



EMERGE
Aotearoa
TRUST



Conversion Practices Prohibition Legislation Bill Submission

07 September 2021

We support the banning of conversion practices in Aotearoa New Zealand and the three objectives of this bill. We have made recommendations for the improvement of the bill.

This submission is made on behalf of Barbara Disley, Chief Executive, and members of the Emerge Aotearoa Group Executive Team. It has their full support and endorsement.

We begin by acknowledging our forebears who have strived to create a world in which all people have *“inherent dignity and equal and inalienable rights”* (1), those currently striving to uphold these rights and those who will come after us. We acknowledge the Minister of Justice, the Honourable Kris Faafoi, for introducing this bill before Parliament. Upholding the sacred identities and dignity of all people, including those of diverse sexual orientation, gender identity and expression and sex characteristics [SOGIESC] is part of this tradition. It is time for Aotearoa New Zealand to join the proud company of other jurisdictions who have banned conversion practices.

In Aotearoa New Zealand the term ‘Rainbow’ is commonly used to cover SOGIESC diversity and will be used accordingly in this submission.

Emerge Aotearoa is a large NGO delivering mental health, addiction, disability, peer, employment, offender rehabilitation, tenancy and employee wellbeing services throughout Aotearoa New Zealand.

We focus on greater equity, thriving communities and healthy whānau to achieve our three strategic pou. These are:

- Māori succeeding as Māori
- Lived experience and Diversity are privileged
- Thriving Pacific peoples

This submission is written by Emerge Aotearoa representatives from Te Puna Ora- our cultural responsiveness team, Fa’a Fale Tui - our Pasifika network, Te Whānau O Uenuku - our Rainbow working group, our Lived Experience Partners, Clinical Governance and Health & Safety. We include members of Rainbow communities and allies.

Emerge Aotearoa employs approximately 1200 kaimahi; 13% of whom identify as belonging to one or more Rainbow communities. We write on their behalf and that of Rainbow individuals and whānau accessing our wide variety of services. Their lived experience and diversity informs this submission.

Te Tiriti o Waitangi

We write as tangata whenua and tangata tiriti and affirm Te Tiriti O Waitangi as the founding document of Aotearoa New Zealand. We acknowledge that tangata takatāpui and tangata irawhiti have always been part of te ao Māori (2). These identities are taonga and part of the natural order of being. Attempts to change or suppress them are in breach of Article 2 of te Tiriti, cause direct harm to tangata whenua, and undermine the principles of partnership, active protection and participation. Māori cannot succeed as Māori where tangata whenua identities are suppressed or denied.

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Rainbow Peoples across the world

Our Pacific neighbours also have strong traditions of gender diversity. We uphold our akava'ine, fa'afafine, leiti, māhū, vaka sa lewalewa and others. Fully embracing this diversity enables Pasifika peoples with diverse genders and sexual orientations to thrive.

People of diverse Rainbow identities exist in all cultures across time. Rainbow people are wholly and beautifully made; not inherently sick, criminal, or sinful. As such, are worthy of respect and legal protection.

Research and practice

We agree with the findings of international and local professional bodies such as the Royal Australian College of Psychiatrists, the New Zealand Psychological Society, the Aotearoa New Zealand Association of Social Workers, and the New Zealand Association of Counsellors that conversion practices are fraudulent, unethical and cause harm. Poor mental health and wellbeing outcomes, including increased suicidality among Rainbow people, especially rangatahi, are well researched and documented. Where intersectional marginalisation exists across sex, gender, identity, culture, ethnicity, and socioeconomic status these adverse outcomes increase significantly (3,4, 5,6).

We note the findings of the American Academy of Child and Adolescent Psychiatry that there is,

"...no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies" should not be part of any behavioural health treatment of children and adolescents. However, this in no way detracts from the standard of care which requires that clinicians facilitate the developmentally appropriate, open exploration of sexual orientation, gender identity, and/or gender expression, without any pre-determined outcome". (7)

The ILGA world survey on conversion practices outlines a wide range of practices designed to 'correct' sexual orientation and gender. These practices include, but are not limited to, aversion therapy, beatings, castration, 'corrective rape', counselling, exorcism, hormones, hypnosis, internment, and lobotomy. (8) *"The United Nations anti-torture machinery has concluded that they can amount to torture, cruel, inhuman or degrading treatment"* (9). *"Multiple comprehensive reviews show that people with a diverse sexual orientation and gender identity experience a higher risk of physical and sexual violence than the general population"* (10). The views that underpin conversion practices contribute to this.

In our everyday work of providing mental health, support, and housing services, Emerge Aotearoa kaimahi have a duty of care toward people whose distress is compounded by not feeling loved and accepted for who they are.

We see the trauma and familial and social dislocation caused by conversion practices. We are actively engaged in support and healing from such trauma. The trauma caused by conversion

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practices is clearly linked to increased suicidality and is not dissimilar to the effects of other significant trauma caused by abuse and neglect (8, 9). Banning conversion practices is itself a suicide prevention initiative. We work with vulnerable adults whose powerful need for acceptance and belonging within their cultural and faith communities might lead them to 'consent' to conversion practices in a way that is not true 'informed consent' even though they meet the strict legal definition of capacity. Therefore, we think conversion practices should be banned to protect people of all ages, especially rangatahi, as they are the future of our nation.

Lived Experience

Some of our kaimahi have courageously stepped forth to share their own lived experience of conversion attempts to change their gender or sexual orientation. We have permission to share the following lived experience with you:

What happened for me (between 11 & 13 yrs of age) ...was a constant and overwhelming attempt to make me more masculine and or straight through the application of religious practices and fear of eternal damnation. Spiritual interventions, prayer and group support and relentless pressure over the years. I came home from ... one evening and walked into the house where 11 adults including my parents were sitting in a circle in our lounge. ... I felt vulnerable, exposed and humiliated and really hurt at what was the obvious sharing of my personal and private life to a group of adults - strangers to me. After reading from the bible the group of people came forward and placed their hands on the top of my head. I was already scared and crying now. The group started randomly and increasingly loudly invoking the holy spirit by speaking in 'tongues'; this was particularly frightening, and I was sure the devil was going to arrive straight out of me as the spirt came to wash away my sin. The sessions lasted for around 15 – 20 minutes and were feverish, over excited and sickening. As a believer at the time, I was absolutely terrified, I thought I must be possessed and was doomed to hell. The stress of these sessions left me unable to talk much more than a mumble, unable to think of anything else and unable to sleep for days - when I did get some sleep, I had deathly and disturbing nightmares. After 3 of these sessions around 2 months apart, I lost complete control of my mind and emotions. ... I ran away from home at 14 ...I did not talk to my parents for 10 years; it took a long time for my father and I to see eye to eye. He now wishes this all had not happed either. I spoke to my stepmother maybe ten times in 40 years. She recently died, filled with remorse for what the unhealthy religiosity and the constant worried pursuit of 'what will the neighbours think' had done to hurt her life and in turn others ...These types of interventions for me, although low key in comparison to some of the terrible practices people do within this subject, ... had a lasting and an unnecessarily sad effect over me causing masses of anxiety leading to depression and a suicide attempt.

Parental Rights

We want to address concerns raised by some that parental rights and guidance are undermined by this bill. We affirm the role of parents in providing for the nurture, wellbeing and guidance of future generations and the respect they are worthy of as elders. Parents and guardians have specific responsibilities in this regard under the Care of Children Act 2004. Supportive families are shown to reduce suicide attempts among transgender and non-binary people by 50% (3).

Conversely, refusal to offer affirmative care regarding gender and sexual orientation is known to contribute to poor mental health and family break-up. The Care of Children Act 2004 already covers situations of emotional or physical harm to the child. Further, the same Act already gives parents and guardians the right to consent or reject all but two specified medical procedures on children under 16 yrs (sections 36-8), unless this consent or rejection causes serious and imminent harm.

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We commend the Government for removing ‘parental discipline’ as grounds for assault, in the face of considerable opposition by vocal minority groups. We ask the current Government to take a similarly courageous step in banning conversion practices to ensure the safety and wellbeing of our children. This ban should also apply to parents and guardians.

Equality before the law

The Universal Declaration of Human Rights clearly states that all are equal before the law and entitled to equal legal protection, without discrimination (Article 7). Sex characteristics should be included in the definition of conversion practices, so Intersex people are not inadvertently excluded.

We argue that Rainbow people are created second-class citizens by the proposed requirement that the Attorney General give consent to prosecutions under sections 8 or 9 of the Bill. This requirement may act as a barrier or cause unnecessary delay. Other prosecutions for harm from assault, abuse and neglect do not require this prior consent.

Recommendations:

- That conversion practices be banned without qualification in Aotearoa New Zealand.
- That the ban applies to people of all ages and capacity.
- That parents and others in position of authority are not exempt from the ban.
- That all forms of gender diversity, including Intersex conditions, be included in definitions of conversion practices
- That access to redress before the law be applied in a manner which is equitable with other crimes of harm against a person.
- That victims and survivors of conversion practices have access to fully funded compensation and appropriately skilled treatment of trauma.
- That suicide prevention and mental health promotion strategies specifically address the harms caused by marginalisation and discrimination against Rainbow communities generally, including attempts to change or suppress a person’s sexual orientation, gender identity and gender expression.

We reiterate that Rainbow people are wholly and beautifully made. Conversion practices have no therapeutic benefit and are an avoidable harm that has no place in the future of an inclusive, respectful society.

With respect,

Emerge Aotearoa Conversion Practices Prohibition Submission working party:

Mana Parata, Kaiwhakatere

Jonathan Pouli-Lefale, Chair, Fa’a Fale Tui and Support Worker

Terresa Andrews, member of Fa’a Fale Tui and Pacific Community Support Worker

Vicky Power, Co-Chair, Te Whānau o Uenuku and Multi-systemic Therapy Team Leader

Alex Nicholls, Member of Te Whānau o Uenuku and Executive Assistant

Sarah Porter, Lived Experience Partner

Chris Maxwell, National Clinical Lead

Patrick Johnston, District Manager, Health & Disability

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Leon Fox, Safety & Wellbeing Manager

Cynthia Spittal, Member of Te Whānau o Uenuku, Rainbow Partner, and Registered Social Worker

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