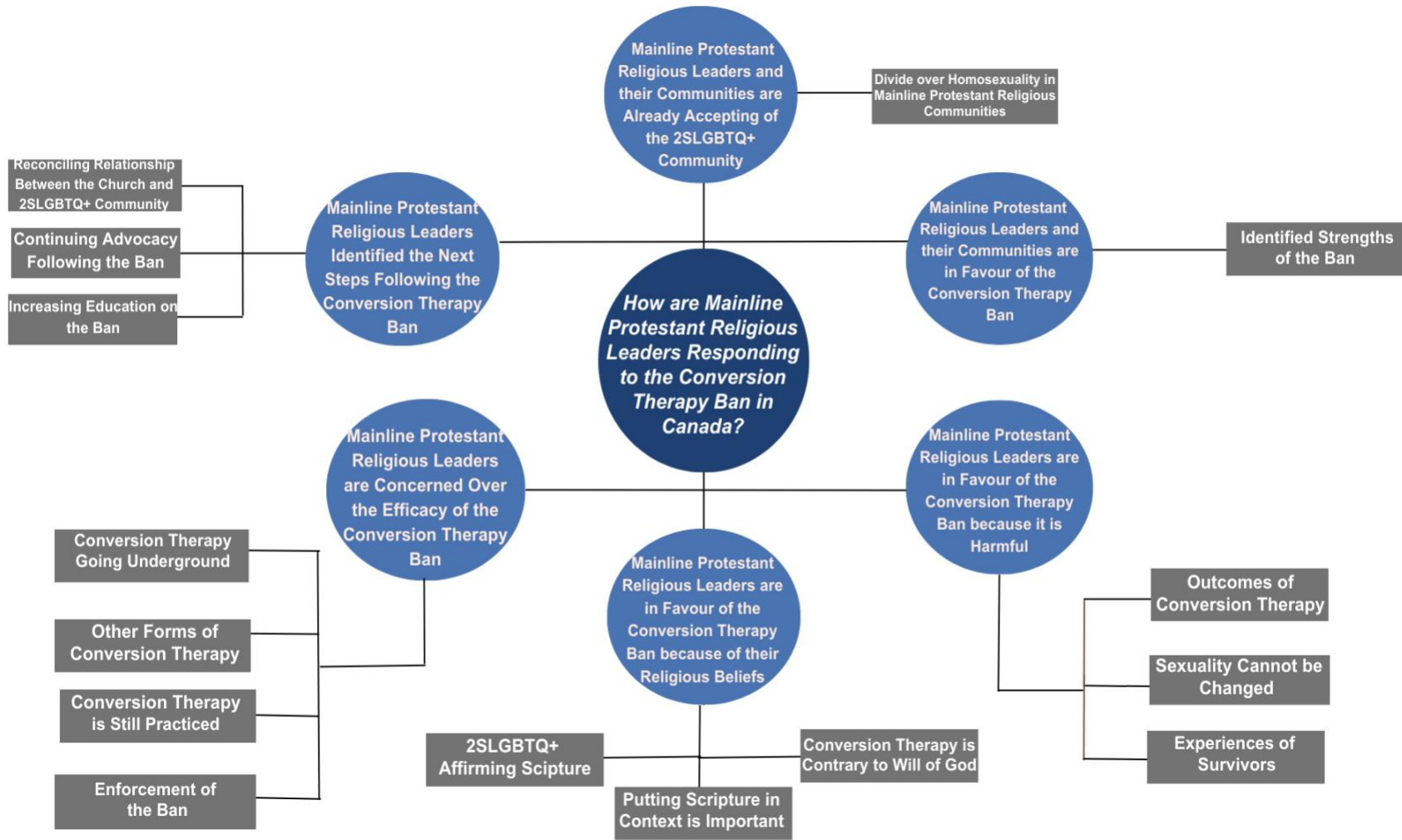
potentially identifying information such as participant's names, their specific location, the name of their church, or any other personal identifiers. This ensured that the data was anonymized and participant confidentiality was protected. After reading over each individual transcript twice, I began reading the transcripts for a third time and started coding data extracts into meaningful groups using the qualitative analysis software NVivo, version 14. Codes were developed in an inductive manner based on participants' responses given in the interviews. Following the completion of coding all the transcripts, I began to organize the list of codes into themes and sub-themes. As recommended by Braun and Clarke (2006), themes were selected based on a) their ability to capture important elements related to the research question and b) their prevalence within the data set as measured by a series of patterned responses. Sub-themes were identified to provide structure to large themes (Braun & Clarke, 2006) and to elaborate on specific, notable elements of the main themes (Vaismoradi et al., 2016).

A number of strategies were utilized to ensure rigor. Data triangulation was conducted by comparing interview notes to verbatim interview transcripts to minimize error and optimize accuracy in data analysis (Johnson et al., 2020). The use of computer software (NVivo, version 14) and peer review by my supervisor were utilized to ensure rigor in coding and analysis (Johnson et al., 2020; Thomas & Magilvy, 2011). Determination of the final sample size was based on data saturation in order to further ensure rigor (Johnson et al., 2020). When presenting the findings below, I indicate the number of times each theme was found as doing so increases rigor by demonstrating frequency (Allsop et al., 2022). Credibility was attempted by reviewing individual transcripts and seeking peer review to guarantee the representativeness of the data as a whole (Thomas & Magilvy, 2011). A detailed description of the participants is provided so that

the reader may determine the applicability of this study to their own context (i.e., transferability) (Johnson et al., 2020; Thomas & Magilvy, 2011).

Below is a thematic map (see Figure 1: Themes and Subthemes. Mainline Protestant Religious Leaders' Responses to the Conversion Therapy Ban in Canada) intended to be used as a visual tool for understanding the themes and subthemes of this study. The themes and subthemes are also discussed in greater detail in the following findings section.

Figure 1: Themes and Subthemes. Mainline Protestant Religious Leaders' Responses to the Conversion Therapy Ban in Canada



Findings

The main themes identified through data analysis were: (1) Mainline Protestant religious leaders and their communities are already accepting of the 2SLGBTQ+ community; (2) Mainline Protestant religious leaders and their communities are in favour of the conversion therapy ban; (3) Mainline Protestant religious leaders are in favour of the conversion therapy ban because they believe that conversion therapy is harmful; (4) Mainline Protestant religious leaders are in favour of the conversion therapy ban because of their religious beliefs; (5) Mainline Protestant religious leaders are concerned over the efficacy of the conversion therapy ban; and (6) Mainline Protestant religious leaders identified the next steps following the conversion therapy ban. Below I outline each of the themes by providing a brief description and supporting data from the interviews.

Theme 1: Mainline Protestant Religious Leaders and their Communities are Already Accepting of the 2SLGBTQ+ Community

All 12 participants emphasized that their religious communities are already accepting of the 2SLGBTQ+ community and provided examples of how they are engaging in allyship. The participants proclaimed to be promoting the full inclusion of the 2SLGBTQ+ community in their churches. This is best demonstrated by the quotes provided by the participants, such as this one from Participant 8:

As the presiding Bishop of the United States says, if it's not about love, it's not about God. And so in my ministry everyone is welcome. Everyone is loved. You know our table is open to all. I do everything I can to try and educate, so that we can be a more open and loving community.

The acceptance of the 2SLGBTQ+ community was also succinctly described by Participant 10, who stated, “I think the tenets of our faith is that we love you because of who you are and who you want to be. Not because of who somebody has dictated or made up in the church as who you have to be”.

Participant 1 explained that the Anglican Church is incorporating the 2SLGBTQ+ community into all aspects of church life:

...actively advancing, you know, seeking to advance, you know, comparable pastoral care, but more than pastoral care, activity within the life of the church, including same sex, marriage, ordination, regardless of backgrounds, and so forth.

It was evident from the interviews that participants did not merely tolerate 2SLGBTQ+ people in their churches, but actively embraced them. This was further exemplified by Participant 4, who described how their church spent money on advertisements inviting members of the 2SLGBTQ+ community to special services such as Christmas and Easter: “we felt we had an obligation to reach out and to let members of the gay community know that they were welcome” (P4). Participants provided an abundance of examples of how they are engaging in allyship with the 2SLGBTQ+ community, including offering same-sex marriages (P1, P2, P3, P4, P5, P6, P7, P8, P10, P11), supporting transgender people in the Church (P1, P2, P6, P11, P12), having gender-neutral washrooms (P9, P11), and signing a unity letter in solidarity with the 2SLGBTQ+ community (P2, P10). Participant 11 demonstrated their church’s allyship with the 2SLGBTQ+ community by undergoing training: “You need people around to help people. You need to be a safe presence. Right? So our staff are all trained. They're trauma-informed. They've done training in gender and sexual sensitivity”. All but one participant (P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12) stated that their church had participated in 2SLGBTQ+ Pride

activities during the month of June. Others attended Pride parades/festivities (P2, P4, P5, P6, P7, P8, P9, P10, P11, P12), displayed Pride decorations (P3, P4, P5, P7, P8), and hosted Pride-related activities in their churches (P2, P7, P9, P12). Participant 7 summarized their church's pride activities: "In June we have a rainbow candle for our Christ candle, I wear a rainbow stole, our youth group goes to the pride events, we talk about it in worship, we pray for the LGBTQ community and for communities around the world who are living under terrible oppression". Several participants also shared that they were officially members of the Affirming Ministry Program (P2, P5, P9, P12).

When describing their church's relationship to the 2SLGBTQ+ community, participants used a number of positive descriptors such as a "safe" (P6,P7, P10, P11), "inclusive" (P2, P11,P7,P9), "affirming" (P2,P5,P6,P7,P9), "welcoming" (P2, P4, P6, P7, P8, P9), "loving" (P6, P8,P10), and "open" (P6, P7, P8, P11). Seven participants noted that their churches have been accepting of the 2SLGBTQ+ community for years (P2, P5, P7, P9, P10, P11, P12).

As previously mentioned, five participants self-identified as members of the 2SLGBTQ+ community (P2, P4, P5, P10, P12) and 11 stated that they had 2SLGBTQ+ members in their churches (P1, P2, P3, P4, P5, P6, P7, P9, P10, P11, P12). It was apparent that the presence of 2SLGBTQ+ people in these churches was a result of their welcoming demeanor; five participants (P1, P2, P4, P10, P11) stated that 2SLGBTQ+ individuals joined their church because of their acceptance of the 2SLGBTQ+ community. According to participants, the acceptance of 2SLGBTQ+ individuals in the Anglican and United Churches is the norm, not the exception. Five participants voiced that they thought the public perception of the Church as unaccepting of 2SLGBTQ+ people is misconceived (P1, P2, P3, P4, P7). One participant stated that churches that oppose the conversion therapy ban are "a small minority" (P3) while another

said that “sometimes church communities get a bad rap” (P4). Participant 2 succinctly said, "But you know, #ChristianRight is neither Christian nor right ... they do not speak for a lot of those who practice Christianity at their churches”.

Overall, across all 12 participant interviews, there was enthusiastic support of the 2SLGBTQ+ community and demonstrated acceptance in a variety of ways, often over a number of years. But this support was also accompanied by a discussion of the divide that also exists inside both denominations, a sub-theme I discuss below.

Divide over Homosexuality in Mainline Protestant Religious Communities

Nine participants noted that a minority in their denomination still struggle to accept 2SLGBTQ+ people (P1, P4, P5, P6, P9, P8, P10, P11, P12). This was detailed by a participant from the United Church who stated, “And so we still have churches that are not safe spaces. I fully admit that. I've worked in some of them. And it was difficult to work through that” (P12). This was echoed by another participant who stated, “Well, the Anglican Church has struggled with sexuality for a long time. And particularly with the issue of the marriage of gay people” (P4). Participant 6 also noted that “There are still some pockets of more traditional, I guess what you call conservative based belief. Because we have a wide range in the Anglican Church”.

Importantly, four participants noted that while some members of their congregation may be hesitant to accept 2SLGBTQ+ people, they still would not support conversion therapy (P5, P6, P8, P9). Despite the divisions over homosexuality still present within mainline Protestant churches, 9 participants stated that overall, their denominations are moving towards the inclusion of 2SLGBTQ+ people (P1, P2, P4, P6, P7, P8, P9, P10, P12). Participant 8 compared the historical conflict over the ordination of women to the current divide over homosexuality:

In 1976 The first women were ordained in the Anglican Communion, and it happened here in Canada. Shortly afterwards it happened to the United States. The bishops were divided until, well, still in Africa there are diocese where women are not permitted to be ordained. It was in the late '90s that England finally ordained women. There was contention. There was a lot of struggle on that issue which has worked its way out. And I have every confidence that this will also over time. Unfortunately, there will be people who are hurt along the way, as we work out our theology.

It was apparent from these quotes that some division over homosexuality is still present within the Anglican and United Churches. However, both denominations seem to be making progress towards unanimous support of the 2SLGBTQ+ community.

Theme 2: Mainline Protestant Religious Leaders and their Communities are in Favour of the Conversion Therapy Ban

Eleven out of 12 of the mainline Protestant religious leaders interviewed for this study firmly supported the conversion therapy ban in Canada. Participants described the conversion therapy ban as “a good piece of legislation” (P3), “a good thing” (P5), “a huge step” (P7), “wonderful” (P8), “a very good first step” (P10), and “a positive thing” (P12). Participants also expressed that they felt “delighted” (P4), “happy” (P6, P7), and “relieved” (P7, P8) when the ban came into effect. Three participants noted that the ban was “long overdue” (P3, P5, P11) and three participants expressed feeling “grateful” that the ban is now in place (P6, P11, P10). One participant described how they felt “personally very pleased that action has been taken here in Canada to prevent groups or individuals trying to convert people or trying to take away who they are as a person, who they have been created to be” (P4).

Four participants from the United Church of Canada noted that the United Church had been supportive of a national conversion therapy ban in Canada before the legislation passed (P7, P9, P10, P12). This was further described by one participant:

And so the, at the behest of the United Church and within their own capacity as the moderator, the former moderator, I believe it was, there would be (redacted name) who wrote a letter to the Prime Minister of Canada and to the Governments on behalf of the United Church, asking that the practice of conversion therapy be made be illegal. And so we're very happy with that, overall. As one of the groups that was a proponent against conversion therapy and for the law. So we're happy about that (P12).

Another participant from the United Church noted that a clergy member from the United Church was instrumental in ushering in the conversion therapy ban in Canada: "It was something that was discussed and talked about, but the reality is the very first person in this country who made the very first step to change legislation in this country was a United Church minister" (P10).

Eleven out of 12 participants also expressed that their religious communities were in agreement with the conversion therapy ban as well. One participant stated:

"So I guess more than anything we've just responded with the collective sigh of relief that it's not carrying on" (P8). Another participant also shared, "The... community here is, the local congregation is extremely, extremely glad that people will be respected, and that lives will be saved, and that we will be living love and not hate" (P12).

While the majority (11 out of 12) of participants indicated support for the conversion therapy ban, one participant (P1) voiced a different opinion. They shared that while they were against conversion therapy, they were "undecided" on the conversion therapy ban. This participant provided the following explanation for their opinion:

But I'm inclined to think that healing and reconciliation is not best achieved through, through legal means. ... My desire, I suppose, would be that people would be willing to undertake what's mentally the much harder and longer and sometimes painful self-process of, of really deep kind of conversations.

Overall, the mainline Protestant religious leaders interviewed and their religious communities as a whole were in favour of the conversion therapy ban in Canada. In addition to this theme, I identified one sub-theme, namely that a participant group in favour of the ban also identified its strengths.

Mainline Protestant Religious Leaders are in Favour of the Conversion Therapy Ban because of Identified Strengths of the Ban

All 12 participants identified strengths to the conversion therapy ban in Canada, including the one individual who was undecided on the legislation (P1). These strengths included (1) the opportunity to improve the relationship between the 2SLGBTQ+ community and the Church, (2) the protection of 2SLGBTQ+ youth, and (3) the public message that the conversion therapy ban sends.

Interestingly, six out of 12 participants saw the conversion therapy ban as an opportunity to improve the relationship between the 2SLGBTQ+ community and the Church (P4, P6, P7, P9, P10, P12). Participant 6 shared that they hope 2SLGBTQ+ people will feel safer around members of clergy now that the ban has passed, stating that “if there's a conversion therapy ban, they know that they can safely come to us and we won't try to change who they are”.

Another participant stated that the conversion therapy ban presents an opportunity for the Church to grow:

Yeah, I think it's, I think it's the opportunity for us to all grow into our awareness of who other people are. I think I, I'm hopeful that in a religious context it starts to move churches away from a focus on sexuality and gender identity as a separation between God and a person (P10).

Participant 9 shared a similar sentiment by stating, “Well, hopefully, it will begin to mend fences and the healing”.

Seven out of 12 participants identified the protection of 2SLGBTQ+ youth as a strength of the conversion therapy ban (P1, P2, P3, P9, P10, P11, P12). For instance, Participant 11 stated, “I hope it will protect young people, especially since young people, you know, growing up in more fundamentalist churches have less say and control over their lives”. Another participant also shared that a “potential strength is, I hope... especially kind of vulnerable or youth, or something like that, would be less, less likely to be psychologically harmed” (P1). Three participants identified the protection of 2SLGBTQ+ youth as the biggest or most important strength of the ban (P10, P11, P12). Perhaps this point was most saliently expressed by Participant 12, who voiced support for the conversion therapy ban due to their experience in suicide intervention:

And I also... the most important thing, and this is coming from somebody who has literally talked children off of bridges, it saves people's lives. Being told that you are a demon when you are a 12-year-old, being yelled at, and having people try to perform exorcisms on you to stop you from being yourself, the physical... the stories I have heard of the physical violence as well, we are saving children's lives.

In addition, three participants recognized the public message that the conversion therapy ban sends as a strength of the ban (P5, P11, P12). These participants were hopeful that the ban

would broadcast a message to society that conversion therapy practices are unacceptable.

Participant 5 described this in further detail by stating, “a strength of the ban would be [that] it's an official public declaration that this is something that is, you know, has done a lot of harm to a lot of people”. Participant 5 also stated that the ban sends a message to the victims of conversion therapy as well: “... their concerns are now validated publicly by the Government and by the Canadian, by us as a nation, a country”. This sentiment was echoed by another participant who stated that the conversion therapy ban “...helps society to understand that certain practices that are hurtful and harmful are unacceptable” (P.12). Three participants (P5, P7, P9) stated that they hope the conversion therapy ban may influence the religious groups offering conversion therapy to reflect on their actions and reconsider their support of the practice.

Theme 3: Mainline Protestant Religious Leaders are in Favour of the Conversion Therapy Ban because they Believe Conversion Therapy is Harmful

All 12 participants recognized conversion therapy as harmful and condemned the practice because of (1) the outcomes of conversion therapy, (2) their belief that sexuality cannot be changed, and (3) their first-hand encounters with survivors of conversion therapy.

Outcomes of Conversion Therapy

All 12 participants recognized that conversion therapy produces harmful outcomes. Participants stated that conversion therapy causes harmful outcomes such as substance abuse (P10), mental illness (P12), spiritual harm (P9, P12), trauma (P5, P10), damage to self-esteem (P6), psychological damage (P1, P5) and suicide among 2SLGBTQ+ youth (P2, P6, P12). One participant who was both a minister and a registered Social Worker relied on their education to illustrate this point:

But because of my training and psychology, and because of the fact that I'm a registered Social Worker as well. And because I've had a certain amount of education and training and continuing education in the area of LGBTQ and inclusivity. And you know, doing no harm, I feel very strongly that... You know we're really, any person, whether they're a pastor or a therapist or even a well-meaning friend who tries to alter what a person is really feeling as their identity or their orientation, is risking doing serious harm to that person. (P6).

Moreover, five participants recognized conversion therapy as a form of abuse (P3, P5, P6, P9, P11). This was articulated by Participant 11, who stated: "I would say, I see conversion therapy as a form of sexual abuse. So. Or a form of abuse, and that's what makes it, is why it should be subject to the state". Participant 6 also stated, "Conversion therapy actually should be covered under abuse. You know, therapeutic abuse or spiritual abuse by churches". Participant 5 described individuals who conduct conversion therapy as "predators".

One participant (P9) noted that conversion therapy has been "proven" to be harmful: "I mean... it's proven to be very harmful emotionally, spiritually. There may be physical harm done as well". Another participant elaborated on this sentiment by highlighting how the harms of conversion therapy have been documented in research: "...it's not based in solid research that says that it's helpful. On the contrary, it's, you know, there's been a lot of research and personal experience of the people that have been through that, of its harm". For these participants, the evidence against conversion therapy seemed to influence their perceptions on the practice.

None of the 12 participants in this study suggested that conversion therapy could be anything other than absolutely damaging. The harmful nature of conversion therapy was perhaps the most strongly emphasized point across all 12 of the interviews.

Sexuality Cannot be Changed

When discussing the harmful consequences of conversion therapy, seven participants expressed that they believe sexuality cannot be changed (P2, P3, P5, P6, P9, P10, P12).

Participant 3 summarized their opposition to conversion therapy by stating, “I guess at the core... I don't believe that this therapy works. I think it's a matter of birth, not a matter of counselling”. Two participants (P3, P12) explained that sexuality is a fixed characteristic in an individual, such as skin colour. One participant illustrated their belief that sexuality is determined at birth with a message from scripture:

“...why is it that you want to target somebody because of something that is born within them? As opposed to sort of living out like, the Bible does also say in Jeremiah, like God, says to the prophet Jeremiah, I knew you before you were born” (P10). This use of scripture was also demonstrated by Participant 2: “And you know, Jesus said, 2,000 years before Lady Gaga, some are born that way. Matthew 19:12. Check it.

Four participants expressed that they see conversion therapy as an attempt to change who someone is (P2, P4, P5, P6). These participants implied that by doing so, conversion therapy is violating an individual's ability to be their authentic self. This was illustrated by Participant 5, who stated that: “...gender, sexual orientation, and gender identity is not so much about a choice. It's about who we are. It's about an identity. It's about how we come to know ourselves”. This sentiment was also shared by another participant, who opposed conversion therapy on the grounds that: “I don't think anyone has the right to try and change who someone is” (P4). These participants emphasized that sexuality can not, and more importantly should not, be changed.

The Experiences of Conversion Therapy Survivors

Six out of the 12 participants disclosed that they had heard about the harms of conversion therapy directly from survivors of this practice (P2, P5, P7, P11, P10, P12). The participants stated that they knew conversion therapy survivors in their personal life (P10, P12) and within their congregation (P2, P5, P7, P11). All six of these participants shared the horrors that the survivors of conversion therapy endured. Participants reported that the survivors of conversion therapy that they know struggle with substance abuse (P10), suicidal ideation (P10, P12), and lowered self-worth (P5, P11).

Moreover, all six of these participants indicated that the survivors of conversion therapy that they know underwent the practice in a religious environment (P2, P5, P7, P11, P10, P12). Participant 11 stated that a survivor they know is still dealing with the harmful consequences of conversion therapy to this day:

But yeah, like grew up with, you know, sense of herself as bad, right? And not surprisingly then acted out in ways that were bad, right? Ran away from home, you know, was pregnant, got pregnant, you know, like all the cascading effect of like terrible, terrible, terrible things. The legacy of which she is still dealing with today.

The long-lasting harms of conversion therapy were further recognized by Participant 5, who also shared that a survivor they know continues to struggle in the aftermath of conversion therapy:

So it is really caused a lot of damage in terms of her trust of religion, of church, her trust of, you know, anybody that would resemble a pastor like me. And obviously a lot of damage in terms of her own self-worth and self-esteem.

Participant 5 also noted that for this individual, conversion therapy inflicted “trauma”.

Participant 12, a self-identified gay minister, shared a profoundly impactful personal account of another 2SLGBTQ+ youth they knew growing up in the Church. They stated that the parents of this childhood friend were “through their faith practices, were pressuring him to not be himself”. As a result of this, the youth tragically died by suicide. Participant 12 stated:

I was shocked to hear, but also not overly surprised, that he had (redacted) and committed suicide and died by suicide. I guess that's a more appropriate way to put it, died by suicide, because it wasn't that (redacted) decided to kill himself just because he hated himself, but because those around him kept telling him that he should hate himself, and that they didn't love him for who he was. Which, what parent would tell that to their child if they love them?

It was evident during the interviews that all six of the participants who had heard directly from conversion therapy survivors (P2, P5, P7, P11, P10, P12) were profoundly impacted by these stories. Participant 12 disclosed feelings of guilt related to their childhood friend who died by suicide, while Participant 5 expressed feeling angry that the person they know was a victim of conversion therapy. In fact, in addition to the harm to survivors participants described, many of the comments suggested vicarious trauma to those around them.

Theme 4: Mainline Protestant Religious Leaders are in Favour of the Conversion Therapy Ban because of their Religious Beliefs

All twelve participants expressed that they are opposed to conversion therapy because of their religious beliefs, not in spite of them. While the previously reviewed literature demonstrated that religion is sometimes used to oppose the 2SLGBTQ+ community, the findings here demonstrate the opposite - i.e., participants' acceptance of the 2SLGBTQ+ community was

rooted in their faith. This was demonstrated through participants' statements on (1) 2SLGBTQ+ affirming scripture, (2) putting scripture in context, and (3) the will of God.

2SLGBTQ+ Affirming Scripture

Ten out of 12 participants drew upon their interpretations of scripture to justify their acceptance of the 2SLGBTQ+ community and thus opposition to conversion therapy (P1, P2, P4, P5, P7, P8, P9, P10, P11, P12). This was described by Participant 2 when they stated: "I mean, nobody wants to say, well, 'the Bible's against homosexuality'. They can say it, but I mean it's like feathers. The first gust of wind, that's blowing over, because of course it's not. It's not true". Another participant further illustrated this theme by stating:

And as I said, there's certain, there's certain things in Scripture that are cultural. And there's certain things that probably are kind of eternal truths. Loving God, loving neighbor, loving self would be kind of the eternal truth and things that point us towards that. I think the views on sexuality would be cultural. (P9)

Five participants provided examples of 2SLGBTQ+ affirming scripture that is present in the Bible (P2, P5, P9, P10, P11). Three participants mentioned the Biblical story of the Ethiopian eunuch (P2, P5, P9), as described by Participant 5:

I mean, one of my favourite stories is about the Ethiopian eunuch and Phillip's encounter with him on the road. And a eunuch is a castrated man; someone who is sexually different. And yet, the story goes, 'who can prevent this man from being baptized?' And so he's welcomed into the Christian community, even though he is sexually different. Well, how is that any different than where we're at today? I mean, people showing up that are sexually different. And they're part, they're included in the Christian community. So it puzzles me that there's these other views on that.

One participant claimed the Ethiopian eunuch was “obviously a gender fluid person” (P9) while another reiterated this by calling the individual “a black Ethiopian trans person” (P2). Participant 9 stated that there are examples of same-sex couples professing their love to each other in the Bible, such as Ruth and Naomi or David and Johnathan. Two participants spoke to the gender fluid nature of God in the Bible. Here is Participant 11 describing this:

I mean the word for God in the Old Testament is a neuter word, *Yahweh* is neither male nor female. You know, St. Paul says, there will be neither male or female in heaven. You know we have, God created men and women in his own image (P11).

This was reiterated by Participant 2, who stated that God is trans: “There's lots of incredibly queer positive starting with Genesis first, that God made male and female, in God's image, which makes God trans. Sorry. And if you're Christian, you believe in the Trinity - 3 ways of describing God”.

Overall, the acceptance of 2SLGBTQ+ individuals was seen as scriptural teaching for these participants. In addition to providing examples of 2SLGBTQ+ affirming scripture, some participants also addressed scripture that has been interpreted as anti-homosexuality and argued that these passages have been taken out of context.

Putting Scripture in Context is Important

Seven out of 12 participants emphasized the importance of understanding the context of scripture on sexuality (P1, P4, P7, P8, P10, P11, P12). Participants noted that people should consider the time period scripture was written in (P2, P4, P8, P10), that the Bible was written by humans (P2, P11), that scripture contradicts itself (P7, P11), and that nobody follows the Bible to the full extent (P2, P7, P8, P9).

Four participants pointed out that scripture can be used to justify terrible things (P2, P4, P7, P9) such as slavery (P2), killing children (P7), and sexual assault (P9), thus emphasizing the need to understand scripture in context. Participant 8, for instance, explained that the scripture against homosexuality in the Levitical code was really about ensuring that a tribe living under harsh circumstances would be able to procreate, while Participant 11 stated that some passages about homosexuality in the Bible were actually criticizing the sexual abuse of slaves. This point was further expanded by Participant 11 when they stated the following:

So I was a historian in my previous career, and I, you know, the Bible is a historical document ... it's important to read things in the context in which they're written ... So anyone who takes the Bible literally about things like homosexuality really knows nothing about the Bible. You can't take it literally. If it tells different versions of the same story, they can't all be true.

Some participants criticized other sects of Christianity for not considering context in their interpretations of scripture. Participant 10, for instance, stated that churches who do not consider the context of scripture are perpetuating the negative stereotype that Christianity is against 2SLGBTQ+. Participant 2 stated that church leaders who preach that the Bible is against homosexuality are “uneducated” on scripture. Five participants (P2, P5, P7, P10, P11) argued that people who elevate anti-homosexuality scripture are cherry-picking from the Bible. This was explained by Participant 10: “...there are some churches and some church leaders who read the Bible in this literal sense and look at sexuality through this literal idea by cherry picking specific text”.

Overall, these quotes demonstrated the belief among participants that context needs considering when interpreting scripture and how not doing so can be dangerous. These

participants implied that the passages on homosexuality in the Bible are often misunderstood and that the bigger picture must be considered in these texts. It was clear that these participants rejected the scriptural justifications for conversion therapy sometimes provided by other Christian groups, as discussed in the literature. Instead, these participants argued that scripture is actually affirming of sexual diversity and non-affirming texts have been taken out of context. In this sense, participants' opposition to conversion therapy and thus support for the ban were rooted in their religious beliefs. This was further demonstrated when some participants expressed that conversion therapy is contrary to the will of God.

Conversion Therapy is Contrary to the Will of God

Participants' belief that scripture supports sexual diversity meant that they viewed conversion therapy as contrary to not only the teachings of scripture, but even their God. Five participants described conversion therapy as contrary to the will of God (P1, P5, P6, P9, P10). This was noted by Participant 5, who stated:

And I guess, above all, I find it contrary to what I have come to know about God and the journey, and what I experience God to be, who I experience God to be. I find this kind of thing contrary to that. So that's what I guess upsets me the most.

Participant 9 also stated: "Furthermore, in my own sense of my faith, in my faith tradition, God wouldn't desire something like that". Participant 12 expanded on this point by claiming that conversion therapy is sinful because it goes against the will of God and harms others.

Six participants elaborated on this theme by stating that God commands us to love thy neighbour (P2, P4, P6, P7, P8, P12). This was explained by Participant 8 in the following way: "Well, you know, homosexuality was well-known in first century Israel. And yet in Jesus' speeches we never hear him say a word about it. What we hear him saying over and over and

over again, is love your neighbour". Participant 2 echoed this point by stating: "But there's also lots of queer positive stuff in the Bible and the overarching message of the Bible is inclusion, loving your neighbour". Three participants also noted that Jesus advocated for the oppressed and called on his followers to do the same (P6, P10, P12).

Overall, these participants shared the view that conversion therapy was contrary to their understanding of their God's desire and commandment to love our neighbours.

Theme 5: Mainline Protestant Religious Leaders are Concerned over the Efficacy of the Conversion Therapy Ban

Because of their support of the conversion therapy ban and recognition that conversion therapy practices are harmful, eleven participants questioned the efficacy of the conversion therapy ban (P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12). This was demonstrated by concerns related to (1) conversion therapy going underground, (2) emergence of other forms of conversion therapy, (3) knowledge that conversion therapy is still practiced, and (4) enforcement of the ban.

Conversion Therapy Going Underground

Eight participants voiced concern that conversion therapy practices may continue underground (P3, P4, P5, P6, P7, P9, P11, P12). This was summarized by Participant 4: "My fear would be that it sometimes forces things like this to go underground. And that although it's not being publicly acknowledged, that such things are taking place in some denominations of the Christian faith". While Participant 12 was strongly in favour of the conversion therapy ban, they recognized that the ban may force conversion therapy to go underground and thus make it more difficult to intervene when the practice occurs:

That's the one drawback, though, that I can think of, is that regulation and visibility will be diminished because people will go underground because of our tendency to break the

law if we don't agree with it, which is great for rationalizing, but it's why there's so many highway deaths.

Participant 7 implied that the government should address the potential for conversion therapy to go underground: "I don't know how they've been addressed as of yet, but there's always going to be underground movements and the potential for that".

It was clear that while these participants supported the conversion therapy ban, they had doubts that the ban would stop conversion therapy practices from occurring entirely. This was also demonstrated through participants' concern that other forms of conversion therapy may continue.

Emergence of Other Forms of Conversion Therapy

Similarly, six participants (P2, P3, P5, P6, P9, P10) expressed concern that conversion therapy practices may continue under another name. This concern was summarized by Participant 9: "But my concern is, they'll just try and find different ways. Some churches might try and find different ways to, you know, conversion therapy by another name, or something like that". Participant 10 noted, "Well, I think that things can slip through the cracks. Like somebody can retitle conversion therapy to something else". Participant 6 also expressed concern that other denominations may be using different language to continue offering conversion therapy:

I'm sure that there's a lot of ministers within, not in the mainline churches, but in the more Evangelical and other traditions that are sort of still doing a little bit of the conversion therapy under the table sort of thing, using different language to cover it up, that they're doing it.

Five participants expressed concern that conversion therapy may be performed under the guise of pastoral counselling (P2, P5, P6, P7, P9). This latter point was explained by one

participant: “You know, because groups are saying, ‘Oh, we're doing prayer ministry’ and they're trying to pray away the gay. That's what we should call it. It's you know, ‘pray away the gay’”.

This was reiterated by Participant 5:

There probably are some churches in Canada, that you know they may not publicly hang their shingle out, saying, ‘we offer conversion therapy’, but in their ministry work, and in their, you know, any sort of pastoral counseling that pastors might offer, they would be indirectly kind of offering conversion therapy.

Participant 2 shared that members of their congregation had previously been victims of conversion therapy under the guise of pastoral counselling: “And so you can bet you hear from people in the pews that it was obviously going on, at kind of ‘counseling’ in the minister's office as well. And why wouldn't it be? Or the priest’s office? And that's a problem”.

Participant 12 called upon the government in this regard: “But I think it, it's a very good first step. Now, the government needs to keep ensuring that other forms of therapy can't sort of sneak in there to replace it”.

These participants’ concerns over the potential for conversion therapy to go underground or to occur in other forms were not unfounded; some participants shared that they have reason to believe that conversion therapy is still ongoing following the ban.

Knowledge that Conversion Therapy is Still Practiced

Moreover, seven participants (P2, P5, P6, P8, P9, P10, P12) shared that they suspect that conversion therapy is still ongoing today. One participant shared that a colleague of theirs may be continuing to practice conversion therapy:

Actually, I had a colleague who was Anglican who belongs to a group outside of the Church that practiced conversion therapy. And I fully expect that he will seek to continue

to do that in any way that he possibly can ... But just his conservative theology would say to him that work was absolutely right. And even if it meant that he would suffer he would want to carry on that work (P8).

Similarly, Participant 10 shared that they know of a church continuing to participate in conversion therapy by sending people to the United States:

And it's just secretly done, right. And they're doing it in very smart ways by having relationships in the States, and like, I don't want to say brainwashing, but in some ways it feels like it's brainwashing that they're convincing these people to tell people at the border, 'I'm going on a vacation, or a retreat, or something for my church', and then they go, and they have to go through the exact same process of conversion therapy that has been banned here in this country.

Both Participants 5 and 12 shared that they know of churches in their local community who may still be practicing conversion therapy in secret. Participant 2 expressed concern that not only will conversion therapy continue to occur, but also transgender people may be specifically targeted:

We really have to be aware of it. And for sure, for sure, that means behind closed doors and offices. This kind of thing will be going on. People will be told that they're not normal. Especially trans, non-binary, and gender nonconforming now. I would call it fascism. The rise of fascism is really focused on them now, in a way that's terrifying.

These statements demonstrate that just because conversion therapy is banned, does not mean it has stopped occurring. Furthermore, some participants had concerns over the enforcement of the conversion therapy ban itself.

Enforcement of the Conversion Therapy Ban

Six participants (P2, P4, P7, P8, P10, P12) expressed doubt over how the conversion therapy ban is being enforced. Participant 2 shared this concern: “So the problem is enforcement. Now, at both - at all levels of government, wherever you know, it's been bad”. This participant also referenced the fact that no criminal charges have been laid under the conversion therapy ban to date (P2). Participant 12 noted that the conversion therapy ban may be difficult to enforce: “I see it as complex, so it'd be hard to enforce the law, I think. Or at least complicated to enforce the law”. This was echoed by Participant 8, who stated: “I think that it's very, very difficult to enforce completely. That people will still be able to do some of the things that, in my opinion, have done a lot of damage to people behind closed doors”.

Five participants noted that people break other laws ranging from traffic violations (P3, P12) to sexual abuse (P5) and thus may continue to practice conversion therapy in spite of the ban (P3, P5, P7, P11, P12). Participant 7 drew comparisons with human trafficking to illustrate this point:

I think you can only monitor things so much in this world right now. It's kinda like with all the human trafficking. My church right now is quite involved in human trafficking for like, survivors. And it's incredible what's happening right under our nose. And people need more and more education around that and what's happening. And so I fear that we're going to go down the same kind of road potentially with this.

Participants voiced concern that conversion therapy may occur remotely (P3, P7) or people may be taken out of Canada to receive conversion therapy (P3, P7, P10). These quotes demonstrated that conversion therapy is still occurring in Canada and must be addressed through increased enforcement of the ban. Participants' identification of the potential gaps in the

conversion therapy ban is an important finding as it demonstrates that more must be done in order to ensure the full protection of 2SLGBTQ+ peoples in Christian communities. Participants provided further insight for work to be done beyond the ban in the following theme.

Theme 6: Mainline Protestant Religious Leaders Identified the Next Steps Following the Conversion Therapy Ban

Seven out of 12 participants identified the next steps that should occur following the conversion therapy ban in order to keep advancing the inclusion and protection of 2SLGBTQ+ people both in the Church and wider society (P2, P4, P5, P7, P8, P10, P12). This included (1) continuing to reconcile the relationship between the 2SLGBTQ+ community and mainline Protestant Churches, (2) Continuing advocacy following the conversion therapy ban, and (3) increasing education on the conversion therapy ban.

Continuing to Reconcile the Relationship Between Mainline Protestant Churches and the 2SLGBTQ+ Community

Six participants identified the need to continue reconciling the relationship between mainline Protestant Churches and the 2SLGBTQ+ community (P4, P5, P7, P8, P10, P12). This was illustrated by Participant 10 when they described the Church's relationship with the 2SLGBTQ+ community:

It's always developing. We're reconciling what is still present memory for people.

Reconciling that hurt, that history, while also developing a fulsome sort of love and a fulsome approach to ensuring that we don't forget what happened while always moving forward with hope.

Participant 12 recognized that there is still work to be done to improve the relationship between the Church and 2SLGBTQ+ community: "But overall, there's still work to be done.

There's still, there's still work to be done. And we're gonna keep doing it. It's very committed”.

This was echoed by Participant 4, who outlined the next steps the Church must take to improve this relationship: "So church communities have a lot of learning to do, a lot of apologizing to do, and a lot of changing the way in which they do things”. This participant also stated that the Church must be proactive in letting the 2SLGBTQ+ community know that they are welcome and acknowledged that this healing process may take years.

Continuing Advocacy Following the Conversion Therapy Ban

Three participants (P2, P5, P10) emphasized the need for continued advocacy in order to prevent the conversion therapy ban from being reversed. These participants noted that legislation can be challenged and undone. Participant 2 stated that while Ontario is one of the most inclusive places in the world for 2SLGBTQ+ people, activists must keep moving forward because of how quickly backlash can occur. Participant 10 used healthcare cuts in Canada as an example of how this can happen:

People will always use the United States as an example - but like, we see healthcare cuts in Canada. Right? We see cuts. We use cuts as opposed to like reversing stuff. And we see those cuts existing in what was hard fought for. I always feel like it's why as a queer person in this province I have never yet felt like I can put my bag down and say, ‘Okay, I can just relax or breathe’. Because you're all, you know that everything is this up and down.

Participant 5 referenced the overturning of abortion legislation in the United States to further illustrate this point:

And the other thing is I want to say, is that we can't take anything for granted. And just because conversion therapy has been banned now, it doesn't mean it will always be

banned. Because we have ... we have seen in the last year or two that legislation that is in place for decades can be undone, as is happening in the United States with abortion.

Increasing Education on the Conversion Therapy Ban

Two participants (P2, P7) emphasized the need for education on the conversion therapy ban. Both participants recognized education as essential to ensuring that conversion therapy practices cease to occur. Participant 7 demonstrated this point in the following way:

I think education is a huge, huge factor, and I don't know if you've been to an airport recently, but they have a lot of information about human trafficking, how to keep your eyes open for it. So I think, having those sorts of educational tools out there, whether it's online, in churches that are supportive of the ban, in airports because of the potential for moving people out of the country for it.

Participant 2 emphasized that both religious communities and religiously inclined mental health practitioners must be educated on the conversion therapy ban in order to prevent them from offering the practice. This participant also noted that mental health practitioners must be educated on the conversion therapy ban in order to intervene if parents are seeking conversion therapy for their children:

It's the parents who do want it, who seek it out that are kind of... those are the children I'm most concerned about. And that's where, when they seek it out, it's on the practitioner's shoulders to say, to deal with the entire family. Right? And it's an educational, consciousness raising effort that we're all engaged in (P2).

While this theme was demonstrated by a limited number of quotes, the importance of education on the conversion therapy ban should not be understated. As expressed by these participants, education on the conversion therapy ban may empower 2SLGBTQ+ individuals and

their allies to recognize and challenge conversion therapy when it occurs. Education on the conversion therapy ban may provide a practical solution to the concerns regarding the efficacy of the conversion therapy ban previously addressed in Theme 5 by increasing public awareness and enabling individuals to recognize what conversion therapy is and how to report these practices.

Discussion and Implications

The purpose of this research study was to gain an understanding of how mainline Protestant religious leaders are responding to the conversion therapy ban in Canada. The findings from this study indicate that religious leaders from mainline Protestant denominations (Anglican and United) in Ontario are overall supportive of the conversion therapy ban. They are supportive of this piece of legislation because of their acceptance of and established relationships with the 2SLGBTQ+ community, their understanding that conversion therapy is harmful, and their acceptance of sexual diversity influenced by their religious beliefs including scripture. This research also revealed that conversion therapy is still ongoing in Canada in spite of the ban and enforcement of the ban is a major concern among mainline Protestant religious leaders. The conversion therapy ban is not the end but rather the beginning of the process of eradicating these harmful practices. The findings of this study suggest that continuing reconciliation between the mainline Protestant churches and the 2SLGBTQ+ community, ongoing advocacy regarding the conversion therapy ban, and increased education on the conversion therapy ban may be strategies for ensuring the efficacy of the ban and the protection and inclusion of 2SLGBTQ+ people in Canadian society.

Building and reflecting on these findings, in the following discussion section I will further consider the implications of these findings on three areas: (1) the academic literature on

conversion therapy, (2) Social Work practice, and (3) mainline Protestant religious leaders and their communities. I also include a set of limitations of this study.

Implications for the Academic Literature

As noted by McGeorge and colleagues (2020), the perspectives of Christian religious leaders on the issue of conversion therapy are extremely under researched. While conducting the literature review, I could only find the single study by McGeorge and colleagues (2020) regarding the beliefs of Christian clergy on conversion therapy. This is a significant gap in the literature considering the strong correlation between religious belief and both providing and receiving conversion therapy practices (Cyphers, 2014; Dehlin et al., 2014). Accordingly, I attempted with this research study to contribute to this literature on conversion therapy. Additionally, due to the recency of the federal conversion therapy ban in Canada, no academic literature has been published on this subject at the time of writing of which I am aware. Below I comment on four areas of the literature where the findings of my research might contribute to our understanding of conversion therapy and Christian communities and the ban specific to Canada.

Canadian Mainline Protestant Clergy Affirm the Harm of Conversion Therapy

Six of the participants in this study reported hearing about the horrors of conversion therapy directly from survivors. The outcomes of conversion therapy recounted by these participants reflected the literature on the harms of the practice. Participants stated that the survivors of conversion therapy that they know struggle with mental illness, substance abuse, lowered self-worth, and suicidal ideation. These negative implications of conversion therapy have also been demonstrated in the literature (Beckstead & Morrow, 2004; Blosnich et al., 2020; Forsythe et al., 2022; Harris et al., 2008). Most tragically, participants' statement that conversion therapy causes suicide has also been reported by Blosnich and colleagues (2020). Participants'

concerns for 2SLGBTQ+ youth in conservative religious environments are well-warranted considering the literature demonstrating suicidality, psychological maladjustment, and familial rejection among 2SLGBTQ+ youth in religious settings (Gibbs & Goldbach, 2015; Hillier & Harrison, 2004). Participants expressed hope that the recent conversion therapy ban may protect these youth. Across the literature and within this study, the research continues to demonstrate that conversion therapy is a deeply harmful practice. Future research will be required to determine if the conversion therapy ban has improved the wellbeing of 2SLGBTQ+ individuals in religious communities.

Mainline Protestant Clergy Indicate that Conversion Therapy Remains Prevalent

The fact that half of all participants in this study know survivors of conversion therapy may also imply that this practice is still prevalent in Canada, as documented in the literature (Phillips & Walker, 2021; Salway et al., 2021). The literature on the prevalence of conversion therapy practices in Canada is incredibly limited. To date, research into the prevalence of conversion therapy in Canada has largely reflected the experiences of sexual minority men, thus leaving the experiences of gender minority people and sexual minority women underrepresented (Kinitz et al., 2021). Participants in this study indicated knowing victims of conversion therapy who were transgender and lesbians. Further research into the prevalence of conversion therapy within these populations is required, especially considering the unique experiences these individuals may face due to their intersectional identities (Cho et al., 2013).

Conversion Therapy in Religious Settings

Participants also suggested that conversion therapy most frequently occurs in religious settings. Participants disclosed knowing both survivors and perpetrators of conversion therapy within Christian churches. This is in line with the research by Kinitz and colleagues (2021) and

Salway (2020) that demonstrate that conversion therapy most often takes place within religious communities. Participants indicated that survivors of conversion therapy may be pressured into undergoing this practice by religious family members, which has also been observed by Higbee and colleagues (2020). Participants of this study emphasized that the churches offering conversion therapy may not advertise their practices as such, and instead may conduct conversion therapy under the guise of 'pastoral counselling' or 'prayer groups'.

While conversion therapy is occurring within some Christian churches, the mainline Protestant religious leaders in this study indicated that they are creating safe spaces for 2SLGBTQ+ peoples in their churches. According to Evangelista and colleagues (2016), sexual minority Christians who attend 2SLGBTQ+ affirming religious settings are able to reconcile their sexual and religious identities in a positive manner that promotes well-being, identity integration, and personal empowerment. While 2SLGBTQ+ Christians thrive in affirming congregations, they often struggle to find these supportive communities (Foster et al., 2015). Creating safe spaces for 2SLGBTQ+ individuals in churches may prevent conversion therapy practices from occurring by providing 2SLGBTQ+ Christians with an alternative where they can safely express their identities.

Pastoral Counselling as Conversion Therapy

Participants noted that victims of conversion therapy may not be fully informed of what they are undergoing and may believe that their religious community is trying to help them. In this sense, participants implied that conversion therapy is often a manipulative or coercive practice. This observation has not been widely recognized within the literature, with the exception of Przeworski and colleagues' (2021) findings that pastoral counselling is a prevalent form of conversion therapy. Participants further explained that given the recent ban on

conversion therapy, those conducting the practice may become even more secretive in their delivery. This is an important contribution to the literature as this finding enables 2SLGBTQ+ individuals and allies in religious settings to recognize how and where conversion therapy practices occur. Given the finding that conversion therapy can be a secretive and even elusive practice, 2SLGBTQ+ individuals and allies must be aware of the signs of this practice in order to recognize when these harmful practices are happening and prevent 2SLGBTQ+ peoples from being victimized. Psychoeducation has been recognized as an effective evidence-based practice that can be applied to prevent potential dangers at individual and community levels (Lukens & McFarlane, 2004). Promoting psychoeducation on conversion therapy for 2SLGBTQ+ people may increase awareness of the methods and harmful outcomes of the practice.

Study participants noted that conversion therapy can occur in pastoral counselling, ministry work, Bible studies, and prayer groups. This finding is an important reminder that even if conversion therapy is not labelled as such, it is still harmful to 2SLGBTQ+ individuals and now against the law under *Bill C-4*. This finding has implications for not only 2SLGBTQ+ individuals in Christian communities and their allies, but also religious leaders. Religious leaders offering pastoral counselling must be aware of the limits of their practice under the recently enacted conversion therapy ban and their responsibility to respect the dignity of 2SLGBTQ+ identities rather than attempting to repress them.

Scriptural Support for the Conversion Therapy Ban

The literature has demonstrated that Christian religious beliefs have been used to justify and encourage conversion therapy (Subhi et al., 2011). Anti-2SLGBTQ+ biblical interpretations and religious teachings have been observed within Christian churches (Morrow, 2003; Toft, 2014; Trammell, 2015; Hillier & Harrison, 2004). Contrary to this literature, participants in this

study voiced support for the 2SLGBTQ+ community and opposed conversion therapy practices because of their religious beliefs. The participants were inspired by their 2SLGBTQ+ affirming interpretations of scripture and understanding of a loving God to not only accept but also celebrate sexual diversity. While some literature demonstrates that there may be conflict between religious doctrine and homosexuality (Schuck & Liddle, 2001), participants in this study were able to reconcile with these religious teachings. Christian religious leaders utilizing religious teachings to oppose conversion therapy has not been documented in the literature. This constitutes a major contribution not only to the literature, but also to other religious leaders and 2SLGBTQ+ Christians who may be struggling to reconcile faith with sexuality. Participants in this study have proven that it is possible and even complimentary to be 2SLGBTQ+ or a 2SLGBTQ+ ally and a devout Christian.

Implications for Social Work Practice

The subject matter of this research may not seem directly applicable to Social Work at first glance. However, Social Workers do have a role to play in the wake of the conversion therapy ban. As stated by Jenkins and Johnson (2004), conversion therapy violates the core values of Social Work, including ethical principles such as prioritizing the client's wellbeing, anti-oppressive practice, and valuing the dignity and worth of clients. The *Code of Ethics and Standards of Practice* outlined by the Ontario College of Social Workers and Social Service Workers' (OCSWSSW, 2008) emphasizes a Social Worker's obligation to advocate for fairness in society. Principle II states that "college members promote social justice and advocate for social change" and College members be acutely aware of "social injustice" and "imbalances of power" (OCSWSSW, 2008, p. 13). This would undoubtedly include advocating for 2SLGBTQ+

safety and inclusion in response to the social injustice and overall harm conversion therapy perpetuates.

Three participants in this study stated that there is a need for continued advocacy surrounding the conversion therapy ban in order to ensure that the gains from this legislation are not lost. Given Social Work's status as a value-based profession rooted in social justice (Thomas, 2016) and the OCSWSSW's (2008) calls for Social Workers to actively promote social justice, Social Workers may be a powerful ally in conducting the advocacy on the conversion therapy ban deemed necessary by participants in the findings of this research.

In addition, regulatory bodies have reiterated that conversion therapy is clearly in violation of the ethics and values of the Social Work profession. The Canadian Association of Social Workers (CASW) formally condemned conversion therapy in 2018 when they released a statement strongly opposing "any therapy with the goal of repairing or converting an individual's sexual orientation, regardless of age" (CASW, 2018, p. 3). CASW also condemned forms of conversion therapy that include "prayer or religious rites" (CASW, 2018, p. 3).

In 2019, the New Brunswick Association of Social Workers banned its members from being affiliated with conversion therapy and classified it as "malpractice" (McPhail, 2019). Social Workers have a professional and ethical obligation to oppose conversion therapy practices. Since Social Workers frequently work with vulnerable populations, including the 2SLGBTQ+ community, they may benefit from maintaining an acute awareness of conversion therapy practices and their damaging outcomes. As noted by Participant 2, Social Workers may have an obligation to intervene in situations where vulnerable populations such as youth are being forced into conversion therapy by their families. Social Workers should be aware of the

legislation regarding conversion therapy in order to inform their interactions with clients should such situation arise.

The potential conflict between Social Workers' religious beliefs and their professional practice has also been documented in the literature. According to Smith-Osborne and Rosenwald (2009), Social Workers with stronger religious affiliations are less likely to support 2SLGBTQ+ legislation. Additionally, religiosity has been associated with higher levels of homophobia and heterosexism among Social Workers (Berkman & Zinberg, 1997). Social Workers' religiously-informed negative attitudes towards 2SLGBTQ+ clients may prevent them from following professional standards (Lennon-Dearing & Delavega, 2016). Pelts and Galambos (2017) also found that healthcare professionals' religious beliefs may influence the quality of care provided to 2SLGBTQ+ clients. 2SLGBTQ+ individuals may avoid or discontinue accessing mental health services due to the prejudice of providers (Willging et al., 2006). 2SLGBTQ+ individuals are at a greater risk of mental health problems because of the discrimination and prejudice they are subjected to (Meyer, 2013). Accordingly, Social Workers must practice reflexivity and consider how their religious beliefs impact their perception of and interactions with the 2SLGBTQ+ community. The *CASW Code of Ethics* (2005) states that Social Workers' religious beliefs can influence their ethical choices and thus they "need to be aware of any conflicts between personal and professional values and deal with them responsibly" (p. 2). It is important for religious Social Workers to maintain this self-awareness in order to ensure that they are able to engage in Anti-Oppressive Practice with 2SLGBTQ+ clients (Westwood, 2022). Christian Social Workers should also be cognizant that attempting to change or repress a client's sexual orientation or gender identity can inflict a great deal of harm upon the client, violates Social Work ethics, and is a crime under the recently enacted *Bill C-4* (Parliament of Canada, 2021).

Harris and Yancey (2017) have suggested that Christian Social Workers struggling with their values when working with 2SLGBTQ+ clients should understand evidence-informed best practices, honour client self-determination, consider their scope of practice, and seek supervision. Borgman (2009) suggests that Christian clinicians should engage in education and training regarding sexual orientation. Furthermore, Borgman (2009) also suggests that these clinicians consider scripture from a sociohistorical context, similar to what the participants of this study have described doing.

Considering the psychological harm that conversion therapy causes (Beckstead & Morrow, 2004), survivors of conversion therapy may benefit from receiving Social Work services. Given the prevalence of conversion therapy in Canada (Salway, 2020), it is not unlikely that Social Workers will encounter conversion therapy survivors in their professional practice. It may be beneficial for Social Workers to consider using Gay Affirmative Therapy when working with conversion therapy survivors. As the name suggests, Gay Affirmative Therapy asserts that clinicians should affirm 2SLGBTQ+ clients' sexual orientations rather than reinforcing the marginalization, stigma, and pathologizing they face in wider society (Grzanka & Miles, 2016). The non-pathologizing perspective on homosexuality demonstrated by the counsellor, the affirming counselling relationship and counselling space, the counsellor's disclosure of their own sexual identity, and the counsellor's knowledge and awareness of specific issues pertaining to the 2SLGBTQ+ community have all been noted by 2SLGBTQ+ clients as beneficial principles of Gay Affirmative Therapy (Pixton, 2003).

Grafsky and Nguyen (2015) suggest a number of ways that clinicians can practice Gay Affirmative Therapy, including critically reflecting on any internalized biases, stigma, or homophobia they may hold, maintaining an awareness of policies and laws impacting

2SLGBTQ+ individuals, and collaborating with local 2SLGBTQ+ resources and centers. Developing a positive 2SLGBTQ+ identity can assist 2SLGBTQ+ individuals with overcoming the internalized homophobia and poor mental health outcomes associated with religious stressors (Page et al., 2013). Given the trauma, shame, and harm that survivors of conversion therapy have been subjected to because of their sexual orientation, Gay Affirmative Therapy may be a particularly impactful intervention for Social Workers to utilize with this population. While the research on effective therapeutic modalities with conversion therapy survivors is limited, the emerging literature has suggested that survivors benefit from affirming mental health care (Dromer et al., 2022).

Implications for Mainline Protestant Religious Leaders and their Communities

As noted earlier in this thesis, Berton (1965) declared “the Church must get with the world, or it will surely perish” (p. 27). Over 50 years have passed since Berton issued this warning and it appears that mainline Protestant religious leaders have heeded his advice. All participants in this study opposed conversion therapy and expressed acceptance of the 2SLGBTQ+ community. The safe spaces that these mainline Protestant churches create are vital to ensuring 2SLGBTQ+ wellbeing. The literature has demonstrated that 2SLGBTQ+ individuals seek out conversion therapy because of their struggle to integrate their sexuality with their religious beliefs (Dehlin et al., 2014). Additionally, 2SLGBTQ+ Christians who cannot reconcile their sexuality with their faith may feel forced to leave their religious community or even attempt suicide (Schuck & Liddle, 2001; Subhi & Geelan, 2012). The participants in this study indicated that they are fostering affirming religious communities where 2SLGBTQ+ individuals can be both Christian and 2SLGBTQ+ without having to sacrifice either part of their identity. This may

resolve the feelings of inner conflict and self-hatred frequently experienced by 2SLGBTQ+ Christians (Subhi & Geelan, 2012; Trammell, 2015).

While all of the participants in this study were accepting of 2SLGBTQ+ people, some participants disclosed that some members of their denomination still struggle to accept the 2SLGBTQ+ community and acknowledged the need to continue reconciling the relationship between the Church and the 2SLGBTQ+ community. There is still progress to be made in terms of 2SLGBTQ+ acceptance and inclusion following the conversion therapy ban. This is important given the rise of violence against 2SLGBTQ+ people in Canada that is partially contributed to by some conservative Christian organizations (Browne & Nash, 2014; Statistics Canada, 2023). The findings of this research study may provide an opportunity for mainline Protestant religious leaders and religious communities still struggling with sexual diversity to reflect on their sentiments and perhaps follow the lead of the participants in this study. Possible suggestions for the way forward are detailed in Theme 6, “Mainline Protestant religious leaders identified the next steps following the conversion therapy ban” in the findings section.

Limitations

There were several limitations of this research study. The first limitation was the number of participants. Due to the scope of this thesis, this study was restricted initially to 10 participants, but I was fortunate enough to have conducted 12 qualitative interviews and reached data saturation. Nonetheless, having a greater sample size may have better reflected some of the differing opinions among mainline Protestant religious leaders, particularly in the more conservative churches and diocese. The second limitation is participant diversity. Participants were diverse in terms of sexual orientation but limited in terms of denomination and location. Study participants were limited to members of the Anglican and United Churches in the province

of Ontario. Ideally, further research will include participants from other mainline Protestant denominations across Canada in order to better reflect the diversity among mainline Protestant churches nationally. There are hundreds of Protestant denominations and having representation from additional denominations would have provided a more accurate portrayal of the political and theological variations within Protestantism. Additionally, including conservative Protestants in this research study may have provided insight into the perspectives of religious leaders who are opposed to the conversion therapy ban. Finally, the interviews for this study were required to occur over Zoom due to location constraints. Virtual interviews can make it difficult to form relationships with participants and understand non-verbal cues present in body language. Conducting interviews in-person may have permitted a more holistic interviewing process.

Conclusion

This thesis began with a review of the literature detailing the religious foundations for conversion therapy and the conflict over sexual diversity present within mainline Protestant churches. While the participants of this study acknowledged that division over sexuality is still present within both the Anglican Church of Canada and the United Church of Canada, both denominations are growing in their understanding and acceptance of the 2SLGBTQ+ community. The mainline Protestant religious leaders interviewed in this study and their communities are journeying towards allyship with the 2SLGBTQ+ community. My hope is that this research will inspire other Christian communities to do the same in light of the conversion therapy ban. Following the review of the findings, it is evident that reconciliation between sexuality and religious doctrine is possible and Christian faith can be used to oppose conversion therapy and other anti-2SLGBTQ+ sentiments and practices. I hope that this research can

provide an opportunity for reflection and healing in both 2SLGBTQ+ communities and their allies and Christian denominations.

I would like to conclude this thesis with a quote from Participant 12, which beautifully summarizes the participants' desire to repair the relationship between the Church and the 2SLGBTQ+ community: "It's not just welcome and it's not just inclusion. It's about healing and wholeness. The Church will not be whole so long as people are kept out for who they are".

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Appendices

Appendix A



955 Oliver Road
Thunder Bay, ON, P7B 5E1
School of Social Work

RECRUITMENT MATERIALS

PHONE CALL SCRIPT

Hello (Participant),

My name is Brooklyn Wilson. I am a graduate student in the School of Social Work at Lakehead University. I am conducting a study that aims to understand the perspectives of mainline Protestant church leaders on the recent conversion therapy ban in Canada as my Master's thesis project. I am hoping to recruit 8 currently practicing mainline Protestant religious leaders in Ontario who are familiar with the conversion therapy ban. There are no foreseeable risks to your participation in this project. One potential benefit is that this research will offer insight into how Protestant communities are responding to the conversion therapy ban. Another potential benefit is that this research study may influence public awareness and/or Canadian policy analysis. Do you feel that you fit the criteria for the study? If so, would you be interested in participating?



955 Oliver Road
Thunder Bay, ON, P7B 5E1
School of Social Work

RECRUITMENT MATERIALS

EMAIL SCRIPT

Hello (Participant),

My name is Brooklyn Wilson. I am a graduate student in the School of Social Work at Lakehead University. I am conducting a study that aims to understand the perspectives of mainline Protestant church leaders on the recent conversion therapy ban in Canada as my Master's thesis project. I am hoping to recruit 8 currently practicing mainline Protestant religious leaders in Ontario who are familiar with the conversion therapy ban. There are no foreseeable risks to your participation in this project. One potential benefit is that this research will offer insight into how Protestant communities are responding to the conversion therapy ban. Another potential benefit is that this research study may influence public awareness and/or Canadian policy analysis. Please review the information letter included as an attachment to this email. If you are interested in participating in this study or have any questions, please respond to this email for further communications.

Looking forward to hearing from you!

Best,

Brooklyn Wilson



955 Oliver Road
Thunder Bay, ON, P7B 5E1
School of Social Work

RECRUITMENT MATERIALS

TELEPHONE VOICEMAIL SCRIPT

Hello (Participant),

My name is Brooklyn Wilson. I am a graduate student in the School of Social Work at Lakehead University. I am conducting a study that aims to understand the perspectives of mainline Protestant church leaders on the recent conversion therapy ban in Canada as my Master's thesis project. I am hoping to recruit 8 currently practicing mainline Protestant religious leaders in Ontario who are familiar with the conversion therapy ban. There are no foreseeable risks to your participation in this project. One potential benefit is that this research will offer insight into how Protestant communities are responding to the conversion therapy ban. Another potential benefit is that this research study may influence public awareness and/or Canadian policy analysis. If you are interested in participating in this study or have any questions, please email me at bkwilson@lakeheadu.ca for further communications.

Looking forward to hearing from you! Goodbye.

Appendix B



955 Oliver Road
Thunder Bay, ON, P&B 5E1
School of Social Work

Mainline Protestant Religious Leaders' Responses to the Conversion Therapy Ban in Canada

INFORMATION LETTER

Dear Potential Participant:

You are being invited to participate in a research study analyzing mainline Protestant religious leaders' responses to the conversion therapy ban in Canada.

Taking part in this study is voluntary. Before you decide whether or not you would like to take part in this study, please read this letter carefully to understand what is involved. After you have read the letter, please ask any questions you may have.

Purpose

I want to understand mainline Protestant religious leaders' responses to the recent conversion therapy ban in Canada.

What information will be collected?

I will ask you questions about your thoughts and reactions to the conversion therapy ban. These questions will be in the form of an interview.

What is requested of me as a participant?

The nature of your participation is similar to a conversation. The interview will last about 45-60 minutes and will be facilitated via Zoom or phone as per your choice.

What are my rights as a participant?

Please be assured that you are under no obligation to participate and may withdraw at any time before or during the interview. Withdrawal from the study after the interview has been completed is not guaranteed as the data will be anonymized immediately after. You have the right to refuse to answer any questions and may terminate the interview at any time. You have the right to privacy and anonymity as you are not required to indicate your name or any other personal information.

What are the risks and benefits?

There are no foreseeable risks to your participation in this project. One potential benefit is that this research will offer insight into how Protestant communities are responding to the conversion therapy ban. Another potential benefit is that this research study may influence public awareness and/or Canadian policy analysis.

How will my confidentiality be maintained?

Your confidentiality is ensured as the interview does not require you to indicate your name or any other personal information. When I record the interview and then transcribe or convert the audio recording to text, I also eliminate personal identifying things you might have said. The



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School of Social Work

only people with access to the audio recordings and transcribed data are myself and my supervisor.

What will my data be used for?

The data will help me answer my research question, "How are mainline Protestant religious leaders responding to the conversion therapy ban in Canada?". This research study is being completed to fulfill one requirement of the Master of Social Work program at Lakehead University. The anonymized results of the research study may also be published within peer reviewed academic journals.

Where will my data be stored?

All data, including audio, transcriptions, and cumulative data, will be stored by myself on a password-protected hard drive in a locked file cabinet in a locked office at Lakehead University in the School of Social Work. Data must be stored for a minimum of 5 years following completion of the project.

How can I receive a copy of the research results?

Please contact me, Brooklyn Wilson, at bkwilson@lakeheadu.ca after January 2023 for a one-page summary of the results.

What if I want to withdraw from the study?

You are able to withdraw from the study at any time before or during the interview process. Withdrawal from the study after the interview has been completed is not guaranteed as the data will be anonymized immediately after. To withdraw before the interview, simply tell the researcher by email that you wish to withdraw. To withdraw during the interview, simply tell the researcher verbally that you wish to withdraw.

Researcher contact information:

You may contact me, Brooklyn Wilson, at bkwilson@lakeheadu.ca.

You may also contact my supervisor and the Principal Investigator, Dr. Ravi Gokani, at rgokani@lakeheadu.ca.

Research Ethics Board review and approval:

The research study has been reviewed and approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team, please contact Sue Wright at the Research Ethics Board at 807-343-8282 or research@lakeheadu.ca.

Appendix C



Research Ethics Board
t: (807) 343-8283
research@lakeheadu.ca

March 09, 2022

Principal Investigator: Dr. Ravi Gokani
Student Investigator: Brooklyn Wilson
Health and Behavioural Sciences\School of Social Work
Lakehead University

Dear Dr. Ravi Gokani and Brooklyn:

Re: Romeo File No: 1469131
Granting Agency: N/A
Agency Reference #: N/A

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project titled, "Mainline Protestant Religious Leaders' Responses to the Conversion Therapy Ban in Canada".

Ethics approval is valid until March 9, 2023. Please submit a Request for Renewal to the Office of Research Services via the Romeo Research Portal by February 9, 2023 if your research involving human participants will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Access the Romeo Research Portal by logging into myInfo at:

<https://erpwp.lakeheadu.ca/>

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Best wishes for a successful research project.

Sincerely,

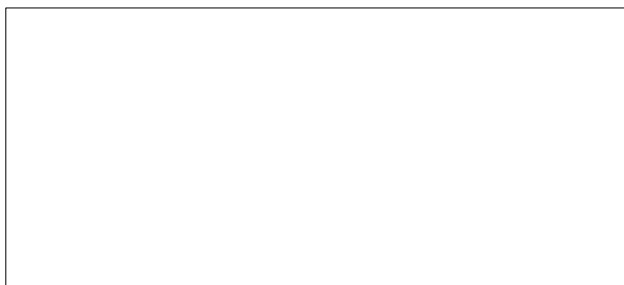
A handwritten signature in black ink, appearing to read "Kristin Burnett".

Dr. Kristin Burnett
Chair, Research Ethics Board

/sw

Appendix D

- ◆ I have read and understood the information contained in the Information Letter
- ◆ I agree to participate
- ◆ I understand the risks and benefits to the study
- ◆ I understand that I am a volunteer and can withdraw from the study at any time during the interview process and may choose not to answer any question
- ◆ I understand that withdrawal from the study after the interview has been completed is not guaranteed as the data will be anonymized immediately after
- ◆ I understand that the data will be securely stored for a minimum period of 5 years on a password-protected hard-drive in a locked office at the Lakehead University campus following completion of the research project
- ◆ I understand that the research findings will be made available upon my request
- ◆ I understand that what I say will be confidential and that all identifying information will be deleted
- ◆ I understand that I am being audio-recorded
- ◆ All of my questions have been answered



Appendix E

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- ◆ I have read and understood the information contained in the Information Letter
- ◆ I agree to participate
- ◆ I understand that my verbal consent will be recorded on this form by the researcher
- ◆ I understand the risks and benefits to the study
- ◆ I understand that I am a volunteer and can withdraw from the study at any time during the interview process and may choose not to answer any question
- ◆ I understand that withdrawal from the study after the interview has been completed is not guaranteed as the data will be anonymized immediately after
- ◆ I understand that the data will be securely stored for a minimum period of 5 years on a password-protected hard-drive in a locked office at the Lakehead University campus following completion of the research project
- ◆ I understand that the research findings will be made available upon my request
- ◆ I understand that what I say will be confidential and that all identifying information will be deleted
- ◆ I understand that I am being audio-recorded
- ◆ All of my questions have been answered

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Appendix F

**Mainline Protestant Religious Leaders'
Responses to the Conversion Therapy Ban in Canada
Brooklyn Wilson, B.A., M.S.W. (c)**

Interview Guide

Research Question #1: How are mainline Protestant religious leaders responding to the conversion therapy ban in Canada?

Warm-Up Questions:

1. What Church are you a part of?
2. What is your position at your Church?

Main Questions:

3. What are your thoughts on the conversion therapy ban?
 - a. What do you see as potential strengths of the ban?
 - b. What do you see as the potential weaknesses of the ban?
4. How has your Church responded to the ban?
 - a. How do you think the conversion therapy ban will impact the relationship between your Church and 2SLGBTQ+ people?
 - b. What do you think the ban means for the future of your Church?
 - c. How do you think the criminalization of conversion therapy will affect religious practices, if at all?

Supplementary Questions

5. Religious beliefs have sometimes been used to oppose conversion therapy bans. How do you manage your religious faith with the 2SLGBTQ+ community?
6. How would you describe your church's relationship to the 2SLGBTQ+ community?

Concluding Question:

6. Is there anything else you would like to share?