**Submission No 54**

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


**Organisation:** FamilyVoice Australia

**Name:** Dr David Phillips

**Position:** National President



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# Submission

**on the**

# Promotion of False or Misleading Health-Related Information or Practices

**to the**

# Committee on the Health Care Complaints Commission

**Parliament House, Macquarie Street, Sydney NSW 2000**

**Fax: (02) 9230 3309**

**Email: chccc@parliament.nsw.gov.au**

**Website: www.parliament.nsw.gov.au/healthcarecomplaints**

**by**

# FamilyVoice Australia

**GPO Box 9894, Sydney NSW 2001**

**Telephone: 1300 365 965**

**Facsimile: 08 8223 5850**

**Email: office@fava.org.au**

**Website: www.fava.org.au**

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# 1. Introduction

On Wednesday 16 October 2013 the Committee on the Health Care Complaints Commission resolved to conduct an Inquiry into the Promotion of False or Misleading Health-Related Information or Practices.

The Committee set the following parameters for the inquiry:

That the Committee on the Health Care Complaints Commission inquire into and report on possible measures to address the promotion of unscientific health-related information or practices which may be detrimental to individual or public health. The Inquiry will focus on individuals who are not recognised health practitioners, and organisations that are not recognised health service providers.

The Committee will have particular regard to:

(a) The publication and/or dissemination of false or misleading health-related information that may cause general community mistrust of, or anxiety toward, accepted medical practice;

(b) The publication and/or dissemination of information that encourages individuals or the public to unsafely refuse preventative health measures, medical treatments, or cures;

(c) 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;

(d) the adequacy of the powers of the Health Care Complaints Commission to investigate such organisations or individuals;

(e) the capacity, appropriateness, and effectiveness of the Health Care Complaints Commission to take enforcement action against such organisations or individuals; and

(f) any other related matter.

The closing date for submissions is Friday 7 February 2014.

# 2. Reason for this submission

FamilyVoice Australia[1] – a Christian voice to the nation for family, faith and freedom – has had a longstanding interest in the welfare of Australian families, and seeks to encourage governments to adopt policies supporting physical, mental and emotional health.

In recent times, homosexual activists in this state and elsewhere have sought to ban any treatment or counselling by psychiatrists or others to help people who wish to change their sexual orientation.

This submission has been prompted by concern for those seeking such treatment, since their wellbeing has been put at risk by a political campaign that is distorting the truth.

# 3. Background

Alex Greenwich MP moved a motion on “Reparative Therapy” in the NSW Legislative Assembly on 24 October 2013. The motion was immediately supported by four other MPs in a brief debate, and passed on the voices in a sparsely populated chamber shortly before the lunch recess. Below is an edited extract from the Hansard:[2]

> Mr ALEX GREENWICH (Sydney): I move – *That this House:*
>
> *(1) Notes that the Australian Psychological Society has referred to so-called "reparative therapy" treatment as harmful.*
>
> *(2) Notes that there is no scientific research to substantiate the claims that medical and psychological treatment can change a person's sexual orientation.*
>
> Reparative therapy seeks to use counselling, psychotherapy, prayer and group sessions to attempt to turn a gay or lesbian person straight, or to help them manage their homosexuality so they can live a straight or celibate life. In the past electroconvulsive therapy has been used.
>
> Embedded in this theory is the notion that homosexuality is a disorder that can be changed and an immorality that must be healed. Like most Australians, I strongly disagree with this premise. I understand that at least 10 organisations practise reparative therapy in Australia, all of which claim to be Christian based. Stories from people who have undergone reparative therapy refer to counsellors delving into their past in a neo-Freudian attempt to uncover an absent or distant father, an overbearing mother or child sex abuse and being told that these are the reasons they are homosexual. People undergoing reparative therapy are not referred to as gay or lesbian; they are told that they suffer from same-sex attraction or unwanted homosexual desires.
>
> I understand that none of the programs offered in Australia are run by accredited psychologists or psychiatrists. Reparative therapy has absolutely no scientific merit whatsoever and no peer-reviewed study has shown that it works or that sexuality can be changed. In fact, psychology experts condemn the therapy as not only futile but also inherently damaging to mental health.
>
> The Australian Psychological Society holds the position that homosexuality is not a diagnosable mental disorder and recommends against practitioners attempting to change someone's sexual orientation. The American Psychiatric Association removed homosexuality from the Diagnostic and Statistics Manual of Mental Disorders in 1973 and the World Health Organization removed it from its International Classification of Diseases in 1990. In May, the Pan American Health Organization released a statement referring to reparative therapy as a "serious threat to the health and wellbeing of affected people".
>
> Some people who have undergone reparative therapy have developed obsessive addictive behaviours, depression, suicidal ideation and suicides. Vulnerable people who have been told that their sexuality is a sin are given false hope through reparative therapy because it will ultimately fail.
>
> Anthony Venn-Brown co-established a support group for gay and lesbian Christians called Freedom 2b and established the organisation Ambassadors and Bridge Builders International, which has been monitoring ex-gay therapies in Australia. Reparative therapy attempts to do the impossible. Often ex-gay therapy heterosexual marriages fail in the long term, leaving the husband or wife feeling betrayed or inadequate because they failed to convert their spouse. Children are also hurt by broken families and when a parent comes out in an environment where homosexuality has been stigmatised.

Defenders of reparative therapy say that they are helping people who want to change and who do not want to be homosexual. This denies the fact that participants have been raised within a community that tells them that homosexuality is a sin and that they cannot be Christian and gay. In such an environment, gay men and lesbians will latch on to any hope of change. However, that is impossible: We cannot pray the gay away!

In the United States the leading ex-gay therapy organisation recently denounced its practices, and in July the Californian Government passed a bill co-sponsored by Senator Ricardo Lara banning reparative therapy on anyone under 18 years of age. I believe we should move to protect vulnerable people coming to terms with their sexuality, promote real support and acceptance within faith communities and schools, and outlaw this futile and damaging practice. I commend the motion to the House.

Mr BRUCE NOTLEY-SMITH (Coogee): In May this year, the Pan American Health Organization released a statement saying that reparative or conversion therapies "represent a serious threat to the health and wellbeing of affected people".

It is the official position of the Royal Australian and New Zealand College of Psychiatrists that homosexuality is not an illness, and any therapy that purports to change someone's sexual orientation is simply erroneous. Furthermore, no peer-reviewed study has found that these conversion therapies work.

The love that I share with my partner of 22 years, Paul Western, is no different from the romantic love between a man and a woman.

Mr GREG PIPER (Lake Macquarie): I support the motion moved by the member for Sydney, not only because there is no evidence to support the effectiveness of reparative therapy but also because there is no need for such offensive processes. These therapies are aberrant, and they should be stamped out.

Mr JAMIE PARKER (Balmain): This type of therapy does not work. It is based on flawed logic and seeks to shame, stigmatise and marginalise same-sex attracted people. We should view people's sexuality as a reason for celebration and not electroshock treatment. We need to accept and celebrate people's different sexual orientations. Any attempt to change homosexuality is homophobia.

Dr ANDREW McDONALD (Macquarie Fields): The medical profession is quite clear about the basic tenets of practice. The first is to do no harm and the second is always to use evidence-based therapy. When it comes to sexual orientation therapy the evidence is quite clear: There is no benefit. Some 83 studies conducted between 1960 and 2007 found that there is absolutely no scientific evidence of any sort that sexual orientation can be changed.

Mr ALEX GREENWICH (in reply): It is now time that harmful and torturous practices against the gay and lesbian community like reparative therapy are banned. I will submit the Hansard record of this debate to the Health Care Complaints Committee inquiry into the promotion of false or misleading health-related information or practices.

On 14 November 2013, in an adjournment speech in the NSW Legislative Council, Rev Hon Fred Nile responded to some of the claims made by supporters of the Greenwich motion.

REV NILE said (in part):[3]

> On 24 October 2013 in the Legislative Assembly the Independent member for Sydney, Alex Greenwich, moved a motion condemning reparative therapy. No-one presented a different viewpoint. I seek to do that now.
>
> Mr Greenwich said: *Reparative therapy seeks to use counselling, psychotherapy; prayer and group sessions to attempt to turn a gay or lesbian person straight, or to help them manage their homosexuality so they can live a straight or celibate life. In the past, electroconvulsive therapy has been used.*
>
> Mr Greenwich and the Australian Psychological Society apparently do not realise that "reparative therapy" is a fairly recent term. It was coined in 1991 by United States clinical psychologist Dr Joseph Nicolosi and describes his counselling treatment for men who came to him for help with their unwanted same-sex attractions.
>
> Dr Nicolosi seeks to explore and repair family and/or other relationships that may have contributed to their feelings. Reparative therapy is a term sometimes loosely and wrongly used by others to mean any kind of treatment for same-sex attracted people whether or not it is properly conducted. Dr Nicolosi's treatment is conducted by professionally trained therapists. It does not involve electroconvulsive therapy or any kind of coercion.
>
> Dr Nicolosi's book *Reparative Therapy of Male Homosexuality: A New Clinical Approach*, which was published in the late 1990s, explains the rationale for his approach in helping those who genuinely want help, not those who have felt pressured by others to seek treatment. Over time a significant number of Dr Nicolosi's patients have experienced a real change in their feelings and sexual compulsions. However, some of his patients may have been able to change without the help of counselling. Large surveys conducted in the Netherlands, New Zealand and the United States have asked people about their sexual attractions and then asked the same questions five or more years later. The researchers found that significant numbers of young people identifying as gay or lesbian at age 16 later said they no longer had those feelings and were now heterosexual—without any kind of therapy. A few change in the other direction, from heterosexual to homosexual.
>
> This should not be surprising because studies of identical twins show that being gay, lesbian or bisexual is not inherited. Lady Gaga's song *Born This Way* is very popular, but while she is right about skin colour she is wrong about so-called "gay genes". Identical twins have the same genes and the same hormone exposure in the womb. But when one identical twin is homosexual his co-twin is heterosexual in nearly 90 per cent of cases. The major factors influencing sexual orientation are various life experiences that may be perceived differently even by siblings in the same family. Dr Nicolosi found that many of his male patients had impaired relationships with their fathers, undermining their sense of masculine identity. Not all male homosexuals have this experience. Some have revealed that their family life was happy but school bullying was traumatic. Others were molested by older boys or adult paedophiles who showed affection that the younger boy craved. For others, homosexual pornography played a part. These are only some of the reported influences.
>
> There is evidence on the public record that properly conducted reparative therapy has helped many men and teens. They sought therapy because they wanted to marry a woman and have children naturally or because they did not want the significant physical and emotional health risks associated with the homosexual lifestyle. People have even sought therapy in the Netherlands, where homosexuality carries no stigma.

One man recently recorded his therapy experience in a video online. He had been sexually and emotionally abused at the age of five. He repressed those memories but in puberty he had homosexual feelings that deeply disturbed him. He did not want them. He was greatly helped by reparative therapy, which banished his suicidal thoughts and restored his self-esteem. His heterosexual feelings increased 100 per cent. For this man, and many others, reparative therapy has not been harmful; it has literally saved their lives. It should be available to those who seek it.

***As Rev Hon Fred Nile MLC has pointed out, the campaign against reparative therapy has seriously misrepresented the facts.***

# 4. Testimony from a distinguished psychiatrist

Dr Joseph Berger, MBBS (hons) FRCP(C) DABPN, Consulting Psychiatrist Toronto, Distinguished Life Fellow, American Psychiatric Association, wrote a foreword to the 2013 book, *Beyond Critique: The Misuse of Science by UK Professional Mental Health Bodies*.[4] He said (in part):

Two years after the 1969 Stonewall riots, some homosexuals protested vociferously at the annual meeting of the American Psychiatric Association (APA), claiming that psychiatry's designation of homosexuality as a mental disorder stigmatised and promoted discrimination against them.

The APA subsequently dropped this designation in order to reduce the stigma, and not because of the science. Indeed, many practising psychiatrists continued to protest that political pressures were not a good reason to change. Few, however, would have anticipated that the victims would become the persecutors. The outrageously unethical notion of banning psychotherapy for people who go voluntarily to a trained professional seeking to lessen their same-sex desires, even in order to marry or protect existing families, could not have been imagined.

But that is what therapists in the UK now face. The general public are unaware that activists have achieved such extreme restrictions without scientific justification.

I debated with Professor King and Mr Peter Tatchell recently in London, and was astonished to hear their weak arguments. Let it be understood very clearly:

1. There is a <u>very large</u> body of quality scientific literature demonstrating successful treatment of people unhappy with same-sex desires who became comfortably heterosexual. I referred to about 50 such publications.

2. There is <u>no</u> significant body of scientific literature demonstrating harm from such therapy, only some personal anecdotes.

3. "Sexual orientation" is a way of thinking about people's sexual preferences. There is no specific location in the brain for "sexual orientation" and no scientific justification to claim that a person with same-sex attraction cannot with psychotherapy discover – or re-discover – opposite sex attraction. If people who once identified themselves as heterosexual can in later life identify as homosexual, then the opposite must hold.

4. Despite 30 years of research and many well-publicised claims, there is no substantiated body of evidence that homosexuality is inherited genetically. Neither is there any scientific support for an anatomical (in the brain) biochemical, physiological, physical or organic cause. There is no scientific support for a recent speculative fantasy that homosexuality might be caused by uterine hormones on the foetus.

5. There is no physical or biological laboratory test to determine who is, and who isn't, homosexual. It is purely a self-identification.

The notion that a history of oppression justifies a gross interference with a process of treatment whose success has been demonstrated is absurd. Every ethical therapist offers psychotherapeutic help only to those who voluntarily seek it. In no other area of medicine or psychiatry would comparable client requests be denied.

# 5. Ethical responsibilities of psychologists

Psychologists generally understand the main principles of modern therapeutic practice. Client autonomy, or self-determination is one, and informed consent is another.

In the leading academic journal *Psychotherapy*, and again in the *American Journal of Family Therapy*, Dr Mark Yarhouse of Regent University argues:

> Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction ... not only because it affirms the clients' right to dignity, autonomy and agency ... but also because it demonstrates regard for diversity.[5]

A 2012 statement by the Association of Christian Counsellors notes:

> Any client seeking counselling has the right to indicate their goals and aspirations within counselling and to be respected for that choice. If a client seeks to explore change to their lifestyle or behaviour then using the core conditions the counsellor needs to respect that desire and work with them to their benefit. For the counsellor to reject this out of hand implies that they are seeking to impose their own agenda on the client and this is unethical. [6]

The accepted principles of client autonomy and informed consent imply that people with unwanted same-sex attraction have a right to request help to change their orientation.

# 6. Sexuality and genetics

The American Psychological Association (APA) asserts:

> There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.[7]

In fact, there is significant evidence that genes play little or no role in sexual orientation.

# 7. Twin studies

Some of the most important insights into the relative influence of genes and social environment on behaviour – nature and nurture – have come from twin studies. Since identical (or monozygotic) twins share the same genes, any genetic influence on one twin will be expressed equally in the co-twin. For example, since eye colour is genetically inherited, if one twin has blue eyes the co-twin will

also have blue eyes. Recent twin studies have confirmed that identical twins have the same eye colour in almost 100% of cases.[8]

Why are some people sexually attracted to people of the same sex?

Several large scale twin studies have addressed the question of same-sex attraction in recent years, including: Bailey (2000);[9] Långström (2010)[10] and Burri (2011).[11] They have explored the influences of genes, family and life experiences.

All three studies found that the dominant influence on same-sex attraction is not genes, but unique life experiences – with estimates of the latter influence ranging from about 55% to 75%. In the Bailey and Långström studies, this was the *only* statistically significant influence found.

No study found any family influence, namely due to the twin's common social environment. The Burri study found a small but statistically significant heritability of 25%. How should this be interpreted? The influence could be genetic, or identical twins could influence each other towards same-sex attraction more than fraternal twins do.

What are the non-shared social environment factors that dominate the development of same-sex attraction?

All studies based on a comparison of identical twins and fraternal twins assume that the non-shared environment includes anything that individual twins experience differently. Even a shared home may be a non-shared environment, since parents may treat different children differently. A family event, such as divorce, may affect children differently. Children may experience different interactions with siblings, relatives, peers, schooling and the media.

One non-shared environment factor has been identified: significantly higher rates of childhood or adolescent homosexual molestation are reported among homosexual men and women than among heterosexuals.[12] For example, Dr Tomeo reported that 46% of the homosexual men surveyed were homosexually molested as a child, compared with 7% of heterosexual men. And 22% of lesbian women reported childhood homosexual molestation compared with 1% of heterosexual women. Homosexual abuse during childhood or adolescence seems to be one of the major influences on later adult same-sex attraction.

Homosexuality is not caused by genes or any one particular factor. Identical twins have the same genes, along with essentially the same exposure to maternal hormones in the womb that they share. But unlike eye colour, which has 100% concordance in identical twins, homosexuality has only about 10% concordance. It is clear that while life experiences – in some cases at a very early age – are involved, genes and hormones play a very minor part, if any.

Homosexuality is a human behaviour on par with other behaviours that are influenced by many differing environmental factors. Like those other behaviours – which may have been practised and reinforced over many years – change may be difficult. But if such a change is strongly desired, it is certainly not impossible.

# 8. What is 'reparative therapy'?

Reparative therapy has become widely known since the 1990s through the work of US psychotherapist Dr Joseph Nicolosi.

- It is a "talking therapy" and doesn't involve electric shocks

- It does not involve repressing sexual feelings, nor any kind of "trying" to be interested in the opposite sex.

Rather, patients who seek this therapy are encouraged to learn to connect with men as brothers, along with developing an unconditional self-acceptance. If and when changes in sexual orientation occur, they flow naturally as a consequence of overcoming shame issues around men, and feelings of "not fitting in" with men and one's place in their world as equals.[13]

The term "reparative therapy" is often conflated or used interchangeably with "conversion" therapies, which have different origins and involve different processes.

Conversion therapy is based on discredited aversion-type behavioural therapies. It should not be confused with reparative therapy.[14]

# 9. Can a person's sexuality change over time?

Overseas studies have shown that significant numbers of younger people change their sexual orientation over several years – mostly without therapy of any kind. These studies demonstrate very clearly that sexual orientation can be a fluid condition. Change is certainly possible for some people.

A 1997 study of Dutch adult males found that, of those who had experienced same-sex attraction at some stage of their lives, about half reported that those feelings disappeared later in life.[15]

A New Zealand cohort study found that one half of females and one third of males with occasional same-sex attraction at 21 years had only opposite-sex attraction at 26 years.[16]

Sexual attraction is particularly unstable in adolescents. US longitudinal research on adolescent health, using large scale surveys of 16, 17 and 22 year olds, revealed major changes in romantic attraction and sexual behaviour between those ages.[17] Of the boys who identified at 16 years as same-sex attracted, 72% were opposite-sex attracted by the age of 22 years – they had "discovered" girls. And of the same-sex attracted girls at 16 years, 55% were opposite-sex attracted by age 22.

The common claim that sexual orientation is fixed and unchangeable, repeated by Alex Greenwich and his four colleagues on 24 October 2013, is a myth.

# 10. Why do some people seek help to change their sexual orientation?

There are several reasons why a person might wish to change their sexual orientation – and religious beliefs and avoiding stigma are not necessarily among them.

For both men and women, it may be a desire to procreate children in the natural way, and to share the raising of those children with their other natural parent.

Research shows that alcohol, tobacco smoking and drug abuse generally are disproportionately associated with the gay and lesbian community.[18] It is understandable that some men and women may wish to quit this environment in order to help end their addictions.

For men in particular, a wish to change orientation may be a desire to avoid the serious health consequences that are linked with the male homosexual lifestyle. ACON (originally known as the AIDS Council of NSW) has reported that almost all homosexual men have tried anal intercourse at

least once, and about 80% say they have had anal intercourse during the past six months. Over 60% have performed "rimming" (anal-oral contact) during that time.[19]

These practices, which involve contact with harmful faecal pathogens, may seriously damage the health of participants – quite apart from the risk of HIV/AIDS transmission, of which the incidence in Australia is overwhelmingly among men who have sex with men.[20]

Some years ago a young man visited the FamilyVoice (then Festival of Light) office seeking guidance. He said he was a homosexual, but was concerned about the health risks of homosexual activity. He participated in mutual masturbation, but his partner was unsatisfied and wanted anal intercourse along with other kinds of sexual contact. The young man feared not only that his relationship could soon end, but that his prospects for other relationships were very limited.

It is understandable that he and others like him may wish to explore the possibility of orientation change. The current campaign to deny him any possibility of such exploration is an outrageous breach of human rights.

## 11. Is reparative therapy harmful?

Despite claims cited by Alex Greenwich and others, there is no valid research showing that reparative therapy causes harm.

A 2002 study by Shidlo and Schroeder,[21] purporting to show such harm, was biased from the start. The researchers recruited subjects by asking: "Help us document the damage of homophobic therapies"!

Of around 200 men in this study, 23 said they had tried to kill themselves during their therapy, and 11 tried to do so after finishing therapy.

But the study did not prove that reparative therapy caused these serious consequences. No fewer than 25 participants had already attempted suicide before undergoing the therapy. A significant proportion of these men were psychologically very unstable.[22]

Indeed, *all* forms of therapy for *any* psychological condition carry some degree of risk of negative experiences. Extensive research has shown that 5-10% of adult clients across all forms of psychotherapy are worse after treatment and that higher deterioration rates – sometimes exceeding 20% – have been reported for children and adolescents in psychotherapy (Lambert, 2013; Lambert & Ogles, 2004; Nelson, Warren, Gleave, & Burlingame, 2013).[23]

Thus researchers would need to demonstrate reparative therapy deterioration rates significantly beyond 10% for adults and 20% for youth in order to substantiate harm. No such research exists.[24]

The American Psychological Association (APA) commissioned a task force on Appropriate Therapeutic Responses to Sexual Orientation Change Efforts (SOCE).

The task force presented its report in 2009. It set out its methodology regarding the assessment of harm as follows:

> *Based on Lilienfeld's (2007) comprehensive review of the issue of harm in psychotherapy, our systematic review examines harm in the following ways:*
>
> - *Negative side effects of treatment (iatrogenic effects)*
> - *Client reports of perceptions of harm from treatment*

- *High drop-out rates*
- *Indirect harm such as the costs (time, energy, money) of ineffective intervention.*

The task force had been strongly criticised for its unbalanced in composition – its membership only included those who subscribed to the view that SOCE were not "appropriate".

Nevertheless, the APA task force concluded that there was "a dearth of scientifically sound research on the safety of SOCE. Early and recent research studies provide no clear indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE."[25]

Jones and Yarhouse say: "(W)e found little evidence of harm incurred as a result of the involvement of the participants in the Exodus change process. These findings would appear to contradict the commonly expressed view of the mental health establishment that change of sexual orientation is impossible and that the attempt to change is highly likely to produce harm for those who make such an attempt.[26]

Valid research does not support claims that reparative therapy causes harm. The campaign against reparative therapy is driven not by evidence but by ideology.

## 12. Is reparative therapy beneficial?

Despite claims to the contrary by Alex Greenwich and others, many studies do show the benefits of reparative therapy for those who have sought it voluntarily, without pressure from family or church.

Dr Robert Spitzer was the leading psychiatrist involved in persuading the American Psychiatric Association to stop classifying homosexuality as a mental disorder in its diagnostic manual in 1973.

So Spitzer caused a huge sensation in 2001 when he presented a study showing that it was possible for some homosexual men and lesbians to change their orientation. In 2003 his study was published in a peer-reviewed journal, and reported the high satisfaction rate of the majority of reparative therapy participants.[27]

But in 2005 Spitzer reported that many of his colleagues were outraged by the publication of his research. There was tremendous anger in the gay community, which felt he had betrayed them by his "wrong" conclusions. Spitzer said he was suffering "battle fatigue" from the controversy.[28]

By 2012 his battle fatigue had grown to the point where Spitzer contacted his publisher to apologise for his earlier interpretation of his results.[29]

Nevertheless, Spitzer's study stands. It did not falsify data, nor did it analyse them incorrectly. Some critics have argued that since his research was carried out retrospectively, its results could be skewed by inaccurate memories of participants. But if all such data are deemed invalid, a great many studies would have to be discarded – including the Shidlo and Schroeder study mentioned in the previous section.

Dr Spitzer's experience of continued harassment and persecution, merely because his research results did not please the homosexual community, would have had a chilling effect on others thinking of investigating similar areas.

A longitudinal study by Jones and Yarhouse found "empirical evidence that change of homosexual orientation maybe possible through involvement in Exodus ministries, either:

1. in the form of an embrace of chastity with a reduction in prominence of homosexual desire, or
2. in the form of a diminishing of homosexual attraction and an increase in heterosexual attraction with resulting satisfactory heterosexual adjustment.

"These latter individuals regard themselves as having changed their sexual orientation; the former regard themselves as having re-established their sexual identities to be defined in some way other than by their homosexual attractions."[30]

Jones and Yarhouse report that nearly every study ever conducted on change of orientation found some evidence of meaningful change.

They say: "The average positive outcome across these studies is about 30%, with another 30% or so 'in process'. While this is surely not a stunningly high rate of success, it is in line with the reported success rates for change attempts dealing with complex relational issues that are often faced in marital or family therapy, or the more difficult and stable psychological conditions. Also, the lack of sophisticated methodology does not prove the treatments failed; rather, it challenges researchers to provide more sophisticated program evaluations and outcome studies to clarify what clients can expect from various programs."[31]

# 13. Personal testimonies of change

The Voices of Change website[32] includes accounts of scores of men and women who have experienced change in their sexual orientation over time, after help from a therapist.

The home page of the NARTH website currently includes the video testimony of qualified marriage and family therapist David Pickup, who was motivated to take up his profession because of his own experience.[33]

David Pickup revealed that at age five he had been the victim of homosexual molestation. He didn't know how to deal with this – he repressed the memory of his abuse. But after puberty, he began to have strong feelings of same-sex attraction. Such feelings are not uncommon in boys who have been molested earlier in life.

"I can't imagine any therapist not wanting to help a young client who is in this situation because of earlier sexual abuse," he said. "But there was no help available for me in my late teens or early 20s."

He said "God help" young victims of horrific sexual abuse by Scout leaders or religious workers if the victims move to California, where it is now illegal to provide reparative therapy to those under 18.

David Pickup continued his story, saying that he later did receive reparative therapy, which for him was very effective. He said his depression, suicidal feelings and anxiety went down, while his self-esteem and gender identity as a man went up.

And as these things changed, spontaneously – without any therapist pressure – his homosexual feelings began to dissipate and his heterosexual feelings increased "100%". They were "very pleasurable", he said.

"Others have different stories, but I have a voice," he said. "To marginalise me or my clients, to deny us a voice, is unconscionable."

But that, it seems, is what homosexual activists are currently seeking to do in their international campaign to prohibit reparative therapy or any other counselling to help those who are unhappy with their sexual orientation to explore change.

Dr Michael Davidson has included several first-hand accounts of therapy clients in his book, *The Right to Decide*.

One man, Joe, said: "I want to deal with this issue for several reasons. Firstly, I don't believe God made me this way – I was not 'born gay'. I was born heterosexual, but my sexuality got a bit bent as a result of my experiences in childhood, and the resulting issues of self image and self worth. If those underlying issues are dealt with, I think much of my longing would go away. I long for a relationship with a woman, whom I can love and who can love me."[34]

Another, Kevin, said: "I am not religious. My family are open-minded and wouldn't have a problem if I wanted to live as a gay man…

"The main reason I have chosen my [reparative therapy] journey is because I have never been happy… there are many people out there who are not religious but are desperate to get out [of homosexuality], but we don't hear from them."[35]

# 14. Right to personal autonomy

Provided that a client has been fully informed of the nature and limitations of reparative therapy, and has voluntarily sought this treatment, his or her right to decide whether or not to proceed should be upheld by medical bodies and the parliament.

Given the absence of proven harm, and the clear evidence of beneficial outcomes in a significant number of cases, reparative therapy should be recognised as a valid option for those people who suffer distress because of unwanted sexual attractions, which are influenced far more by life experiences than genes or hormones.

# 15. Conclusion

The motion by Alex Greenwich condemning reparative therapy has no basis in fact. The Committee should recommend that the Parliament uphold the right of NSW citizens to freely choose this form of treatment.

# 16. References

[1] www.fava.org.au

[2] NSW Legislative Assembly Hansard, 24/10/13, p 24722: www.parliament.nsw.gov.au/Prod/Parlment/hanstrans.nsf/V3ByKey/LA20131024/$File/LA20131024.pdf

[3] NSW Legislative Council Hansard, 14/11/13, p 25738: www.parliament.nsw.gov.au/prod/parlment/hansart.nsf/V3Key/LC20131114050?open&refNavID=undefined

[4] Dermot O'Callaghan and Peter May, "Beyond Critique The Misuse of Science by UK Professional Mental Health Bodies", Core Issues Trust, UK, 2013.

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