



*Free*  
to   
*Change*

**SURVEY OF  
EX-LGBT  
PEOPLES**

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Does “Conversion Therapy”  
(Counselling) Constitute  
Harm or Help



# Introduction

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Advocates for banning “conversion therapy” do so on the basis that sexual orientation and gender identity are innate and immutable and, this being so, efforts to change are inherently harmful and should be criminally punishable. When public policy is based on incorrect or incomplete assumptions, poor policy with detrimental consequences is the inevitable result. It is therefore vitally important to test the accuracy of this underlying assumption. It is insufficient to simply believe that sexual orientation and gender identity are fixed and immutable because popular opinion declares it to be so. Nor should public policy be guided only by the deeply felt convictions of a politically radical minority. For the criminalisation of “conversion therapy” to produce the benefit intended, the assumption that change is impossible, and efforts to produce it damaging and futile, must actually be correct.

Issues relating to sexuality and gender identity are complex and may vary significantly between individuals. Definitions of “sexual orientation” and “gender identity” are still under construction and vary considerably over time. Opinions differ as to whether such things are fixed or fluid. The idea that humanity can be neatly categorised into different sexual orientations, or that deep feelings of being the opposite gender will inevitably be lifelong, or that none of these aspects of identity develops in a particular way in response to socialisation or environment are highly contestable. To legislate new social norms and enforce acceptance of these ideas is to ignore the lived experience of those who have found change both possible and beneficial.

La Trobe University's report *Preventing Harm, Promoting Justice*, relies on the testimony of 15 individuals who found “conversion therapy” harmful and damaging. They have explained that “as survivors, we want Australians to know it is not just the practice of conversion therapy that is harmful, but that much of the damage is done by the ideology that underpins the pseudo-therapies.” They object particularly to the representation any form of sexuality or gender identity as a form of “brokenness” that should be fixed. Their assertions that banning conversion therapy is not only right but necessary demands us first to accept that:

1. minority sexual orientations or gender identities are never fluid; or
2. that, since one is not better than another, denying individuals assistance in seeking change will have no negative impact on their lives; and
3. that change does not sometimes occur organically in the course of exploring previous life trauma or abuse.

The authors of La Trobe's *Preventing Harm, Promoting Justice*, claim to have set up a comprehensive study of all LGBT therapy experiences. The evidence presented here demonstrates a glaring gap in their research. Their report, arguably by design, examines only one side of the question and looks only at negative experiences. All that is necessary to counter-act their claims that “conversion therapy” is universally damaging and harmful to the extent that it demands criminal legal penalties, is evidence that just one person who experienced unwanted same-sex attraction or just one person who experienced gender dysphoria, has found lasting change and/or relief through counselling. This report presents the collated experiences of 70 such a people. The questionnaire remains open and our survey sample continues to grow.

The current report presents the collated results of testimonies from 70 ex-LGBT people which challenge the evidence presented in La Trobe's report and attest to very different experiences. This cohort of “ex-gay” or

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<sup>1</sup><https://www.starobserver.com.au/news/national-news/australia-has-the-potential-to-lead-the-world-in-eliminating-gay-conversion-therapy/176615>

“ex-trans” individuals is a minority group, drawn from the LGBT community, which is itself a minority group. Given this, the size of the sample group – nearly five times as large as that presented in La Trobe’s study – is significant. Particularly, the study aimed to elicit information about the types of therapy these people accessed and for how long. The study also aimed to assess whether the change from an “LGB” or “T” identity or lifestyle has been associated with positive or negative life outcomes for the individuals concerned.

The results significantly challenge the conclusion of La Trobe’s report that “conversion therapy” is harmful. It is also important to notice that the characterisation of “conversion therapy” as “bigoted quackery” or involving torturous treatments from “the dark ages” is a gross distortion. Legal remedies already exist to prevent torture in Victoria. It is inaccurate and melodramatic to imagine an epidemic of unethical counsellors strapping their clients to chairs, plunging them in ice baths or administering electro-shock therapies.

Rather, the therapies mischaracterised as torturous “conversion therapies” involve regular talking, prayer, or counselling techniques in which a client decides what issues he/she would like to address, elects what to discuss and disclose, and what goals he/she would like to establish for the treatment process. It is the clinician’s role to explore the issues the client raises during the session, and to assist the client with gaining clarity and evaluating the pros and cons of the options available to them to the end of establishing self-direction, autonomy, and inner harmony and peace.

This being the case, the proposed legislation would have the effect of declaring “no-go” zones in the conversations LGBT people can have with their friends, pastors and therapists. Therapists who wish to escape criminal prosecution and keep their licences will assiduously avoid any issues that touch on gender identity or sexuality or simply refuse to take on LGBT clients. Although this legislation purports to help LGBT people, the potential for it to hurt them is abundantly clear. Under the current proposals, LGBT people will be uniquely disadvantaged by reduced access to therapies which, according to the 70 respondents to our survey, were not only beneficial but, in many cases, life-saving.

# The Goals of This Study

The purpose of the Free To Change study is to examine whether it can be shown that people from the LGBT community can change their sexual orientation, or change their gender identity back to their natal sex. The study explores four critical aspects of any such potential change being:

- whether people change their sexual orientation or gender identity,
- whether such change is beneficial,
- whether they used counselling (conversion therapy)
- and whether change is long lasting.

The study is based exclusively on the testimony of formerly LGBT individuals who have left their LGBT lives behind.

## This Study's method of Data Collection

We have created an online portal where ex-LGBT people can come of their own free will to answer a questionnaire about their lived experiences. The results of this questionnaire were collated to provide the statistics presented in this study. The questionnaire can be found on the Free To Change portal by clicking on the "Start Here" button on the home page (<https://www.freetochange.org/>). We also provided the facility for participants to upload their testimonies of change in either a video, audio or written format. (<https://www.freetochange.org/ex-lgbt-stories-of-change/>)

**The questionnaire attracted seventy respondents. This is almost five times the number of participants on which the La Trobe contrary study, *Preventing Harm, Promoting Justice*, is based.**

The survey portal is still active. At the time of writing, a further 5 ex-LGBT individuals have contributed. Due to time constraints, it has not yet been possible to collate these additional survey results. They will, however, together with any others, be included in later revisions.

While we were actively looking for people who used "Conversion Therapy" (counselling), (around 77% indicated they had) the study also includes individuals who experienced change with regard to their sexual orientation or gender identity without outside assistance.

# The Free To Change Study's Method of Expressing The Collected Data

The participants were asked to rate their personal wellness on a 0–10 Likert scale both pre- and post-change with reference to six particular life indicators: suicidal ideation, anxiety, self-image, relationships, physical health and promiscuity.

The change in the value of each of these life indicators across the cohort, is expressed in the data as a percentage of a 100-point scale. For example, if a participant submitted their evaluation of their pre- and post-change suicidal ideation as 8 and 2 respectively, this is a difference of 6 points on the 0–10 Likert scale. Expressed on a 0 – 100 point scale, this would be a 60% difference in suicidal ideation. If, as in this illustration, there is a reduction post-change, that is then expressed on the 100 point % scale as -60%. (Negative 60%).

# The Free To Change Study's Strengths

The researchers have been careful, insofar as it was possible, to ensure the study draws on authentic, verifiable experiences of identifiable participants:

- Every participant had to register their name and a point of contact.
- Participants could nominate an alias to protect their identity so as to encourage honest and complete responses. (The link between the participants and their alias has been recorded by the study's authors should it be required for the purposes of verification).
- Each participant's authenticity was verified by staff of ex-LGBT ministries.
- The study obtained statistical data on the participants and their lived experience.
- 29 of the respondents chose to upload testimonies and these are available in full for the purposes of corroboration on the Free to Change website. (<https://www.freetochange.org/>).
- To ensure transparency the questionnaire is also freely accessible to view on the Free To Change Web portal. (<https://www.freetochange.org/ex-lgbt-stories-of-change/>)

# The Free To Change Study's Limitations

This study contains some of the same limitations as the contrary studies used by the LGBT activists to argue for the harms of "conversion therapy":

- The data is based on the personal experience of a volunteer (and therefore is a non-random) sample group.
- The hypothesis that same-sex attraction or gender dysphoria is genetically predetermined and fixed throughout life lacks scientific proof. Similarly, there is no scientific method of "proving" the veracity of the changes in sexual orientation or gender identity claims by the participants in this study.
- The study relies on honest reporting of the sample. The majority of the participants are known within ex-LGBT networks. We engaged with ex-LGBT ministries to verify, insofar as is possible, the testimonies provided.

## Extra Notes

- There were a small number of submissions (2) that we rejected because the answers provided were self-contradictory or the respondent did not meet the qualifying criterion of experiencing a changed sexual orientation or gender identity. In each case we emailed the participant and asked them to verify or correct their submission but received no response.
- Initially, issues relating to gender identity and relationship status were conflated into a single question. In cases involving gender dysphoria, two questions are needed to enable respondents to identify more clearly whether change related to their feelings of gender dysphoria, their feelings of same-sex attractions/relationships or both. This means that the post-change sexual orientation of 3 respondents cannot be clearly ascertained. Also, the post-change gender identity of 5 of the cohort cannot be ascertained with certainty. This error has been corrected for future respondents so that they can now separately answer whether they still suffer gender dysphoria or not and to what level, and what their post-change relationship status is.

# This statistical part of the study examines the following:

**SECTION 1** The Demographic Profile of the Study Cohort

**SECTION 2** Did Participants in the Survey Change their Sexual Orientation/Gender Identity?

**SECTION 3** Is the Reported Change in Sexual orientation or Gender Identity Long Lasting?

**SECTION 4** To What Extent and For What Time were Therapies (Counselling) Used?

**SECTION 5** Has the Change Away From LGBT Lifestyles been beneficial?

**SECTION 6** Ex Transgenders Post-change Relationships.

# SECTION 1

## The Demographic of the Study Cohort

With the sole requirement that respondents identify as ex-LGBT, the sample group was otherwise unrestricted. In consequence, the study attracted respondents from a wide range of age groups, countries of origin, ethnicities and educational levels. Although predominantly Caucasian, the sample is otherwise demographically diverse.

A large proportion of the cohort (n=47 or 67.1%) had a tertiary education, indicating a strong capacity to contribute intelligently to this study.

**TABLE 1 - DEMOGRAPHICS**

| COHORT SIZE: 70      |   |                         |                |  |                     |          |
|----------------------|---|-------------------------|----------------|--|---------------------|----------|
| Characteristic       |   |                         |                |  |                     |          |
| Age at time of study | 18-35   | 36-50                   | 51-65          | 66+  |                     |          |
| Number (%)           | 14 (20%)  | 18 (25.7%)              | 32 (45.7%)     | 6 (8.6%)                                       |                     |          |
| Biological sex       | Male  | Female                  |                |  |                     |          |
| Number (%)           | 42 (60%)  | 28 (40%)                |                |  |                     |          |
| Country              | Australia                                       | United States<br>Canada | United Kingdom | France,<br>Israel, Malta,<br>Brazil,<br>Europe | Asia                |          |
| Number (%)           | 24 (34.3%)                                      | 32 (45.7%)              | 5 (7.2%)       | 7 (10%)  | 2 (2.8%)            |          |
| Education level      | Tertiary  | Secondary               | Primary        |  |                     |          |
| Number (%)           | 47 (67.1%)                                      | 20 (28.6%)              | 3 (4.3%)       |  |                     |          |
| Ethnicity            | Australian/<br>Caucasian/<br>white/<br>European | Pakistani/<br>Arabic    | Maori/ NZ      | Asian  | Latino/<br>Hispanic | Jewish   |
| Number (%)           | 54 (77.2%)                                      | 5 (7.1%)                | 2 (2.9%)       | 4 (5.7%)                                       | 4 (5.7%)            | 1 (1.4%) |



## SECTION 2

### Did Participants in the Survey Change Their Sexual Orientation / Gender Identity?

To identify what change the participants experienced the questionnaire inquired as to the participants pre- and post-change sexual orientation and gender identity.

Chart 1 – Reported Sexual Orientation / Gender Identity ( Pre-Change).

#### Pre-Change Sexual Orientation / Gender Identity

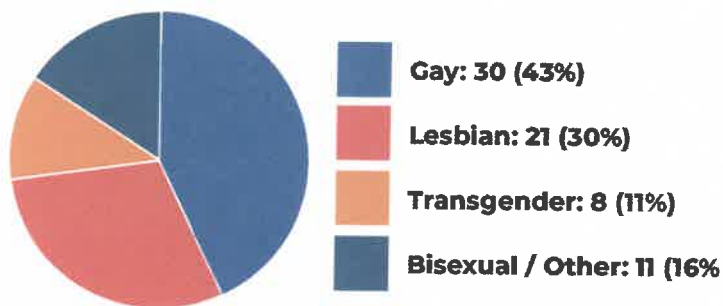
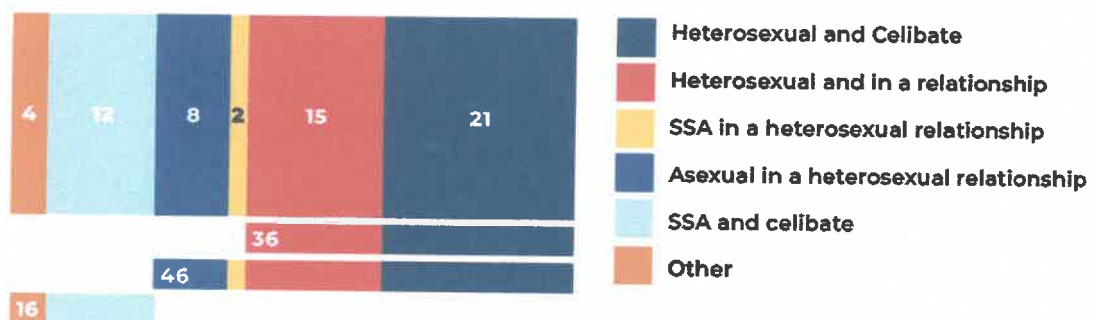


Chart 2 - Reported Sexual Orientation / Gender Identity ( Post-Change) Of the LGB component of the Cohort.

#### Post Change Status of Former LGB



**Result:** These figures indicate that out of the 62 former LGB people:

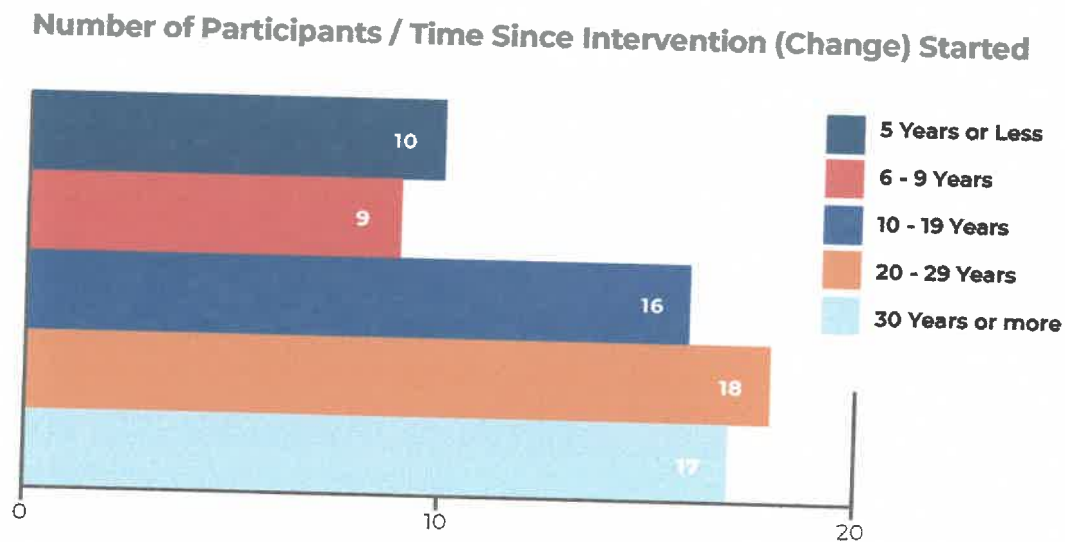
- 36 (51.4%) are now exclusively heterosexual
- 46 (74%) are now living heterosexual lives
- A further 16 (26%) are still same-sex attracted, or classified themselves as “other”, but are no longer involved in SSA or other relationships.

## SECTION 3

### Is the Reported Change to Sexual Orientation or Gender Identity Long Lasting?

This question asked about whether changes experienced in sexual orientation or gender identity have been transient or long-lasting.

Chart 3 - Change Persistence Within the Cohort.



**Result:** The data clearly shows that change for this cohort is long lasting. Of the 70 individuals in the cohort:

- 17 (24.3%) had begun change 30 years ago or longer.
- 51 (72.9%) had begun change 10 years ago or longer.

## SECTION 4

### To What Extent and For What Time Were Therapies (Counselling) Used?

A major aspect of the survey was to investigate whether and for what period of time professional and/or religious counselling (conversion therapy) was used by the participants to effect the change in their sexual orientation or gender identity.

Chart 4 – Reported Use of Professional and / or Religious Counselling.

Types of Therapy Accessed



A major point of this study was to determine if and how much counselling (conversion therapy) was used by this cohort.

| TABLE 2 - COUNSELLING UTILIZATION                |  |   |  |  |
|--|--|---|--|--|
| COHORT SIZE: 70                                  |  |   |  |  |
| Characteristic                                   |  |   |  |  |
| Type of Counselling Accessed.                    | Total who accessed religious or professional counselling | Total who accessed professional counselling | Total who accessed religious counselling | Total who accessed both religious and professional counselling |
| Number of the cohort accessing counsellors.      | 54   | 36  | 42                                       | 24   |
| % of cohort accessing counsellors.               | 77%  | 51%   | 60%                                      | 34%  |
| Average length of time the counselling was used. |  | 5.2 years                                   | 7.6 years                                |  |

**Result:** Those who experienced change with counselling (conversion therapy) often utilised these services for a considerable number of years. Counselling appears to have been a significant in supporting and effecting the desired change.

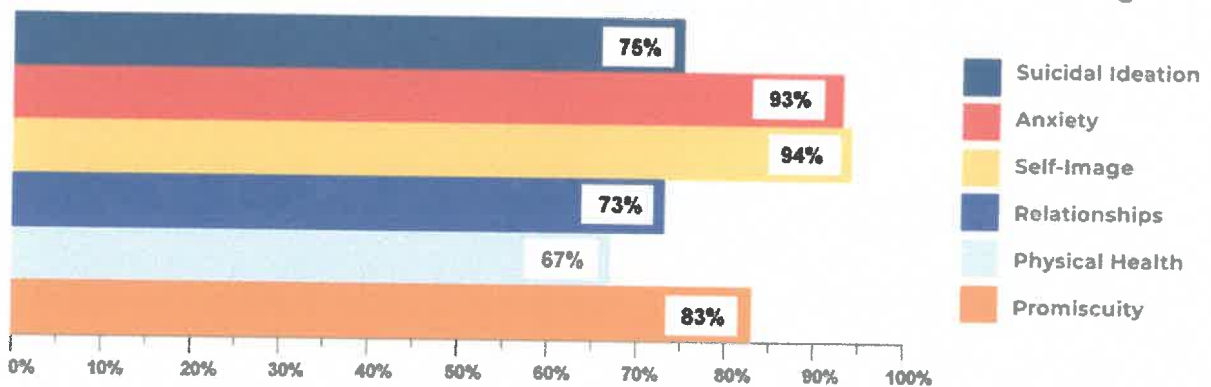
## SECTION 5

### Is the Change Away from LGBT Lives in this Cohort Shown to be Beneficial?

The study calculated the percentage of the cohort who reported an improvement in each of the wellness rating of their life indicators.

Chart 5 - The percentage of the Cohort who experienced positive change in the 6 life indicators.

Cohort/Life Indicator - Percentage Reporting Improvements After Change

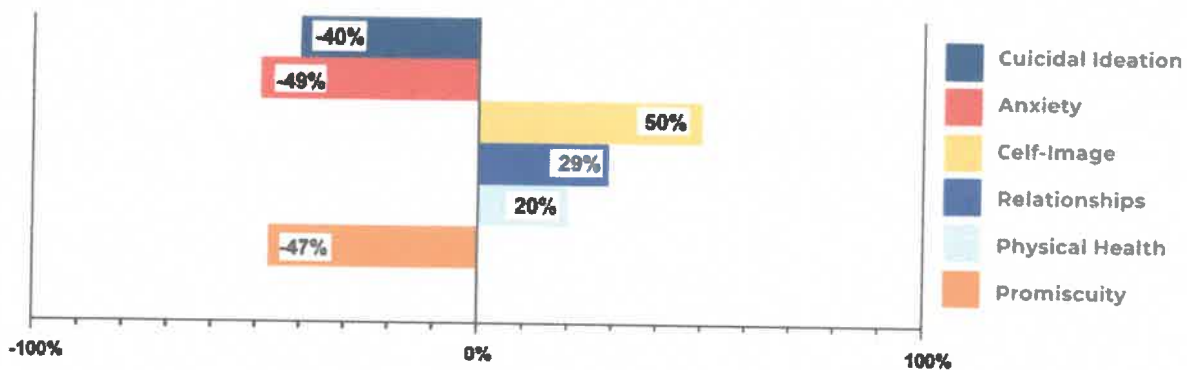


The study questionnaire asked participants to rate any variation in wellness in 6 life indicators from pre- to post-change. The following charts tables display the averaged change across the cohort on a -100% <- 0 ->100% scale.

Chart 6 - Variation in Life Wellness Indicators

#### The Average Change in Wellness In Six Life Indicators.

Change Displayed as Percentage Points, Based on Data Collected from Self-evaluated 0-10 Likert Scales. An increased expressed as a positive value. A decrease as a negative value.



Result: The vast majority of this cohort reported that after leaving their LGBT lifestyles they experienced a notable improvement in their quality of life.

## SECTION 6

### Ex-Transgenders Post-Change Relationships

The study questioned the gender and relationship status of participants post-change. Within the limitations explained earlier the pre-change transgender reported the following:

| TABLE 3 - OUTCOMES WITH RESPECT TO 'ORIENTATION' AND RELATIONSHIP STATUS |  |                           |                            |
|--|--|---------------------------|----------------------------|
| POST TRANSGENDER IDENTITY  |  |                           |                            |
| COHORT SIZE: 70  |  |                           |                            |
| Status post- change.   | Heterosexual and married or relationship | Heterosexual and celibate | No longer gender dysphoria |
| Number   | 3/8                                      | 2/8                       | 3/8                        |
| %  | 37.5%                                    | 25%                       | 37.5%                      |

**Result:** Of the 8 former transgenders in the sample:

- 5 (62.5%) report their post-change sexual orientation as heterosexual
- 3 (37.5%) report that they are in heterosexual relationships.

The testimonies transgender participants submitted to the Free To Change website make for compelling viewing. Respondents discuss, for example, the realisation in adulthood that a transgender identity affirmed in childhood was not permanent. Their experiences of de-transitioning then involve the need to come to terms with permanent physical and irreversible medical interventions undertaken to "affirm" a transgender identity they now regret. (<https://www.freetochange.org/ex-lgbt-stories-of-change/>)

# Free To Change Statistical Study Conclusions

The statistics supplied to the Free To Change study by 70 self-proclaimed former LGBT participants who, at one time, lived with same-sex attractions or gender dysphoria, clearly demonstrated that:

1. They changed their sexual orientation and gender identity.
2. They did so by extensively accessing professional and/or religious counselling, which today is placed in the category of “conversion therapy”.
3. The majority reported that their change is long lasting, indicating the change is permanent.
4. The data reveals that the change in participants’ lives and/or the counselling they received is associated with extensive improvements in the quality of their lives.
5. It should be well noted that not one participant made any mention of the claimed abuses in the La Trobe *Preventing Harm, Promoting Justice* paper. However, it should be well noted that a number claimed harm from counsellors who discounted their wishes and even berated them for wanting to change their lives.

Suicide rates are typically claimed to be the compelling reasons that “Conversion Therapy” legislation should be implemented. However, LGBT people who wish to pursue the option of coming out of LGBT lives, must have the right to access support to do so from the state and society rather than being condemned to experiencing increased suicidal ideation by not being able to access counselling due to laws created by the state.

The study shows that 51 (72.28%) of the cohort of 70 ex-LGBT people now are in heterosexual relationships or consider themselves heterosexual. It should be noted that while some in the group remain same-sex attracted, these participants still reported that their lives had improved by leaving their LGBT lifestyles behind.

**It is of fundamental importance to note from the statistics of this study that being able to change their sexual orientation or gender identity has potentially saved many of these participants’ lives. 75% of participants had a notable average baseline reduction in suicidal ideation of 40%.**

**The same is borne out by the video, audio and written testimonies that were uploaded to the website. Some of these individuals warn that, should professional and/or religious counselling be outlawed, this will result in the loss of LGBT lives.**

**Contrary to the narrative pushed by proponents of the anti-conversion therapy legislation, this study shows there are a considerable number of people in the LGBT community who have unwanted same-sex orientations or gender identity issues and who benefit from help through counselling.**

The Free to Change Survey portal is at  
[www.freetochange.org](http://www.freetochange.org)

The survey statistics can be access at  
<https://www.freetochange.org/survey-results/>

The participants testimonies can be accessed at  
<https://www.freetochange.org/ex-lgbt-stories-of-change/>

Enquiries can be sent to [support@freetochange.org](mailto:support@freetochange.org)