



Relationships Australia[®]
TASMANIA

*Conversion Practices: Law
Reform Options for
Tasmania*

Relationships Australia Tasmania's submission to the Tasmanian
Law Reform Institute

January 2021

For further information about this submission, please contact:

Jules Carroll

Relationships Australia Tasmania

38 Montpelier Rt

Battery Point TAS 7004

1300 364 277



Table of Contents

Introduction	4
Relationships Australia Tasmania.....	4
Summary of Considerations of Effective Legislation	5
Commentary on SOGI Conversion Practices and Relevant Components of Legislation	5
Defining SOGI conversion practices.....	5
Legislating against conversion practices is a human rights issue	6
SOGI conversion practices are based on false premises and a lack of evidence.....	6
SOGI conversion practices demonstrate evidence of harm	7
SOGI conversion practices in formal and informal settings.....	7
Consent to SOGI conversion practices	8
Lived experiences of SOGI conversion practices	8
Conclusion.....	9
References	9

Introduction

Relationships Australia Tasmania (RA Tas) welcomes the opportunity to provide a submission to the Tasmanian Law Reform Institute investigation into law reform against sexual orientation and gender identity (SOGI) conversion practices. This submission seeks to provide information about the community harms from SOGI conversion practices, consideration of ethical frameworks and lived experiences from RA Tas clients and staff members. It has been prepared in consultation with RA Tas practitioners, considers our clients' experiences, and draws from available evidence.

RA Tas strongly supports legislation that enables governments to protect individuals from the harmful effects of SOGI conversion practices, educate communities, provide counselling and redress to survivors, and establish a range of criminal and civil penalties to prevent the occurrence of these practices. RA Tas supports legal frameworks that affirm that LGBTIQ+ status is not a disorder or dysfunction, and importantly, that considers the social context in which conversion practices occur.

Tasmania is a leader in sexual orientation and gender diversity inclusion as evidenced by our early recognition of sex and gender diversity in the Register of Births, Deaths and Marriages. RA Tas is confident Tasmania can continue this leadership by enacting legislation to protect our community from harmful SOGI conversion practices.

Relationships Australia Tasmania

Relationships Australia Tasmania (RA Tas), is a Tasmanian not-for-profit whose mission is to help people and communities thrive by supporting positive and respectful relationships.

RA Tas has been a leading provider of family relationships support services for more than 70 years. RA nationally operates from a federated structure with large autonomous member organisations in every state and territory and a national office based in Canberra.

We support people to create positive connections in their lives, and hope to contribute to a future characterised by connected people and empowered communities. We are guided by our values in everything we do. We take great pride in the work we do and what we are part of and apply the following values everyday: We are willing to serve, in it together, people matter, and we are looking forward.

RA Tas employs almost 150 staff across Tasmania and works with more than 8,000 clients each year providing counselling, dispute resolution, personal development and education, parenting skills training, men's and family relationships programs, early intervention services, child-focused programs and practices, and programs that specifically engage Aboriginal people, families and communities.

RA Tas has established a strong presence in the general Tasmanian community, delivering a range of services at a statewide level.

The following is a list of services we offer:

- Counselling
- Children's Contact Service
- Parenting Orders Program
- Supporting Children After Separation
- Aboriginal Counselling and Community Support
- Reconnect – Support for Youth
- Gamblers Help
- Dispute Resolution and Mediation
- Family Law Pathways Network
- Employee Assistance Program
- Forced Adoption Support Service
- Community Based Mental Health Services
- Find and Connect Support Services
- Family Relationship Centres
- Redress Support Service
- Frontline Counselling Services for People affected by the Disability Royal Commission
- MENS Program
- Tasmanian Suicide Prevention Community Network
- SPEAK UP! Stay ChatTY

Summary of Considerations of Effective Legislation

RA Tas supports legislation that addresses the following principles and components:

- Strong affirmation that LGBTIQ+ people are not 'broken' or 'disordered'
- Bans practices in both formal (medical/psychology/counselling) and informal (including religious) settings, whether paid or unpaid
- Protects adults, children, and people with impaired agency, including prohibition of the removal of children from the jurisdiction for the purpose of conversion practices
- Targets the false, misleading, and pseudoscientific fraudulent claims that drive conversion practices
- Focuses on practitioners' intent to facilitate change or suppression of a person's orientation, gender identity or gender expression on the basis of pseudoscientific claims
- Covers advertising and promotion of paid or unpaid conversion practices, including promotion of false and misleading claims designed to generate demand
- Covers referrals from practitioners, whether in informal or formal contexts
- Establishes a range of criminal and civil penalties
- Provides counselling and redress for survivors
- Provides investigative powers to a suitably advised body or commission, with scope for investigations to be initiated internally or as a response to complaints by third parties, not just by survivors, using strategies that prevent re-traumatisation

Commentary on SOGI Conversion Practices and Relevant Components of Legislation

Defining SOGI conversion practices

RA Tas supports the Tasmanian Law Reform Institute's definition of SOGI conversion practices. In the context of the evidence, RA Tas purports that SOGI conversion practices should be understood and defined as any practice claiming that sexual orientation or gender identity can be changed, that variations

in sexual orientation or gender identity are a disorder, sinful, pathological are psychological rather than biological in origin, and engages in activities to make these changes.

Legislation should focus on practitioners' intent to facilitate change or suppression of a person's sexual orientation or gender identity on the basis of the above assumption.

Legislating against conversion practices is a human rights issue

RA Tas strongly advocates for all Tasmanians having the right to enjoy positive, respectful and fulfilling relationships with themselves and others. This includes individuals in same-sex relationships and individuals on the journey toward or expressing their true gender identity. RA Tas firmly supports this as an issue of equality and human rights. Indeed, the Australian Human Rights Commission (2011) states *"everyone should be free from discrimination based on their sexuality or gender identity. Conversion therapy perpetuates the stigmatisation of homosexuality by reinforcing the idea that homosexuality is 'abnormal'."*

RA Tas stresses that an individual who identifies as LGBTIQ+ does not have a 'disorder' or a 'dysfunction'. They are not 'broken' and do not require 'fixing'. On this premise, RA Tas advocates strongly against practices that seek to 'fix', change or suppress sexual orientation and/or gender identity. Given the evidence of harm toward individuals in these communities, RA Tas stresses that legislation is an important component of keeping individuals safe and promoting the LGBTIQ+ community's fundamental human rights.

Legislation should strongly affirm that that LGBTIQ+ people are not 'broken' or 'disordered'.

SOGI conversion practices are based on false premises and a lack of evidence

RA Tas notes that SOGI conversion practices are based on the scientifically invalid assumption that homosexuality, bisexuality and transgender identities, rather than being inborn traits, are psychological disorders for which individuals require 'treatment'. Proponents of SOGI conversion practices falsely claim that same-sex attraction, trans identity and gender non-conformity are causally linked to psychological trauma stemming from developmental issues, abuse, neglect or trauma to demonic possession (ABC, 2018; The Guardian, 2009).

Many SOGI conversion practices incorporate pseudoscience evolved from twisted interpretations of Freudian and other psychodynamic theories. It should be noted that although SOGI practices borrow from psychodynamic theory, contemporary psychodynamic therapy itself eschews SOGI practices. Examples of concepts include that being LGBTIQ+ is caused by attachment issues with primary carers, or from 'rapid onset gender dysphoria,' a pseudo-diagnosis which has not been defined by the DSM or used in medical practice, and has been refuted by the World Professional Association for Transgender Health (Riggs, 2019).

In addition, RA Tas notes that a wealth of evidence demonstrates that sexuality and gender cannot be changed through psychiatric practice. (Ainsworth, 2015; Beckstead, 2001; Endocrine Society, 2017; Sarawat et al., 2014). Medical, psychiatric and psychological practice does not consider being sexually or gender diverse a disorder. Homosexuality was removed from the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973. In the fifth revision of the DSM (APA, 2013), the diagnosis of "gender identity disorder" was changed to "gender dysphoria", to reflect a

description of the distress caused by one's gender differing from one's assigned sex at birth, and not a disorder to be cured. Similarly, the World Health Organisation *International Classification of Diseases version 11* (ICD-11) includes only "gender incongruence" as a diagnosis to facilitate access to gender-affirming therapies, and this diagnosis has been moved from the mental and behavioural disorders section to sexual health (WHO, 2021). Thus, SOGI practices and their foundation in the concept that gender and sexual diversity are disorders are not evidence-based therapies.

Legislation should target the false, misleading and pseudoscientific fraudulent claims that drive SOGI conversion practices, as well as any advertising or promotion of paid or unpaid conversion practices based on the false and misleading claims that are designed to generate demand.

SOGI conversion practices demonstrate evidence of harm

SOGI conversion practices not only do not achieve their stated aims, but are harmful, with survivors experiencing severe anxiety, depression, guilt, and shame. As a counselling service, RA Tas has seen the impact of SOGI conversion practices on staff and clients.

The found that survivors experience both acute distress due to the therapy, as well as ongoing and severe anxiety, depression, traumatic stress symptoms, and feelings of guilt and shame about their sexuality and/or gender identity. This is in line with much other research suggesting SOGI conversion practices are both ineffective and harmful (Flentje, 2014; Shidlo & Schroeder, 2002).

RA Tas notes the extensive evidence that SOGI practices cause high levels of shame and distress and may have long-lasting traumatic effects (Health Complaints Commissioner of Victoria, 2019; Mara, 2020; Riggs, 2019). Those who have worked with people exposed to SOGI practices have observed sexual and spiritual identity crises, depression, anxiety and PTSD symptoms, low self-esteem, dangerous levels of hopelessness (a strong risk factor for suicide), relationship problems, sexual dysfunction and more (Horner, 2012). Victims feel "overwhelmed by guilt" and that the guilt is "always there" as it relates to their sexuality or gender identity. Victims also report internalising SOGI conversion practice beliefs related to their 'brokenness' and 'sinfulness,' the outcomes of which reflect the impacts of complex trauma upon individuals.

As a result of this harm, many survivors of SOGI conversion practices seek counselling and clinical support to work toward recovery from SOGI conversion practices and affirming their sexual orientation and/or gender identity. This, in addition to the often costly SOGI conversion practices, leaves survivors with a burden of cost psychologically, emotionally and financially.

Legislation that effectively protects survivors should provide for the ability to support survivors with counselling and redress.

SOGI conversion practices in formal and informal settings

SOGI conversion practices are condemned widely by major mental health bodies in Australia due to the lack of evidence base, pseudo-scientific assumptions and significant long-term harm caused by these practices. Organisations which have condemned conversion practices in Australia include: the Australian Psychological Society, the Australian Medical Association, the Psychotherapy and Counselling Federation of Australia, the Christian Counsellors Association of Australia, and the Australian Counselling Association,

among others.

While there are mechanisms to ensure that counsellors, therapists and clinicians accredited with the above bodies are not engaging in SOGI conversion practices, RA Tas notes that SOGI conversion practices happen largely outside the realm of regulated industry.

Legislation should ban SOGI conversion practices in both formal (medical/psychology/counselling) and informal (including religious) settings, whether paid or unpaid. Legislation should also cover referrals from practitioners, whether in informal or formal contexts.

In addition, legislation should provide investigative powers to a suitably advised body or commission, with scope for investigations to be initiated internally or as a response to complaints by third parties, not just by survivors, using strategies that prevent re-traumatisation.

Consent to SOGI conversion practices

RA Tas notes that it is not possible for a person to grant fully informed consent to SOGI conversion practices given the inherent power dynamics and coercive environments surrounding the practices, which may be both conscious or unconscious on the part of the practitioner (Hawk, 2011). A power dynamic is always inherent in counselling and psychological practice, but professionals take steps to limit the impact of power on therapeutic practice (Psychotherapy and Counselling Federation of Australia, 2017). In a religious institution, there is power inherent in the belief that sexuality and gender diversity is a 'sin', with severe consequences of eternal punishment from a higher being (i.e. God). Further, the power of religious authority intersects with the power dynamic of counselling, causing a dual relationship. Dual relationships are rarely neutral and represent a conflict of interest that can be exploited by practitioners (Psychotherapy and Counselling Federation of Australia, 2017). In addition, the ideological context in which SOGI conversion practices occur challenges the ability to provide informed consent. Survivors report feeling coerced by their trusted community (i.e. pastors, parents, friends), being internally driven by fear of rejection/disconnection from their community and its values, or fear of eternal punishment (BRAVE Network 2020). Where these elements are present, individuals are incapable of granting fully informed consent.

Children and young people, and those who have limited ability to grant informed consent should not be exposed to SOGI practices. Indeed, less-than-affirming approaches may constitute reportable forms of neglect or abuse on behalf of practitioners (Riggs, 2019), given that SOGI practices are not evidence based, constitute a breach of all regulated bodies' codes of ethics, and registered practitioners must practice evidence-based therapy.

Legislation must protect adults, children, and people with impaired agency, including the prohibition of the removal of children from jurisdictions for the purposes of SOGI conversion practices.

Lived experiences of SOGI conversion practices

RA Tas staff and clients have experiences with exposure to SOGI conversion practices. Clients report experiencing SOGI practices largely in informal religious settings, and report WHAT developing core beliefs that they are evil or defective, long-lasting depression, anxiety and trauma, guilt and shame about their sexuality or gender identity, dissociating or suppressing their identity and sexuality (which may result

in a belief that they are cured, but ultimately has the same traumatic impact as any other form of dissociation), and a resulting impact on the ability to seek, build and sustain healthy interpersonal relationships. Additional observations in other contexts include outcomes of individuals undergoing conversion therapy engaging in compulsive and unsafe sex as a response to trauma symptoms.

"I have been exposed to SOGI conversion practices in informal settings, such as church teaching that being gay, lesbian, bisexual, or transgender is a choice, sinful, and should not be "practiced" by the person. I witnessed people who were gay being excommunicated from the church and being subject to prayer and exorcism. Laypersons discussed being LGBTIQ+ as a "sin", and something which could be avoided, by implication that one can love the sinner and not the sin. Exposure to these teachings caused me to dissociate my gender identity, in the same way a child dissociates during trauma from experiences which they cannot process. Due to exposure to SOGI practices I did not come out until my 40s. Some of these teachings occurred in Australia, some occurred in the UK, and all of them within informal counselling settings in the Christian church - i.e., prayer, counselling and teaching by priests, counselling, prayer, teaching and informal discussion by laypersons."

Conclusion

RA Tas strongly supports legislation that protects our community from the harmful effects of SOGI conversion practices. Legislation, if informed by community impact and evidence, with consideration for ideological context, will promote the human rights of LGBTIQ+ members of our community, and prevent such practices from occurring.

RA Tas thanks the Tasmanian Law Reform Institute for the opportunity to submit feedback to the Conversion Practices: Law Reform Options for Tasmania process, and urges the TLRI to consider these recommendations as provided by survivors, advocacy groups and community organisations.

References

- ABC (2018). *Indonesia LGBTQI conversion therapy*. Retrieved from <https://www.abc.net.au/news/2018-12-06/indonesia-lgbtqi-conversion-therapy/10576900>
- Ainsworth, C. (2015) *Sex redefined*. Nature, 518, 288-291. doi: 10.1038/518288a.
- Australian Human Rights Commission (2011). *Addressing sexual orientation and sex and/or gender identity discrimination*. Retrieved from https://humanrights.gov.au/sites/default/files/document/publication/SGI_2011.pdf
- Australian Psychological Society (2018). *Code of ethics*. Retrieved from <http://www.psychology.org.au>
- Psychotherapy and Counselling Federation of Australia (2017). *Code of ethics*. Retrieved from <http://www.pacfa.org.au>
- BRAVE Network (2020). *Submission to the Victorian Government - LGBTIQ Strategy produced by BRAVE Network and SOGICE Survivors*.
- Endocrine Society (2017). *Transgender health: An Endocrine Society position statement*. Retrieved from <https://www.endocrine.org/advocacy/position-statements/transgender-health>
- Flentje (2014). *Experiences of ex-gay individuals in seeking reorientation therapy*. *Journal of Homosexuality*. Retrieved from
- Hawk, C (2021) *Conversion practices [Audio file]*. Retrieved from <https://joy.org.au/wellwellwell/2021/01/conversion-practices/>
- Health Complaints Commissioner of Victoria (2019). *Report on the Inquiry into conversion therapy*. Retrieved from <https://www2.health.vic.gov.au/about/publications/researchandreports/report-on->

[inquiry-into-conversion-therapy-executive-summary](#)

- Horner, J. (2012) *Undoing the damage: working with LGBT clients in post-conversion therapy*. Columbia Social Work Review, 8-16.
- Mara, D. (2020). *As Australia looks to act on LGBT conversion practices, survivors and religious groups speak out*. SBS News. Retrieved from <https://www.sbs.com.au/news/as-australia-looks-to-act-on-lgbt-conversion-practices-survivors-and-religious-groups-speak-out>
- Riggs, D. (2019) *Supporting transgender and non-binary people in Australia*. Australian Psychological Society InPsych, 41, 4. Retrieved from <https://www.psychology.org.au/for-members/publications/inpsych/2019/august/Supporting-transgender-and-non-binary-people-in-Au>
- Sarawat, A., Weinand, M., & Safer, J. D. (2014). *Evidence supporting the biological nature of gender identity*. Endocrine Practice, doi: 10.4158/EP14351.RA
- The Guardian (2009). *Gay exorcism*. Retrieved from <https://www.theguardian.com/world/2009/jun/25/gay-exorcism-youtube-video>
- World Health Organisation (2021). *WHO/Europe brief – transgender health in the context of ICD-11*. Retrieved from <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11>