

'I'm Gay! I'm Gay! I'm Gay! I'm a Homosexual!': Overt and Covert Conversion Therapy Practices in Therapeutic Boarding Schools

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Abstract

Every year thousands of young people are sent to therapeutic boarding schools (TBS) in the USA. TBS are residential programmes that combine educational classes and group therapy in self-contained facilities that operate year-round. The programmes are part of a wider 'troubled teen industry' that seeks to reform young people perceived as having mental health and/or substance misuse problems. Interviews were conducted with former TBS students about their experiences as youth inside these facilities. The research was undertaken from a survivor–researcher approach and was conducted by a former TBS student with former students. This article will focus on the experiences of two LGBTQ+ former students who were subjected to conversion therapy in TBS. The case studies will describe conversion practices that pressure people to change or suppress their sexual orientation, gender identity or gender expression. Conversion therapy manifested in overt and covert forms that resulted in lasting psychological trauma. The case studies highlight the impacts of conversion therapy as epistemic injustice and the ways in which the former students adapted to and resisted institutional harm. Implications for practice include the importance for social workers to understand conversion therapy as a dynamic, evolving and potentially subtle practice.

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Introduction

In the USA, thousands of young people labelled as ‘troubled teenagers’ are placed in therapeutic boarding schools (TBS) every year (Szalavitz, 2006; Mooney and Leighton, 2019). I have defined TBS as residential programmes that combine education and group therapy, typically in private self-contained facilities that operate year-round. The programmes claim to reform young people seen to have mental health and/or substance misuse problems. Teenagers can be sent to the schools for a variety of behaviours, ranging from rebellion and minor rule transgressions to posing a serious risk of harm towards themselves or others. Therapeutic boarding schools are part of a wider ‘troubled teen industry’ comprised of underregulated and privatised programmes that are marketed as intensive treatment for struggling young people (Chatfield *et al.*, 2021; Stockton, 2022).

Young people can be placed in TBS through a variety of means and admissions can occur with or without consent (Golightley, 2020). Whilst some young people agree to attend programmes, others are deceived, coerced, or are forcibly taken by ‘transporters’ to TBS (Dobud, 2021). The admissions process typically does not require independent professional diagnosis or referral. Young people are often sent by parents who pay fees of up to USD\$100,000 annually (Szalavitz, 2006; Pfaffendorf, 2019). The programmes may be recommended to parents by social workers, hospital staff, school guidance counsellors or ‘educational consultants’ (an unregulated advisory role with financial ties to the industry) (Reamer and Siegel, 2007; Haid and Donnelly, 2013). Other parents may come across the programmes through Internet searches or word of mouth. Additionally, there are increasing reports of state social services, including foster care and juvenile justice systems, procuring placements for teenagers in private TBS (Krebs, 2021; Muzquiz, 2021). The neoliberal drive for privatisation and deregulation of mental health services has led this industry to thrive for decades and generate millions of dollars in profit, despite the lack of evidence to support it as a safe or effective intervention (Esposito and Perez, 2014; Chatfield *et al.*, 2021; Stockton, 2022).

Privately run TBS can operate with minimal government oversight and regulation, much of which varies state by state (Friedman *et al.*, 2006; National Disability Rights Network, 2021). Social workers and

counselling psychologists are amongst the clinical staff at some TBS, but others are run by unlicensed social care staff with no professional qualifications (Chatfield, 2019; Chrysalis School Montana, 2022; Shortridge Academy, 2022). There is no official, comprehensive data about the programmes, who they employ, who gets sent to them or the long-term impacts on the young people who have attended them (Mooney and Leighton, 2019; U.S. Government Accountability Office, 2008). Former students/industry survivors have reported physical, sexual and emotional abuse from staff as well as unhygienic living conditions, nutritional deprivation, the use of seclusion and restraints, and forced labour (Cooper, 2021; National Disability Rights Network, 2021; Stockton, 2022).

There have been multiple reports of LGBTQ+ ‘conversion therapy’ practices in TBS (Friday, 2017; Kingkade, 2018; Sugiuchi, 2020). Research overwhelmingly asserts that conversion therapy cannot change people’s sexual orientation or gender identity, instead the practice perpetuates anti-LGBTQ+ prejudice and causes psychological trauma and suffering (Przeworski *et al.*, 2021; Jowett *et al.*, 2021). In a statement issued by the National Association of Social Workers, conversion therapy was described as harmful and unethical, and that it ‘violates the very tenets of the social work profession’ (2015, p. 5). The two case studies included in this article demonstrate how conversion therapy includes a range of practices, some of which may be obvious to readers, but many of which may not. To provide affirming and culturally competent support, social workers need to be able to recognise conversion practices, work towards preventing these harmful practices from occurring, and provide support to LGBTQ+ people who may have been subject to them.

Theoretical approach

I was motivated to undertake this research due to my own experience of having been sent to a TBS as a teenager. There was little to no academic literature that represented the perspectives of former ‘troubled teens’ like me. My research is grounded in a survivor–researcher and Mad Studies commitment to research as a form of activism that intends to disrupt traditional power imbalances in the production of knowledge by centring the voices of service users and survivors (Faulkner, 2017; Beresford, 2020). Mad Studies seeks to critique the social construction and regulation of people whose emotional–cognitive realities have been pathologised by the ‘psy professions’—psychiatry, psychology and social work (Gorman and LeFrançois, 2017; Bruce, 2021). Mad Studies, at its intersections with Queer and Trans Studies, critically examines how normative expressions of gender and sexuality are systematically privileged

and LGBTQ+ lives and expressions are marginalised and pathologised (Spandler and Carr, 2021; Pilling, 2022).

Research methods

The research focus was on adult reflections of experiences as youth inside TBS. The decision was made to research the experiences of former students due to practical and ethical concerns of conducting research with students currently living inside a TBS, as student communications with the outside world are typically restricted and monitored by staff, and this could compromise participant safety. Furthermore, insights into the long-term impact of treatments can only be ascertained by researching those who are no longer inside the programmes. Participation in the research was confidential and voluntary. Former TBS students were eligible to participate if they were eighteen years old or older, were no longer enrolled in the programme and attended a TBS in the USA. The research was conducted using a multi-stage mixed method design beginning with a primarily quantitative questionnaire followed by in-depth qualitative interviews (Robson, 2016). The questionnaire was conducted using a snowball sampling method, with most participants coming across the research on social media sites such as Facebook and Twitter. Over 100 people completed the questionnaire, a sample of whom were invited to participate in semi-structured follow-up interviews.

In the summer 2018, I travelled to three USA regions that had high densities of respondents who wanted to participate in interviews. Any participant who lived in the cities and towns that I travelled to was invited to interview in-person. Where meeting in-person was not possible, interviews were conducted over the phone or via Skype. Analysis was undertaken using an interpretive qualitative approach utilising a multiple case study design (Atkins and Wallace, 2012). The two case studies included in this article were selected as these participants discussed in-depth their experience of conversion therapy. The case studies are not intended to be representative of all LGBTQ+ former TBS students. Case study research is not focused on measuring frequencies of occurrence, instead the approach focuses on understanding the rich complexity of real-world phenomena (Yin, 2014). The depth and nuance retained in case study research allowed for a more comprehensive exploration of the complexity, and often subtlety, of conversion therapy in the lives of the individuals who had experienced it. I strived to be reflexive of my social standpoint and the risk of overgeneralising from my personal experience (Sweeney and Beresford, 2020). To improve research validity, participants were invited to provide feedback on their case studies. The research was approved by the ethics review board at the School of Social and Political Science, University of Edinburgh.

Defining conversion therapy

‘Conversion ideology’ is premised on the belief that all people are naturally capable of being or becoming heterosexual and cisgender (Csabs *et al.*, 2020). The ideology constructs being cisgender and heterosexual as the only healthy and ‘natural’ way to be. Same-gender attraction and gender non-conformity are perceived as a product of developmental or spiritual disturbance. This has been referred to as a theory of ‘sexual brokenness’ (Jones *et al.*, 2021, p. 3). Within conversion ideology, the ‘brokenness’ of same gender attraction and gender non-conformity can, and should, be changed through a series of conversion practices and the removal of LGBTQ+ social influences. If a person is unable to become, or be ‘restored’ to, being heterosexual and cisgender, then the person should work towards maximum suppression of LGBTQ+ feelings, desires and expressions (Goodyear *et al.*, 2022).

Sexual orientation, gender identity and expression change efforts (SOGIECE) are practices that pressure a person to change or suppress their sexual orientation, gender identity or gender expression to more closely align with cisgender and heterosexual norms (Salway, 2020; Kinitz *et al.*, 2022). I use the word ‘pressure’ where other scholars have used ‘attempt’ to reflect that SOGIECE can be enacted with or without intentional effort and can be perpetuated knowingly or unknowingly. I use the term ‘conversion therapy’ to describe SOGIECE practices that occur within formal ‘care’ settings, such as TBS. There are forms of conversion therapy enacted on intersex people and asexual people, but this is beyond the scope of this article, as no interview participants disclosed either of these identities or backgrounds (Ashley, 2021; Cuthbert, 2022). This article will outline how LGBTQ+ conversion therapy can operate in overt and covert forms in TBS.

Case Study 1—overt conversion therapy

Jeremy is a white cisgender gay man who grew up in a conservative Christian, wealthy suburban town on the US West Coast. He attended a TBS in the 1990s. I have interpreted Jeremy’s experience of TBS as overt conversion therapy. I define ‘overt conversion therapy’ as practices that openly aim to facilitate the change or suppression of a person’s sexual orientation, gender identity or gender expression. These reflect practices that have been commonly associated with conversion therapy. The programme Jeremy attended utilised psychotherapeutic conversion therapy techniques that sought to uncover and resolve past traumas as a means to render him heterosexual. The programme openly sought to change his sexual orientation, and this is one of the main reasons Jeremy

was sent to the TBS. Jeremy explained, ‘my mother didn’t want a gay son and the school promised to “cure” me.’

Jeremy reported that he was raised in a high-income family with an alcoholic mother and emotionally unavailable father. Jeremy had attended the local conservative Christian high school where he was frequently the target of bullying from his peers. He was sixteen years old, isolated, depressed and, as he described it, ‘trying to figure out’ his sexuality. His parents suspected he was gay and decided to send him to a TBS in the rural Southeast. Jeremy agreed to go to the TBS as, in his words, ‘an opportunity to get away’, but, he reflected, ‘I don’t think I really understood what that meant.’

At the TBS Jeremy was sent to, sex and sexuality were largely unacknowledged, including heterosexual desire. Even thinking about sex was against the rules. Jeremy recalled the rules as, ‘no touching, no holding of hands, no sexual thoughts’. During the initial period of the programme Jeremy was not ‘out’ as gay. However, a few months in, staff found gay pornography on his laptop and Jeremy felt he had no choice but to ‘come out’. Jeremy described:

They found the pornography on my laptop and of course, they were like, “why are you looking at gay porn?” And at that point, I just remember saying like “screw it”, “I’m gay!” I came out and then I had to tell everyone in my therapeutic group what had happened... I marched into my dorm room and said, “Attention, everyone! Attention! I’m gay!” I began skipping around the entire school shouting, “I’m gay! I’m gay! I’m gay! I’m a homosexual!”

Jeremy had decided to publicly declare his sexual orientation to the entire school. He felt he had to get ahead of the rumours he suspected would swiftly circulate.

After publicly declaring that he was gay, Jeremy was put ‘on restriction’. At Jeremy’s TBS staff operated a ‘privilege level’ system where a student’s perceived emotional progress and good behaviour were rewarded by level promotion, and perceived non-compliance resulted in demotion. ‘Privileges’ were not merely superfluous comforts, moving up privilege levels protected students from the most extreme living conditions and maltreatment. Demotion to the lowest level was a severe punishment. Jeremy was removed from the day-to-day life of the school and no longer allowed to communicate with his peers. He explained the conditions of being ‘on restriction’:

We [students ‘on restriction’] were made to sit out in the cold or in extreme heat. There were times that we were shoved and beaten. Certainly, I think the being forced to haul [heavy objects], and do standing positions, your back to a wall, standing like you were on a chair for hours on end, being denied food on a regular basis, or minimal caloric intake, it is a torture amount of abuse.

Jeremy described students with the lowest privilege would be subject to deprivation, degradation and abuse. Furthermore, Jeremy believed that one of the staff's motivations for assigning him manual labour was to try to encourage him to be more 'masculine'.

Staff approached his sexual orientation as being the consequence of trauma. They assumed Jeremy had suffered sexual abuse in childhood that had 'turned' him gay, even asking Jeremy if his father had sexually abused him in childhood. He recalled:

They [staff] certainly viewed my homosexuality as something to be cured, as a behavioural issue. I remember my own counsellor asking me if my dad had molested me and if that had turned me gay. And I was like, "no, he did not!"

Staff at the programme Jeremy attended wanted to 'cure' him of being gay and sought to find instances of child abuse to explain what had supposedly 'turned' him gay. Jeremy believed that even when the staff eventually came to accept that they could not 'cure' him, 'they would have wanted me to be a gay man without sexuality', he told me. In other words, if Jeremy could not be made heterosexual, staff wanted him to suppress his sexuality and conform to heterosexual norms as much as possible.

After attending the TBS for nearly three years, Jeremy left the programme just before his nineteenth birthday. After the programme, Jeremy experienced anxiety attacks and had a heightened fear of homophobia. He described that he had post-traumatic stress related to the time he spent at the TBS. This impacted his ability to form romantic relationships and created anxieties around sexual intimacy. Jeremy saw a therapist for many years to work through his experiences. At the time of interview, he no longer had a relationship with his mother, who he never forgave for sending him to the school with the intent of 'curing' his sexual orientation. Jeremy said he now lives proudly as who he is, stating, 'my sexual orientation is well integrated into my identity.'

Case Study 2—covert conversion therapy

Eli is a white, queer and non-binary person from the US Southwest who attended a TBS in the 2010s. They grew up in a middle-income family who had been generally supportive of their sexual orientation and gender identity. I have interpreted Eli's TBS experience as covert conversion therapy. I define 'covert conversion therapy' as practices that do not openly or explicitly attempt to change or suppress a person's sexual orientation, gender identity or gender expression, but where there is sustained pressure by persons in authority for such change or suppression and an underlying conversion ideology. The intentions of covert

conversion therapy practitioners may be unclear to those being subjected to it, and practitioners could enact conversion practices unknowingly. The TBS Eli attended promoted itself as LGBTQ+ friendly. Nonetheless, the programme operated from a premise of conversion ideology that insidiously pressured Eli to change and suppress their sexual orientation, gender identity and expression.

Eli struggled with depression and anxiety from early childhood. They had difficulty fitting in at school, as Eli struggled to understand social cues and found it difficult to relate to their peers. Later in life, Eli would realise they are autistic and this in part explained why they struggled to meet the social expectations of others whilst they were growing up. The family home was a source of stress for Eli, their mother struggled with severe depression and their sister was described as highly manipulative. Having started out their school life as a ‘gifted and talented’ child, their grades slipped dramatically by the time they were a teenager. In high school, Eli had begun self-harming and became suicidal.

Eli was in and out of hospitals for mental health crises and agreed to go to a TBS as, at the time, they felt there was no better option. They described, ‘I knew that there weren’t any kind of services in [hometown] that were going to help me. The cycle of hospitalisation. This [TBS] looked like the only option that didn’t end in me dying.’ At the time, Eli was ‘out’ as queer in sexual orientation but was still exploring their gender identity. They were still presenting as a woman, the gender they were assigned at birth. They told me, ‘I spent a lot of time in a very inauthentic space before going to [TBS], in terms of my gender identity.’ Eli and their parents specifically sought a secular, LGBTQ+ affirming environment and this aligned with how the TBS promoted itself. Eli’s parents unknowingly sent Eli to a conversion programme. Eli was seventeen and had just been discharged from hospital when the family drove them to the TBS.

At the TBS Eli attended students were discouraged from having any sexual identity. The staff were all members of the Church of Jesus Christ of Latter-Day Saints (Mormon Church) and conservative sexuality and gender norms were built into the structure of the TBS. Staff did not tell young people that being LGBTQ+ was ‘wrong’, but they did not allow LGBTQ+ people to openly express this part of themselves. Eli described:

No one was allowed to talk about any aspect of their queer identity in any way, like, I wasn’t the only queer person there, and no one was allowed to talk about it at all. . . .Technically they [TBS] were secular but everybody who worked there was Mormon, and it was a big, like they wouldn’t ever outright say anything like “God wants you to be this way” or whatever, but it very clearly affected how they would treat us and affect their therapy and things like that. There was just so much, I would say, covert queerphobia.

Despite the programme having promoted itself as LGBTQ+ inclusive, Eli believed there was underlying ‘queerphobia’.

Staff treated teenage sexual exploration in general as problematic but for Eli their sexual desires and expressions were treated as pathological. The pathologisation of sexuality was not practiced in the name of ‘conversion’ and ostensibly was not specifically directed towards Eli for being LGBTQ+. However, Eli was expected to conform to traditional cisheterosexual Mormon values. Eli was placed in a ‘recovery group’ because they were seen to have an ‘addiction’ to masturbation and consuming queer erotica. Eli was told by staff that watching erotica was hindering their ability to connect with people. The recovery group would focus on, in their words, ‘a lot of general, not science misogyny stuff that they used to try and convince us of.’ Eli recalled coming to believe, at the time, that they did suffer from a sexual addiction, ‘she [staff member] convinced me that I had a pornography addiction, which I didn’t, because that’s an absolutely real thing, I just didn’t have one.’ The recovery group pressured Eli to suppress queer sexual behaviour and expression in the name of overcoming addiction and enhancing psychological well-being.

The TBS Eli attended operated a privilege-level system based on how staff perceived student’s level of compliance and emotional progress. If staff believed being cisgender and heterosexual was congruent with ‘emotional growth’ and living a ‘healthy lifestyle’, staff could withhold privilege level progression from students who openly expressed being LGBTQ+. Eli recalled having felt pressured to identify as a cisgender woman:

I was never told, “You’re only a woman, stop saying that you’re not”. It was more like, “we’ll just wait until you come to that conclusion and then reward you for that”... I was pressured into identifying strictly as a woman in order to progress through the program.

Although the programme did not outright state that it was ‘wrong’ to be LGBTQ+, Eli felt that the programme treated being cisgender and heterosexual as the only ‘right’ way to be. Compliance with conservative gender norms was rewarded, even if being LGBTQ+ was not expressly punished. Eli would need to achieve the highest privilege level if they wanted to graduate from the programme, this meant they felt they had to comply if they wanted to eventually be allowed to leave. The privilege levels system was used to coerce compliance with heterosexual and cisgender norms.

In the TBS LGBTQ+ young people were subjected to persistent undermining of their sense of self. Eli referred to their experience as ‘conversion therapy lite’:

It was “conversion therapy lite”. It wasn’t advertised as conversion therapy and my parents wouldn’t have sent me to a place that was

conversion therapy, like they wouldn't have sent me to a place with the intention of making me not queer, my parents are very accepting of that. It [the TBS] was just like, "oh, it just so happens that after you deal with all of your trauma, you'll only be interested in men".

Although not advertised as conversion therapy, this 'lite' or 'covert' form of conversion therapy was embedded into the programme's therapeutic practice. The programme approached being LGBTQ+ as an unhealthy identity rooted in trauma, and that the resolution of this trauma had potential to lead them to being cisgender and heterosexual. In other words, if the 'brokenness' was resolved then they could be restored.

Eli attended the TBS for nearly a year. After graduating, they attended a local college but struggled to adjust to life outside of the programme, both academically and socially. They had difficulty coping with ongoing depression and anxiety. Eli dropped out of college and later admitted themselves to a voluntary adult residential therapeutic programme. They were able to ask staff at the adult residential programme to use the name and pronouns that affirmed their gender identity and they 'came out' to their family as non-binary. At the time of interview, Eli continued to experience post-traumatic symptoms from their time inside the TBS and was in ongoing therapy.

Conversion ideology and epistemic injustice

Epistemic injustice occurs when a person or persons has their capacity as knower denied, undervalued or undermined (Fricker, 2007). Epistemic injustice is fundamentally about power relations—some people are more readily believed, some forms of knowledge are more highly valued and some people have greater access to linguistic and conceptual frameworks to describe their life experiences. Epistemic injustice can manifest in interpersonal as well as structural exclusion, silencing and misrepresentation (Dotson, 2011). The 'troubled teen' is routinely not believed, seen as lacking insight and integrity. This dynamic is present in staff–student relations, parent–student relations as well as the institutional norms. This form of epistemic injustice has broad-reaching impacts; the 'troubled teen' can be denied the right to determine the direction of their own healthcare due to societal perception of young peoples' and psychiatrised peoples' epistemic (in)capabilities (LeFrançois and Coppock, 2014; LeBlanc and Kinsella, 2016).

Conversion therapy treats LGBTQ+ people as wrong about how they interpret themselves and their feelings and desires, and that through 'conversion' practices people can instead come to know of themselves as cisgender and heterosexual (Kintz *et al.*, 2022). TBS conversion practitioners denied or undermined Jeremy and Eli's insight into themselves and any identification or expression outside of cisgender and

heterosexual expectations. The programmes censored, discouraged and attempted to prevent access to LGBTQ+ affirming spaces and cultures. Young people who openly resisted the TBS ethos risked pathologisation, punishment and potentially prolonging their stay in the programme. The perspectives and expressions of LGBTQ+ youth in TBS were undervalued and undermined by design.

TBS staff perceived Jeremy's sexuality through a prism of 'sexual brokenness' and treated Jeremy as if he lacked sufficient self-understanding of his sexual orientation (Jones *et al.*, 2021). Staff were persistently homophobic and reinforced ideas that being gay was incompatible with living a healthy and fulfilling life. Staff were insistent that Jeremy was sexually abused by his father and that this was a root cause for his being gay. Jeremy recalled:

My counsellor said, "are you sure that your dad hasn't molested you?"
And even though I said "no", I eventually learned that I could be lying.

When Jeremy denied that his father had sexually abused him, the therapist assumed he was lying, in denial or had repressed memories. Instead of believing Jeremy, the practitioner relied on their own value and belief frameworks to impose conversion ideology.

If young people expressed thoughts, feelings or objections that challenged TBS institutional norms, they were deemed 'the problem' and their perspective pathologised. Testimonial injustice occurs when a speaker's word is not valued or believed due to unfair or prejudicial assumptions about the speaker's capacity to know a subject (Fricker, 2007). In TBS, the students were treated as having a credibility deficit, a lack of valuable insight and knowledge. Eli described their experience:

At [the TBS] you aren't allowed to argue with things. If you argue with a staff or a therapist, you're lying or in denial and it makes you suspicious and it's essentially grounds for you to get dropped a [privilege] level.

Any disagreement with staff was subject to pathologisation and risked severe repercussions. Students learned that they would not be believed, they could be punished, and that it was safer not to speak up. The power inequalities between staff and young people coerced students into self-silencing.

Jeremy found ways to adapt to institutional life and resist being subsumed by the programme. Jeremy remained 'out' as gay and was able to respond to staff's homophobic comments by reaffirming his sexuality, repeating to them, 'I'm gay, I've figured it out'. Jeremy was also able to have consensual sexual encounters with other male students without staff finding out. Jeremy learned to be selective in when he would openly resist and when he would feign emotional progress to appease staff (Mills, 2014). Jeremy described:

The more you went along with what they wanted you to, what they wanted to hear, the more you kind of survived. So, there was incentive to go along and to cry and have emotions and pretend... I actually found the more you followed the rules and did not deviate from the norm, the better you were. Even if you didn't believe it. So, I certainly sold them my share of bullshit that I did not believe, just to survive.

This mirage of compliance reduced Jeremy's risk of punishment and helped him progress through the programme to graduation, even if he believed it was 'bullshit'.

Eli initially refused to cooperate but eventually their resistance was worn down. Eli became compliant and learned to internalise the messages of the TBS as a coping mechanism and means of survival. They reflected, 'really, I didn't have a choice'. From this point, Eli mostly followed the rules and engaged in the mandated therapy and group sessions. They told me:

I was brainwashed, essentially. While I was at [TBS], and for a good while after leaving, I was like "oh [TBS] is the best, I love [TBS], this is the greatest place, everyone should send their kids here". Because that's how I needed to be in order to survive. It wasn't until months later [after leaving the program] that I started thinking maybe it wasn't the best and even then, it took me a while to start addressing specific things that happened or get any further than maybe it wasn't okay.

Eli became resigned to the programme, their hermeneutical resources had become so distorted and overwhelmed that they began to interpret themselves and their experiences through the knowledge frameworks of those with power over them (Panchuk, 2020; Falbo, 2022). Eli explained that despite their having proclaimed at the time that the programme was 'the greatest', in hindsight they reflected, 'I felt so constantly hypervigilant and so constantly unsafe, and I wouldn't have felt that way if it were really a safe place.'

The systematic devaluing of 'troubled teens' credibility creates an institutional culture where young people are extremely vulnerable to abuse and exploitation (Fieller and Loughlin, 2022). Jeremy described having been sexually abused by a male peer and a male staff member at the TBS. He explained how disempowered he felt at the time, 'I was sexually assaulted by a counsellor after I came out... and I could not do anything about it.' Jeremy anticipated that reporting the abuse would have made his life more difficult, and that he would not have been believed. Similarly, Eli recalled TBS staff were sometimes 'incredibly cruel' towards the most vulnerable students. Due to a lack of trust in the programme, and a lack of formal grievance procedure, Eli described that if they experienced or witnessed mistreatment, 'there was nothing we could do about it.' They told me one former staff member had recently been arrested for historic sexual abuse of students. TBS can wield the perceived credibility of 'professional

expertise' to dismiss, as well as deter, reports of abuse. Epistemic injustice disempowers pathologised young people and enables abusive staff to act with impunity.

Young people faced with the extreme conditions of TBS develop ways to adapt (Robinson and Schmitz, 2021). They develop coping mechanisms that vary not only from one student to the next, but also within the same person depending on the circumstance. Jeremy found ways to resist the programme, both through open defiance as well as through the refusal to internalise the programme's messages. Faced with often severe repercussions for non-compliance, Eli learned to cope by believing in the programme and they genuinely engaged in treatment. Both Eli and Jeremy had times of refusal and times of compliance, even if they relied more readily on one rather than the other. These coping strategies can represent conscious choices as well as trauma responses (Herman, 2001). They represent points where their self-knowledge was overwhelmed by the persistence of pathologisation and conversion ideology, and also ways they resisted epistemic oppression and ultimately maintained their LGBTQ+ identities (Medina, 2013).

Implications for practice

The case studies highlight the dynamic and evolving nature of conversion therapy. The practices enacted against Jeremy in the 1990s were much more overt than the practices Eli experienced in the 2010s. This may be part of a broader shift in the language and practices of conversion therapy. Jones *et al.* describe these changes, 'in recent times, the conversion therapy movement has presented itself in more ethically acceptable postures, disguising its anti-LGBT ideology and reorientation efforts in the language of spiritual healing, mental health and religious liberty' (Jones *et al.*, 2018, p. 4). Concerningly, these conversion practices can occur in programmes that claim to be LGBTQ+ friendly. A young woman at one troubled teen industry programme was reportedly told by staff that 'her homosexuality was a sin, and that she needed to seek God', despite the programme's 'claims to be a safe place for LGBT+ teens' (Okoren, 2022). The increasing number of US states with 'conversion therapy bans' may appear to protect young LGBTQ+ people, but they are unlikely to prevent these practices. These bans typically only address overt forms of conversion therapy perpetrated by licensed healthcare professionals, and prosecutions are rare (Taglienti, 2021). These bans also approach conversion therapy as a problem of individual practitioners, rather than part of the ongoing pathologisation and devaluation of LGBTQ+ lives (Schumer, 2014; Barr, 2018; Ashley, 2021).

Research on conversion therapy has predominately focused on overt forms of the practice (Ryan *et al.*, 2020). Consequently, covert forms of

conversion therapy may not be as readily identifiable to social workers, researchers, policymakers or the general public (Goodyear *et al.*, 2022). Social workers should be aware of the risks posed to young LGBTQ+ people when recommendations or referrals are made to residential programmes, including TBS. Social workers should critically reflect on our own practices and those of the institutions we interact with (Austin *et al.*, 2016). Knowledge of a range of conversion practices is important for social workers who may encounter service users who have been subjected to conversion therapy. Conversion therapy may not always be readily identifiable to those who have experienced it and access to interpretive concepts that explain the harms they have experienced may be useful. Further research on this topic, and best practice in supporting survivors of various kinds of conversion therapy would be of significant benefit to social work.

Conclusion

TBS was experienced by Jeremy and Eli as traumatic and as a source of ongoing psychological harm. Conversion therapy was embedded in the culture of the TBS as well as in interpersonal staff–student interactions. The case studies highlight two forms of conversion therapy: overt and covert. Overt conversion therapy included practices that openly intended to change or suppress LGBTQ+ people’s sexual orientation, gender identity or gender expression. Covert conversion therapy operated in an insidious manner that pressured such change and suppression, but the intention of conversion practitioners was not made explicit. Both forms of conversion therapy represented epistemic injustice where students were undermined in their capacity as knowers of their own sexual orientation and gender identities.

There is a need for social workers to reflect on how we can disrupt conversion ideology within our profession and within our communities (Kia *et al.*, 2022). Alongside this is a need to challenge the practice of removing young people from their homes as a supposedly protective intervention (Ben-Moshe, 2020). Forced and coerced institutional confinement disempowers young people and can exacerbate mental distress (Wahbi and Beletsky, 2022). Far from being places of healing and emotional growth, the conditions and treatments inside TBS have been sites of traumatisation. It is important for social workers to be cognisant of subtle as well as overt risks of harmful institutional practices, both in terms of conversion therapy as well as broader institutional culture. We need to work towards creating alternative forms of care that values individual and collective insights, addresses unequal power dynamics and resists oppression.

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