

**Submission
No 47**

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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HEALTH CARE COMPLAINTS COMMISSION

INQUIRY INTO THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED
INFORMATION OR PRACTICES

**THE ADVERSE CONSEQUENCES OF 'THERAPIES' THAT
ATTEMPT TO CHANGE SEXUAL ORIENTATION**

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I know that there are people who have taken their life because they felt so ashamed of who they are, felt like God couldn't love them as they are and that's something that will haunt me until the day I die.

- *Former Exodus International president Alan Chambers*

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2 Executive Summary

This submission to the *Inquiry into the Promotion of False or Misleading Health-related Information or Practices* will demonstrate the grave harm caused by therapies that attempt to change sexual orientation.

This submission addresses issues covered under item (c) of the Terms of Reference of the Inquiry:

The promotion of health-related activities and / or provision of treatment that departs from accepted medical practice which may be harmful to individual or public health.

With the recent closing (or change in operations) of Exodus International, many Australians believe that so-called ‘ex-gay therapy’ is no longer offered or practised. In fact, there are a number of organisations still very much active in Australia, promoting therapy based upon faulty research and discredited theories.

These organisations choose to ignore the fact that in 2012 the author of the study most commonly used to support this therapy, Dr Robert Spitzer, publicly acknowledged that his research contained a ‘fatal flaw’, and that there is no way to judge reports of sexual orientation change. They continue to promote therapy which has been shown to result in mortality and morbidity.

These organisations are not recognised health service providers and are not bound by professional registration standards, duty of care, codes of conduct, adherence to evidence-based practice, reporting and audit requirements and analysis of outcomes for accreditation purposes.

The author of this submission calls upon the Committee on the Health Care Complaints Commission to inquire into and report upon sexual orientation change therapies in Australia, and for the HCCC to call for the banning of such therapy.

Natalie Cooper, RN

February 2014



3 Definitions and Description

Sexual orientation change efforts (SOCE) are efforts to change the sexual orientation of a person from homosexual or bisexual to heterosexual through therapy or other treatments¹. Various terms exist under this banner, including but not limited to: ‘reparative therapy’, ‘conversion therapy’, ‘ex-gay therapy’, ‘sexual reorientation’, ‘healing sexual brokenness’ and ‘sexual conversion therapy’.

The premise for all such programs or therapies is that one’s sexual orientation can be changed and moreover, that it is beneficial to do so. SOCE is based upon a dichotomous view of human sexuality which assumes that homosexual behaviour can be replaced with heterosexual.²

It also operates on the assumption that sexual orientation is a decision that people make voluntarily and can therefore reverse, an assumption that even the material and writings of SOCE proponents contradict.

Participants often enter such programs young: mid-late teens is not uncommon and often then at the directive of church leaders, youth group leaders or parents. The latter may not be provided with information on the outcomes of the program.

Programs vary widely in their approach but may include prayer, fasting, one-on-one and group therapy / discussions, retreats. A common feature of all programs is the requirement for participants to regularly and in detail confess their ‘failings’ to leaders and peers.

It is not uncommon for people to remain in programs for several years and / or to move through several programs as each fails to effect any orientation change.

¹ The Royal Australian and New Zealand College of Psychiatrists, ‘Position Statement 60: Sexual Reorientation Therapies’. June 2010. Retrieved 26th Jan 2014: [http://www.ranzcp.org.au/Files/ranzcp-attachments/Resources/College Statements/Position Statements ps60-pdf.aspx](http://www.ranzcp.org.au/Files/ranzcp-attachments/Resources/College%20Statements/Position%20Statements%20ps60-pdf.aspx)

² Haldeman, D. ‘The Practice and Ethics of Sexual Orientation Conversion Therapy’ in *Journal of Consulting and Clinical Psychology* 1994, Vol. 62, No.2, p221

4 Problems with the Evidence

4.1 Proponents confuse gender and sexuality

Organisations providing sexual orientation change therapy are remarkable in their lack of understanding of basic concepts related to sexuality. Gender (the knowledge of oneself as male or female) versus sexual orientation (sexual, romantic, emotional and affectional attraction to the same, opposite or both sexes) is a key concept with which these providers particularly seem to have difficulty.

Case in point: the website of Sydney organisation *Living Waters* provides a link to a document titled '21 Reasons Why Gender Matters'³. *Living Waters* founder, Ron Brookman, is one of the authors of this piece.

Among the many statements in this document demonstrating the SOCE lobby's confusion between gender and sexuality, we find:

'The causes of gender disorientation pathology have been shown to be largely social. One leading researcher summarised: 'Sexual orientation is genetically influenced but not hardwired by DNA'.

And:

'Psychotherapists tend to agree that the major factor in the emergence of same-sex attraction is defective gender identification in childhood and teen years'.

Gender identification and sexual orientation are two entirely different things. A straight man and a gay man both may identify as male; a straight woman and a lesbian both may identify as female.

Given the difficulty the proponents of SOCE have with this foundational concept, it is not surprising that their theories as to the origins of homosexuality are equally unfounded and discredited.

³ Living Waters, '21 Reasons Why Gender Matters', <http://livingwaters.org.au/articles/21-reasons-why-gender-matters/> Accessed 26th Jan 2014

4.2 Proponents promote false theories on homosexuality

Proponents of SOCE still promote discredited theories as to why people are gay. The falsehood that people are made, not born, gay is promoted with the denial of rights that this entails (see Section 5.2).

Families are placed under enormous strain with parents being told that they caused their child's sexuality. People are encouraged to look back on their childhoods and re-frame their experiences to find evidence of faulty parenting. See the following statements under the link *Understanding Homosexuality* from the *Living Waters* website⁴ :

'Insecure gender identification can occur in men when there was boyhood emotional detachment from their dad'

'Dad's role is to.... help them develop healthy gender identity through appropriate gender activities together'.

Mum is similarly blamed:

'If the son detaches from a domineering or enmeshing mother, despising her, or finding emotional intimacy with her distasteful, he may generalise his judgements to all women'.

Other discredited theories of why people are gay are all presented: parental desire for a daughter instead of a son, rebellion (apparently young people find the idea of bullying and violence appealing!), childhood molestation, and spiritual strongholds on our cities.

This one, however, was novel:

'Generational sins and / or curses descending through ancestry can influence gender insecure boys towards homosexuality'.

⁴ Living Waters, op.cit. www.livingwatres.org.au/

4.3 Validity of reports of sexual orientation change

Proponents of sexual orientation change programs consistently and knowingly publish reports of sexual orientation change when the facts supporting such change do not exist.

The 2003 study by Dr Robert Spitzer, ‘Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation’ is most commonly cited by SOCE providers in Australia as the basis for their programs.

However, in 2012, Spitzer himself publicly renounced the findings of his study, first in a letter to the editor of *Archives of Sexual Behavior*, admitting:

‘I offered several (unconvincing) reasons why it was reasonable to assume that the participants’ reports of change were credible and not self-deceptive or outright lying. But the simple fact is that there is no way to determine if the participants’ accounts of change were valid’.⁵

Spitzer went on to offer the gay community an apology for making unproven claims of the efficacy of reparative therapy.

Christian author Justin Lee, speaking about the way that SOCE proponents use the term ‘ex-gay’ to refer to a change in identity rather than orientation, points out: ‘But misleading language like this – telling people with “unwanted same-sex attractions” that they “don’t have to be gay” – leads a lot of people to believe that that’s exactly what Exodus and groups like them are doing’.⁶

In June 2013, however, Exodus International president Alan Chambers announced that the organisation would no longer offer ‘ex-gay therapy’, with Chambers having admitted in January 2012 that ‘99.9% of participants never experienced a change in their sexuality’.⁷

In Australia today, the websites of reparative therapy organisations are replete with ‘testimonies’ from supposed ex-gays who have ‘come out of homosexuality’. There is a common theme, however, that echoes Chambers’s admission: none of these people state that they are now heterosexual. They are, rather, ‘dealing with struggles’ and ‘keeping their old selves’ at bay:

⁵ Spitzer, R.L. ‘Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality (Letter to the Editor)’, in *Archives of Sexual Behavior*, 2012, Vol. 41, p 757

⁶ Lee, J. ‘Torn: Rescuing the Gospel from the Gays vs. Christians Debate’, Jericho Books, New York, 2012, p 93.

⁷ O’Malley, N. ‘Anti-gay movement apologises, closes after 37 years’, *Sydney Morning Herald* June 22 2013, <http://www.smh.com.au/world/antigay-movement-apologises-closes-after-37-years-20130621-2oo6n.html> Accessed 29th Jan 2014

*“As I look back on the last ten years, so much has changed. I’m truly no longer the person I once was and how gracious God has been to me; a loving wife, now a child! **Yet struggles still abound, temptation is ever present and the old me never seems too far away**”.*⁸

This man and his wife are not in a heterosexual marriage. They are in a mixed orientation marriage.

⁸ Liberty Ministries, ‘How God Changes Us’, <http://www1.libertychristianministries.org.au/how-god-changes-us-3/> Accessed 29th Jan 2014

5 Motivation for Offering Therapy

5.1 Homophobia: the focus on gay men

A conspicuous aspect of websites and materials promoting SOCE is the focus on gay men.

Living Waters, a Sydney-based organisation, devotes one entire section of its website to the topic ‘Understanding Homosexuality’. This whole section, however, deals entirely with men – there is *not one single mention* of lesbian women!

The ‘causes’ of male homosexuality is a pre-occupation with SOCE proponents, many of whom (such as Ron Brookman of *Living Waters*) claim to be ‘ex-gay’ themselves. While it is beyond the scope – and intention – of this submission to explore the reasons for this; it is important to acknowledge the true intentions of those offering such ‘therapy’ and ask the question: what is the true motivation for the promotion of the necessity to be ‘straight’?

In explaining the fact that such homophobia has its origins in religious thought, theologian and professor James Brownson explains: ‘This connection between higher status and the act of penetration is unquestioned in the ancient world, and it reflects deeply patriarchal assumptions about the relative status of males and females (and by extension, males who play the female role)’.⁹

Brownson states that it is impossible to ignore the issue of patriarchy when attempting to understand the logic of traditional attitudes toward (male) same-sex relationships.

McAndrew and Warne would agree with him, noting that findings of Agnelli et al: ‘males who did not fit the stereotypical expectations of their gender were more likely to experience abuse’¹⁰

Another study found that ‘high school boys who were bullied by being called gay had greater psychological distress and more negative attitudes about the school climate than boys who were bullied for other reasons’.¹¹ The motives of SOCE proponents must be queried in light of this focus on one gender only (not that focus on lesbian women would make the practice any more acceptable!)

⁹ Brownson, J. ‘Bible Gender Sexuality: Reframing the Church’s Debate on Same-Sex Relationships’, William B. Eerdmans Publishing Company, Grand Rapids, 2013, p82.

¹⁰ McAndrew, S. & Warne, T. [1] ‘Ignoring the evidence dictating the practice: sexual orientation, suicidality and the dichotomy of the mental health nurse’ in *Journal of Psychiatric and Mental Health Nursing*, 2004. Vol. 11 p431

¹¹ Russell, S. et al, ‘Lesbian, Gay, Bisexual and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment’, in *Journal of School Health*, 2011, Vol. 81, No. 5 p224

5.2 Denial of civil rights

Closely linked to homophobia is the denial of equality and civil rights: if it can be shown that gay people are made and not ‘born that way’, then their claim to protection as a valid minority no longer stands.

The British Psychological Society has noted that efforts to repathologise homosexuality by claiming that it can be cured are rarely guided by scientific research, but rather ‘by religious and political forces opposed to full civil rights for people of same-sex sexual orientations’, and that proponents of such ‘therapy’ tend to integrate ‘older psychoanalytic theories that pathologies homosexuality with traditional religious beliefs’¹²

Psychologist Ariel Shidlo remarked: ‘This is not a debate between equals. I am without certain civil rights that my counterparts take for granted... To varying degrees, conversion therapists take political action to keep me a second class human. It is difficult to conduct dialogue and collaboration with colleagues who are acting to injure my status under the law and to compromise my civil rights’.¹³

¹² The British Psychological Society, ‘Position Statement: Therapies Attempting to Change Sexual Orientation’, Dec 2012. Retrieved 27th Jan 2014. <http://www.bps.org.uk/system/files/images/therapies-attempting-to-change-sexual-orientation.pdf>

¹³ Brooke, H. ‘Gays, Ex-gays, ex-ex-gays: Examining Key Religious, Ethical and Diversity Issues. A follow-up interview with Douglas Halderman, Ariel Shidlo, Warren Throckmorton and Mark Yarhouse’, in *Journal of Psychology and Christianity*, 2005, Vol. 24, No. 4 p 350

6 Adverse Outcomes

6.1 Damage to those in therapy

Splitting the self

A marked feature of SOCE organisations' websites and materials is the negative use of the term 'gay identity' to refer to the acceptance of oneself as gay (or lesbian). These organisations insist that people refer to themselves as 'same-sex attracted' or preferably, to state that they are struggling with same-sex attractions.

The message is given that one's true self is unacceptable, leading a person to isolate and deny that part of themselves : 'in an attempt to nullify their outsidersness, the participants start to lead a double life, splitting the public image from the private self as a way of concealing their sexuality to the outside world'.¹⁴

The increased conflict within a person that arises from despising an essential part of being leads to self-hate and depression:

'I didn't care about myself...I was frightened, I didn't know who to turn to. It was just so tiring, pretending, mentally tiring' (Ben)¹⁵

Perpetuates stigma, prejudice and a biased view of being gay

In its December 1998 Position Statement on Psychiatric Treatment and Sexual Orientation, the American Psychiatric Association (APA) noted that the potential risks of reparative therapy 'are great, including depression, anxiety and self-destructive behaviour, since therapist alignment with social prejudices against homosexuality may reinforce self-hatred already experienced by the patient'.¹⁶

Considering that those who present for 'therapy' are most likely to have come from a background in which rejection of the gay person is great (non-accepting families, highly religious backgrounds), it is likely that self-hatred is a factor.

¹⁴ McAndrew, S. & Warne, T. [2] 'Coming out to talk about suicide: Gay men and suicidality', in *International Journal of Mental Health Nursing*, 2010. Vol. 19 p96

¹⁵ Ibid. p 96

¹⁶ American Psychiatric Association, 'Position Statement on Psychiatric Treatment and Sexual Orientation'. December 1998. Retrieved 26th Jan 2014.

www.psych.org/FileLibrary/AdvocacyandNewsroom/PositionStatements/ps2000_ReparativeTherapy.pdf

The statement reported that many undergoing therapy were inaccurately told that 'homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction' and were never presented with the possibility of happiness and satisfying interpersonal relationships as a gay man or lesbian.

The APA noted in its statement that alternative approaches to dealing with the effects of societal stigmatisation were absent. This is unsurprising, given that promoters of SOCE refuse to recognise the role of society's treatment of gay people in creating unhappiness, a disingenuous position considering their part in fostering prejudice and stigma.

McAndrew and Warne [1] noted 'For those who espouse political conservatism these findings of mental ill health will be attributable to being the inevitable consequences of adopting a homosexual, and therefore a socially unacceptable lifestyle'.¹⁷ The authors note that rather, opinion should be informed by the accumulating research data on the consequences of growing up gay in a climate of heterosexist intolerance.

Message of 'brokenness'

Organisations offering such 'therapy' in Australia actively promote the message that gay people are 'broken' individuals who need to be 'healed'. *Liberty Ministries* states on the front page of its website:

'Liberty Christian Ministries Inc, aims to offer support, hope and education to Christian men and women who struggle with the relational and sexual brokenness associated with same-sex attraction'.

And under the heading 'What Liberty Does Not Do':

'We do not advocate sexual orientation change... though orientation change can occur as brokenness is healed'.¹⁸

It must be stressed that although Liberty Ministries claims not to engage in the goal of orientation change, this is very much its aim, as espoused in this same section of the website: '(We) do not guarantee that Liberty or the support it provides is, in and of itself, sufficient for people to be healed of their unwanted same-sex attractions'.

¹⁷ McAndrew, S. & Warne, T. [1] op. cit. p431

¹⁸ Liberty Ministries Inc. <http://www1.libertychristianministries.org.au> Accessed 29th Jan 2014.

The message sent is one of defectiveness and disorder: that there is something essentially damaged and wrong with the individual. As sexual orientation is not amenable to change, it is of course impossible to become 'healed'. The only way a gay person is acceptable in the SOCE model is to engage in lifelong self-loathing.

McAndrew and Warne [2] again: 'Metaphorically, the participants' homosexuality could be considered a 'crime' for which they needed to be punished'.¹⁹

The requirement to be a 'non-practising homosexual'

Particularly among religious SOCE proponents, the term 'non-practising homosexual' is widely stated as a requirement of lesbian, gay and bisexual people.

Those who use this term at LGB people fail to understand that it is in fact impossible to *not* 'practise' one's sexuality.

Sexuality is more than sexual activity; it encompasses emotion, thought, feeling, and interpretation of the world. To attempt being a non-practising [hetero/homo/bi] sexual person is to attempt to be a non-person.

To require that of anyone is a form of erasure of the person.

¹⁹ McAndrew, S. & Warne, T. [2] op.cit. p 96

6.2 Damage to LGB people as a whole

The promotion of SOCE has adverse consequences for gay, lesbian and bisexual people as a whole, not just those in ‘therapy’.

The stigmatisation created by the misrepresentation of homosexuality as an illness and a disorder not only encourages self-hatred, but fosters homophobia and encourages bullying, hatred and violence. Young people are particularly at risk in such an environment, as noted by the American Academy of Pediatrics: ‘Societal homophobia is reflected in the higher rates of bullying and violence suffered by sexual minority youth’,²⁰

Those without strong family support are most at risk of self-harm and suicide.

Examination of websites of SOCE organisations highlights the way that such proponents stereotype gay people and their ‘lifestyle’. Scourfield et al note ‘constructing a positive LGB or T identity was...a more difficult matter, as it required them to construct themselves in relation to stigmatised LGBT identities’,²¹

SOCE proponents tend to talk in terms of sexual preference and identity, rather than orientation, indicating that they believe that anyone who describes themselves as gay (rather than homosexual or – better yet – same sex attracted or struggling with attractions) as making a choice. Clearly, they have either not grasped the fact that the term ‘homosexual’ is associated with a diagnosis – or they do understand that and require people to use the language of pathology about themselves.

By using the terms ‘unwanted same-sex attractions’, the message is sent that a person who chooses not to enter SOCE therapy is choosing such attractions. Guilt can then be directed squarely at the offender.

As an example of this attitude, the Liberty Ministries website speaks of ‘gay Christians’ in quotation marks to indicate that they do not believe that a gay person can be a Christian.

²⁰ American Academy of Pediatrics, ‘Office Based Care for Lesbian, Gay, Bisexual, Transgender and Questioning Youth’ in *Paediatrics*, 2013, Vol. 132, No. 1 p. e300

²¹ Scourfield, J. et al, ‘Lesbian, gay, bisexual and transgender young people’s experience of distress: resilience, ambivalence and self-destructive behaviour’ in *Health and Social Care in the Community*, 2008. Vol. 16, No. 3. p 332

6.3 Damage to families and society

We have already seen how the messages promoted by SOCE proponents are damaging to families who take on board the false theories around the causes of sexual orientation; as if there is something wrong with being gay and a cause must be found.

These messages also help to promote homophobia by perpetuating the myth within families and society that something is wrong with gay people. McAndrew & Warne [2] explain:

‘...children become consciously aware of what is acceptable and not in the extended world in which they live’.²²

The authors also describe the way in which young people tend to blame themselves, blaming any difficulties in their relationships with parents on the fact that they are gay.

In wider society, the message that lesbian, gay and bisexual people are defective and less than worthy encourages bullying and violence – something which some young straight men are prone to be part of, particularly those who are forming their identities and may be insecure in themselves.

In order to appear masculine, young men may feel pressured to engage in risky behaviour, with the well-known consequences of injury and violence.

Homophobia also damages straight men – a fact that is little recognised. It is not drawing a long bow to suggest that the fear of appearing ‘unmanly’ keeps men from looking after their physical, psychological and social health.

Fear of appearing gay discourages straight men from developing close relationships with other men, reduces their social support structures, and inhibits the development of the kind of networks that women tend to develop with close friends.

²² McAndrew & Warne [2], op. cit. p95

7 Position Statements: Professional Associations

7.1 Royal Australian & New Zealand College of Psychiatrists

The RANZCP confirms in its Position Statement 60 that SOCE therapies contribute to the continuing misrepresentation of homosexuality as a mental disorder and encourage discrimination against gay, lesbian and bisexual people²³. The Statement confirms that recent research demonstrates that there is no sound scientific evidence that sexual orientation can be changed, and that lesbian, gay and bisexual people have a right to protection from therapies that are ‘potentially damaging, particularly those that purport to change sexual orientation.

Further, Code of Ethics states that psychiatrists ‘shall not impose their own values on patients and their families’.

7.2 Royal College of Psychiatrists (UK)

The College’s Position Statement on Sexual Orientation confirms that the College ‘believes strongly in evidence-based treatment. There is no sound scientific evidence that sexual orientation can be changed. Furthermore, so-called treatments of homosexuality create a setting in which prejudice and discrimination flourish’.²⁴

The College also states that lesbian, gay and bisexual people should be both regarded as valued members of society, this including ‘freedom from harassment and protection from damaging therapies.

The College’s Lesbian & Gay Special Interest Group reported in May 2004 results from the Royal Free Study of 1200 gay, lesbian and bisexual people, versus 1200 heterosexual peers, that the higher incidence of suicide risk in the LGB population was largely attributable to issues such as ‘intolerance of society, bullying and family rejection’ and made particular mention of the increasing popularity of reparative therapy as an issue of concern, along with PTSD (post-traumatic stress disorder) arising from homophobic assault.²⁵

²³ The Royal Australian & New Zealand College of Psychiatrists, Position Statement 60

²⁴ Royal College of Psychiatrists, ‘Position Statement on Sexual Orientation PS01/2010’, 15 February 2010. Retrieved 26th Jan 2014: <http://www.rcpsych.ac.uk/pdf/PS01.2010.pdf>

²⁵ Royal College of Psychiatrists Lesbian & Gay Special Interest Group, ‘Working with Mental Health Problems in Lesbian, Gay and Bisexual Clients’ 19th May 2004. Retrieved 26th Jan 2014. [www.rcpsych.ac.uk/docs/working%20with%20LGBT%20\(2\).doc](http://www.rcpsych.ac.uk/docs/working%20with%20LGBT%20(2).doc)

7.3 American Psychiatric Association

The APA published its Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies) in March 2000. In this statement, the Association ‘opposes any psychiatric treatment, such as ‘reparative’ or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his / her sexual orientation’.²⁶

7.4 American Medical Association

In its Policy H-160.991 ‘Health Care Needs of the Homosexual Population’ the AMA adopts the position statement of the American Psychiatric Association in opposing the use of ‘reparative or conversion’ therapies which have as their basis the false assumption that homosexuality is a disorder and that a person should change their sexual orientation.²⁷

7.5 American Academy of Paediatrics

In its examination of the health disparities experienced by sexual minority youth, the Academy stated: ‘In no situation is a referral for conversion or reparative therapy indicated’. The Academy went on to note that the American Psychological Association Task Force to review peer-reviewed studies on SOCE concluded that ‘conversion therapy is not effective and may be harmful to LGBT individuals by increasing internalised stigma, distress and depression’.²⁸

²⁶ American Psychiatric Association, ‘Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)’, March 2000. Retrieved 26th Jan 2014 www.psychiatry.org/FileLibrary/Advocacy/AdvocacyandNewsroom/PositionStatements/ps2000_ReparativeTherapy.pdf

²⁷ American Medical Association, ‘AMA Policies on GLBT Issues’. Retrieved 27th Jan 2014. www.ama-assn.org/ama/pub/about-ama/our-people/member-group-sections/glb-advocacy-committee/ama-policy-regarding-sexual-orientation.page

²⁸ American Academy of Pediatrics, op. cit. p e301

7.6 Australian Psychological Society

The Society states that ‘The ‘reparative’ therapy literature uses theories that make it difficult to formulate scientific selection criteria for their treatment modality. This literature not only ignores the impact of social stigma in motivating efforts to cure homosexuality, it is a literature that actively stigmatises homosexuality as well. ‘Reparative’ therapy literature also tends to overstate the treatment’s accomplishments while neglecting any potential risks to patients’.²⁹

7.7 The British Psychological Society

The BPS, in its Position Statement on SOCE, states that ‘as same-sex sexual orientations per se are not diagnosable illnesses, they do not require any therapeutic interventions to change them. Therapeutic modalities to convert or repair same-sex sexual orientations are largely based on theories of questionable scientific validity’.³⁰

7.8 American Psychological Association

The American Psychological Association, in its minutes of the annual general meeting 2010, noted that ‘the APA encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation’

7.9 American Counselling Association

The ACA Governing Council, in a 1998 resolution, noted that ‘the ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation’ and called for counsellors to ‘report research accurately and in a manner that minimises the possibility that results will be misleading’.³¹

²⁹ The Australian Psychological Society, ‘APS Position Statement on the Use of Therapies that Attempt to Change Sexual Orientation’, June 2000. Retrieved 27th Jan 2014.
<http://www.psychology.org.au/Assets/Files/reparative-therapy.pdf>

³⁰ The British Psychological Society, op. cit. p2

³¹ American Counselling Association, ‘Ethical issues related to conversion or reparative therapy’. 16th Jan 2013. Retrieved from <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy> 26th Jan 2014

The ACA further states that no published research in peer-reviewed journals demonstrates that conversion therapy is effective in changing sexual orientation however did find research that indicates that these therapies may harm clients.

7.10 National Association of Social Workers (US)

The NASW states that ‘Reparative and conversion therapies, sometimes called ‘transformational ministries’, have received wider attention against a backdrop of a growing conservative religious political climate. By advancing their efforts through such propaganda, proponents of reparative and conservative therapies... claim that their processes are supported by scientific data; however such scientific support is replete with confounded research methodologies’.³²

³² National Association of Social Workers, ‘Position Statement: Reparative and Conversion Therapies for Lesbians and Gay Men’, Jan 2000. Retrieved 27th Jan 2014.
www.socialworkers.org/diversity/lgb/reparative.asp

8 What about free choice?

Proponents of SOCE argue that consenting, mature adults should be free to choose such ‘therapy’ and that banning such practices restricts the free will of these individuals and that of the practitioners involved.

This argument can never be made in support of any practice that has shown to be so destructive to the health and well-being of participants, their families and the society in which they live.

In addition, there is the rather important principle of informed consent.

SOCE causes mortality and morbidity

If SOCE were a medical treatment, the adverse effects would never be tolerated. Indeed, the Therapeutic Goods Administration (TGA) would never approve it for registration in this country! The TGA recalls products found to be unsafe once in the market, and Class I recalls are issued against ‘products which are potentially life-threatening and / or pose a serious risk to health’.

A medical professional who offered such a treatment, regardless of the individual’s request for same, would be de-registered by the Australian Healthcare Professionals Registration Authority. Unfortunately, SOCE providers are non-licensed, with no professional standards when it comes to the types of ‘therapy’ offered.

As we have seen, potential participants are not presented with accurate and true information as to the outcomes of such programs, nor the harm they are very likely to suffer.

The issue of informed consent

Informed consent may be defined as the provision of information that enables a client to make treatment decisions based upon full disclosure of likely outcomes, risks and benefits. The ACT Government, in its *Consent to Treatment: Procedures* document identified four necessary criteria: the patient is competent to give consent, consent is freely given, full information of risks, benefits, alternatives and costs has been provided, and consent is specific to the procedure³³.

³³ Consumers’ Health Forum of Australia, ‘Informed Consent in Healthcare: An Issues Paper’, March 2013. Retrieved from <https://www.chf.org.au/pdfs/chf/Informed-Consent-Issues-Paper.pdf> 1st Feb 2014.

SOCE programs fail three of these criteria:

1. Full information regarding risks, benefits and alternatives are not provided.

Prospective clients (and their parents and families, in the case of teens who frequently are directed to these programs) are not told of the potential adverse consequences, the rates of self-harm and suicide amongst those made to feel broken, disordered and defective, the fact that sexual orientation has been found to not be amenable to change, nor given any credible reason as to why change should be attempted. They are not given information on long-term outcomes.

They are not informed of the fact that they are seeking (or being directed to seek) ‘therapy’ for something which is not a disorder, not informed of the fact that there is no pathology involved, nor presented with the fact that the ‘therapy’ they seek has been discredited by the major psychological, psychiatric, social work, counselling and family therapy associations.

They are not informed of the fact that the studies used to back up such therapy have been shown to be based upon poor research methods, or of the fact that the author of the study most commonly cited has repudiated his own findings.

They are not provided with an alternative: that of accepting themselves as gay, lesbian or bisexual and given support on how to manage the effects of discrimination and intolerance.

2. Consent is not freely given

Organisations providing SOCE programs operate by creating feelings of fear, guilt, brokenness, shame and disorder among potential participants and their families. A cursory examination of the websites of operations such as *Living Waters* and *Liberty Ministries* and the ‘readings’, links, articles and opinion pieces on these sites will attest to this.

It is difficult to see how consent can be said to have been freely given in such an atmosphere such as this. In addition, there may be pressure brought by others on the person to enter ‘therapy’.

3. Consent is not specific to the procedure

There exists no body of evidence regarding the validity of sexual orientation change. Given that fact, consent cannot possibly be regarded as being ‘specific to the procedure’ as there is no documented, evidence-based procedure for which consent could be given.

The facts should surely now enable us to put aside the SOCE lobby’s claims that they should be free to provide ‘therapy’ to ‘consenting’ adults.

9 Organisations currently practising SOCE in Australia

Providers of SOCE in Australia include, but are not limited to:

NSW

Living Waters

<http://livingwaters.org.au/>

info@livingwaters.org.au

Liberty Ministries

<http://www1.libertychristianministries.org.au/>

Beyond Egypt

Carlingford, Sydney, NSW

Email: info@beyondegypt.org.au

QLD

Liberty Inc. (Brisbane)

info@libertyinc.org.au

chairman@libertyinc.org.au

On Eagles Wings (Exodus Global Alliance)

<http://www.oneagleswings2asia.com/>

Sanctuary International

<http://www.sanctuary4u.faihwweb.com/>

Turnabout

PO Box 227, Maroochydore, Qld, 4558, Australia

VIC

Mosaic Ministries

info@mosaicministries.org.au

Setting Captives Free

<http://www.settingcaptivesfree.com/>

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