Report for NZAP Council on Sexual Orientation and Gender Identity Change Efforts (SOGICE) and a new Position Statement – Oct 2023

Report for NZAP Council on Sexual Orientation and Gender Identity Change Efforts (SOGICE) and a new Position Statement – July 2023

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A. Introduction

NZAP Council has tasked our group with the role of reviewing NZAP's 2004 position statement on 'conversion therapies', which are nowadays referred to as Sexual Orientation and Gender Identity Change Efforts (SOGICE).

Since NZAP issued its 2004 statement, scientific evidence showing the harms and inefficacy of SOGICE has steadily mounted[1]. In response, several other professional bodies have released (and updated) their own statements against SOGICE[2]. Some bodies have also issued best-practice guidelines around the mental health needs of T/LGBTQAI+ people.

At first glance our 2004 statement seemed inadequate on two fronts. It had condemned Sexual Orientation Change Efforts (SOCE), but it made no mention of Gender Identity Change Efforts (GICE). The 2004 statement also failed to consider the impact of colonisation on Māori sexualities or mention Takatāpui (an indigenous term encompassing same-sex attraction and gender diversity that does not map neatly onto Western notions of LGBTQAI+ identity and experience).

Our review begins with an outline of how we understand gender and sexual orientation. It then looks at the impact of prejudice on people with diverse genders and sexual orientations, the impacts of colonisation on Māori sexualities and the emergence of Takatāpui as a unique indigenous identity.

In section C we look at the various kinds of SOGICE, their history, the theories underpinning them, and the ways that historic NZAP members wrote about and practiced them. Section D outlines current professional and academic opinions about the harms of SOGICE, and which other bodies decry them. Section E considers 'Affirmative Psychological Approaches', and Section F considers SOGICE in its current, local context. In section G we examine SOGICE in relation to NZAP's Ethical Code, before turning our focus to NZAP's relationship to Rainbow Communities (Section H). In Section I we offer some recommendations and suggestions.

[1] See section D2 and D3
[2] See section D1

We know that terminology in this area sometimes shifts rapidly and have therefore included some notes on definitions and terms in section M. The draft for the new (2023) Statement on SOGICE appears in Section K, and a summary of this report can be found in Section L.

1. Aims

- To review and update NZAP's 2004 Statement on 'conversion therapies'
- To review and critique the relevant literature in this area, especially as it pertains to Aotearoa New Zealand
- To review and consider how other professional bodies have responded to SOGICE
- To draft a new position statement on SOGICE
- To offer any relevant recommendations and suggestions to Council

2. Scope

Our review has involved:

- Reading and reflection on the effects of colonisation on Māori sexualities, and the emergence of the term Takatāpui as a unique indigenous identity encompassing sexual and gender diversity
- Reading on the history of SOGICE
- Reviewing literature about the efficacy and safety of psychological SOGICE
- Review of relevant position statements on SOGICE, and best-practice guidelines, from similar professional bodies
- Enquiry and reflection on NZAP's history in relation to SOGICE, and to our relationship with Takatāpui and LGBTQAI+ Communities

Our work has not involved:

- Review of current controversies regarding gender-affirming care for children and adolescents diagnosed with gender dysphoria or incongruence
- Developing best-practice guidelines for clinical work with Takatāpui and LGBTQAI+ individuals and their whanau
- Any survey of research on psychotherapeutic treatment of people who have survived SOGICE

3. What are SOGICE?

The various forms of Sexual Orientation and Gender Identity Change Efforts all involve efforts to alter a person's sexual orientation, or their gender identity, to match the cisgender norms of that person's assigned sex at birth. An example might be trying to change a trans woman who is attracted to men into a straight-acting man attracted to women.

SOGICE are underpinned by ideas that having a diverse gender or sexual orientation is pathological, or sinful in the case of faith-based change efforts[3]. Historically, these practices were referred to as 'conversion therapies', but since these practices are known to be unnecessary, harmful, and ineffective, they are nowadays referred to as 'Change Efforts' in professional literature and not as 'therapies' or 'treatments'.

Following contemporary researchers like Fenaughty et al (2023), we consider SOCE and GICE together as SOGICE because they are often indistinguishable in practice and share the common goal of trying to enforce cisheterosexual social norms.

4. Understanding Gender and Sexual Orientation

A person's sense of themselves as a gendered self (their gender identity) may differ from the sex they were assigned at birth. People whose gender matches their assigned sex at birth are nowadays referred to as cisgender; while people who are transgender, or gender diverse, will (by definition) have been assigned a sex at birth that differs from their self-identified gender.

In our view, a person's gender is a complex, biologically, socially, and culturally mediated, context specific, behavioural expression of an internal sense of identity; which includes how a person understands themselves in relation to their society's notions of masculinity, femininity, or other gender categories[4].

Contemporary scholars regard biological sex, gender, and sexual orientation to be inter-related, but also distinct, 'free-floating' axes in their own right[5]. Therefore a person's sexual orientation, within a spectrum of same-sex and other-sex attraction, is separate from their gender identity and their assigned sex at birth.

Current views that see a wide range in the normal, human experience of sexual orientations, genders, and gender expressions sit in contrast to older systems of belief that regard(ed) cisgender heterosexuality, and its concordant roles and

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[3] "These so-called therapies include any psychological approach or intervention that seeks to convert, repress and/or eliminate any person's same-sex or non-heterosexual orientation, attractions, desires, identities and behaviours, or any person's gender identity or gender expression that does not meet expectations based on their sex assigned at birth" (NZ Psychological Society, 2021) see also, Madrigal-Borloz, (2020); Veale, (2021); Jowett et al, (2021)

[4] Drescher, 2022; Fausto-Sterling, 2012

[5] "… in contemporary theorizing, gender, sex, and sexuality are conceptualized as separate developmental lines that reciprocally influence each other at multiple levels of reorganization" (Goldner, 1991)

expressions, as the only valid option. Writers like Judith Butler[6] , Lynne Layton[7], and Virginia Goldner[8] describe some of the ways that we all experience conscious, and unconscious, social pressure to conform to normative ideals of gender and sexuality.

Advocates of SOGICE have sometimes used evidence of the normal sexual fluidity that may occur across our lifespan as a justification for SOGICE, but their arguments remain blind to the underlying prejudice within SOGICE and to the significant harm they cause [9].

5. Understanding the impacts of prejudice on people with diverse sexual orientations and genders

Because people with diverse sexual orientations, gender expressions, and gender identities diverge from the expectations of cisgender heterosexuality, they are very often subjected to prejudice, discrimination, and violence[10]. Some psychologists working in this area use the lenses of 'minority stress theory' and 'intersectionality', to make sense of the overwhelming research showing that people with diverse sexual orientations and genders are at greater risk of physical, social, spiritual and psychological problems than their cisheterosexual peers[11]. Psychotherapy models tend to understand these processes by focussing on the ways that social opprobrium is internalised to become a source of shame and self-loathing[12].

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[6] Butler, (1990)

[7] Layton writes about how "normative unconscious processes" – transmitted through language, culture, and direct experience – perpetuate the patterns that uphold social norms. She argues that social inequities (around gender, race, class, etc) are partly maintained through "psychic forces that push to consolidate the "right" kind of identity and to obfuscate the workings of unequal power hierarchies" (Layton, 2008, p.15). Certain subjectivities are idealised, while others are devalued; and undesirable attributes and capacities are split off and projected onto subordinate groups (Layton, 2002, 2004, 200, 2008).

[8] Goldner, (1991)

[9] American Psychological Association, (2021b)

[10] Du Preez (2022); Fenaughty (2023); APA, (2021c); Foucault, (1980)

[11] Crenshaw (1989), writing from a Black, feminist perspective, introduced the term 'intersectionality' to describe the compounding impact of being part of multiple minority or disadvantaged groups[11]. See Meyer, (2001) on minority stress theory; also APA, (2021c), Haldeman (2022), Du Preez, (2022)

[12] Drescher, (1998); Coleman et al, (2022)

B. Acknowledging Impacts of Colonisation on Māori Sexualities

In our Aotearoa context, it is fitting to begin by acknowledging the significant impacts of colonisation on Māori Sexualities. As well as losing land, resources, and tino rangatiratanga through colonisation, Māori people have had to contend with various (conscious and unconscious) attempts to subjugate their culture, mātauranga (knowledge), language and identities[13].

In New Zealand, and in other British colonies around the world, colonisation led to the hegemony of Victorian, Christian attitudes to sexuality and to sexual and gender diversity[14]. Meanwhile, traditional Māori cultural beliefs and attitudes, which had celebrated sexuality, became a source of whakamā[15].

Scholars like Aspin have written about the ways that traditional Māori waiata, pūrākau (stories) and carvings often contained explicit sexual detail that sometimes incorporated same-sex love. Over time, the lyrics of waiata were changed, sexual references in stories were censored, and carvings displeasing to missionaries and colonists were defaced or hidden[16].

The term Takatāpui, meaning 'an intimate companion of the same sex', has its origin in a story about Tūtānekai who, before he married Hinemoa, had a much-loved male companion called Tiki[17]. The term has been reclaimed in the last forty years and is now increasingly embraced by some indigenous members of sexual and gender minorities to claim an identity that is uniquely Māori and indigenous to Aotearoa[18]. Crucially, Takatāpui encompasses wairua, whakapapa, and belonging within hapu and iwi, and therefore has cultural and spiritual dimensions that are not captured in

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[13] NZHRC, (2022); Woodard, (2008).

[14] Danil, (2020); Williams, (1986)

[15] Woodard (2008) draws on the work of Dalal (2002) and Fanon (1982) to describe the racialised 'Other' – a denigrated, projective product of the collective colonist mind that comes to serve as a rationale for colonisation. Indigenous Peoples internalise this version of 'themselves' with many negative consequences for the formation of indigenous identities. This process, and the cumulative loss of mana associated with dispossession, contributes to the experience of whakamā – a complex spiritual, physical and emotional state akin, but not identical, to Western notions of shame. See also, Woodard & O'Connor (2019); Aspin,(2019); Aspin & Hutchings, (2007); Coleman, (2022).

[16] Aspin, (2019); Aspin & Hutchings, (2007;) Pouwhare, (2016)

[17] Kerekere, (2017); Aspin, (2019); Aspin & Hutchings, (2007)

[18] "In addition to 'takatāpui,' 'whakawāhine' (like a woman) and 'tangata ira tāne' (spirit of a man) are terms which draw on traditional Māori concepts to denote those who were born with the wairua (spirituality) of a gender different to the one they were assigned at birth" (Kerekere 2017)

Western notions of LGBTQAI+. For many, claiming such an identity is seen as an act of decolonisation[19].

We acknowledge this important history and stand with others who regard SOGICE as violations of Te Tiriti and as ongoing acts of colonisation[20]. We have included Takatāpui in our thinking and our report, and sometimes use the abbreviation T/LGBTQAI+ to specifically reflect this.

C. Kinds of SOGICE, their History, and the Theories Behind Them

The task of patrolling the borders of normative sexualities and genders in Aotearoa New Zealand initially fell to police, judges, and gaolers through the English Laws Act of 1858[21]. Gradually, homosexuality came to be seen as a form of psychopathology (and not just a crime) and it entered the purview of doctors and psychiatrists (and eventually psychologists and psychotherapists) seeking to 'cure' it[22].

Medical SOGICE**,** performed here and abroad, have included castration, hormone therapies, chemical and electrical convulsion therapies, and lobotomy[23]. Although a review of these methods is beyond the scope of our report, we note that a recent

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[19] Aspin, (2019); Kerekere, (2017). Similar culture and language specific descriptors for people with diverse genders and sexual orientations include Fa'afafine and Fa'afatama from Samoa, Fakaleitī of Tonga, akava'ine in Cook Islands, Moe aikāne in pre-colonial Hawaii, Hijra in India, and the modern North American umbrella term, Two-Spirit. These terms and identities are increasingly embraced by indigenous people with diverse genders and sexual orientations because they link back to important, pre-colonial, 'third-gender' ceremonial and social roles in their cultures. (Williams, 1984)

[20] "Te Tiriti entitles tāngata whenua to uphold their own modalities of tino rangatiratanga over their sexuality, gender, gender expressions, and sex characteristics. The medical characterisation or suppression of sexuality or gender fluidity is also contrary to Te Tiriti. The Commission therefore considers that conversion practices are a breach of human rights and Te Tiriti" (Te Kāhui Tika Tangata Human Rights Commission, 2022b).

[21] This law mirrored UK sodomy laws and imposed "the discourse of 'homosexuality' and its inherent sexual binaries, negative connotations, and punitive consequences, when it was introduced to Aotearoa …." Kerekere, (2017). See also Layton, (2002, 2004, 2006); Butler, (1990); Foucault, (1980); Katz, (1976)

[22] Clinical use of the term 'homosexuality' - in binary opposition to normative 'heterosexuality' – began with the 1886 publication of 'Psychopathia Sexualis' by the German psychiatrist Kraft-Ebbing. He saw homosexuality as evidence of serious psychopathology, calling for treatment instead of punishment and incarceration - a pivotal step in the shift (in Western countries) from penal to medical/psychiatric regulation of the boundaries of normative cis-heterosexuality.

[23] Katz, (1976)

UNHRC report tells us that some of these are still currently practiced in various parts of the world[24].

Although there is sometimes overlap between them, we consider psychological SOGICE within three categories below:

- Psychoanalytic,
- Behavioural, and
- Religious

1. Psychoanalytic SOGICE

Although Freud had seen no reason to treat homosexuality, his idea that it represented a form of delayed psychosexual development[25] came to widely shape both lay and professional opinions. This pathologising view was especially taken up by influential American psychoanalysts like Rado and Bieber, writing during a time of social conservatism and moral panic after the turmoil of the Second World War.

Rado reacted negatively to evidence in Kinsey's (1948) report on male sexuality that showed a much higher incidence of male same-sex attraction and behaviour than was previously thought. He saw adult homosexuality as a phobic avoidance of heterosexuality, caused by inadequate early parenting, that analysts had a moral duty to treat[26]. Such theories became part of the rationale for including a diagnosis of "homosexuality" in both the 1st and 2nd editions of the DSM and shaped psychiatric opinion in Britain, USA, and New Zealand[27].

In New Zealand in the 1950's and 60's, psychiatric practice and social mores reflected those in the UK and US at a time when the dominant culture was trying to re-establish social stability, 'family life' and traditional gender role expectations after the unquantifiable losses and disruptions of WW2[28].

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[24] Madrigal-Borloz, (2020)

[25] Freud, S. (1905).

[26] Rado (1940, 1949, 1969); see also Wilson, (2017) and Drescher, (2008)
Bieber (1962) considered "homosexuality to be a pathologic biosocial, psychosexual adaptation consequent to pervasive fears surrounding the expression of heterosexual impulses" (Bieber, 1962, p.220). He and his acolytes (like Socarides (1968)) believed that the developmental deficits underlying homosexuality could be 'repaired' in psychoanalysis as the analyst came to replace an 'absent good father' role in a process called 'reparative therapy'.

[27] See Drescher, (1998, 2008, 2015a, 2023) for a fuller description of these theories.

[28] "In the New Zealand context, the moral panic about sexuality and particularly lesbianism was exacerbated by media coverage of the Parker-Hulme case in 1954. Two teenage girls reportedly in an 'unnatural relationship' murdered the mother of one of the girls. The public

The views of Dr Maurice Bevan-Brown, a Christchurch psychiatrist and NZAP founding member, were not unusual for the time when he wrote that psychoanalysis could cure homosexuality, and that:

> ……homosexuality is a problem of personal relationship… [whose] essential cause is the total failure to establish a satisfactory sensuous relationship with the mother in the first year … [so that] the individual then is compelled to seek satisfaction either in auto-erotic (masturbatory) activities or by homosexual activities, or by both[29].

Such thinking was also applied to people with diverse gender expressions and identities. For example, the psychoanalyst Robert Stoller thought that cross-gender presentation and behaviour in boys was the result of an overly close relationship with their mother[30].

Psychoanalysts, and analytically informed psychotherapists, encouraged their patients (often in treatments that went on for many years) to work through the 'developmental delays' and 'unresolved Oedipal issues' that 'caused' their diverse sexual orientations and genders[31]. As we detail below in section D3, these SOGICE cause harm because they further reinforce shame and self-loathing rooted in social opprobrium.

2. Behavioural SOGICE

Behavioural SOGICE, using 'aversive' or behavioural conditioning techniques, are still performed in many places around the world and NZAP psychotherapists may likely meet SOGICE survivors who underwent them.

- **Behavioural conditioning** involves attempts to reward the stereotypical attractions, behaviours and mannerisms of a person's assigned gender at birth; it may also include the use of the highly shaming technique of 'masturbatory reconditioning'[32].

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outcry prompted the NZ government to appoint the Mazengarb Committee to investigate the issue of teenage 'sexual delinquency"' (Glamuzina & Laurie, 1991). See also Guy (2000).

[29] Bevan-Brown, (1950), pg 67

[30] Stoller, (1968); Haldeman, (2022)

[31] See Isay (1989) and (1996) for more detailed descriptions of Psychoanalytic SOCE

[32] Madrigal-Borloz, V. (2020). We know from working with people who have survived SOGICE that this practice also occurred in New Zealand in the 1960's and 70's.

- **Aversion techniques** involve attempts to couple 'aversive' negative sensations[33] with homoerotic imagery, or reminders of gender diverse behaviour.

NZAP Honorary Life Member, Dr Basil James, wrote several papers in the 1960's about behavioural SOCE. He regarded homosexuality "as a symptom, a biologically and socially maladaptive response"[34], and as an avoidant form of psychological immaturity rooted in early childhood[35]. In one paper he described an emetic aversion therapy session for homosexuality, saying

> ..treatment usually takes place two-hourly, day and night, in a single room specifically darkened. Partial sensory deprivation is increased by not permitting the patient reading material, radio, and so on. He is left with his thoughts and feelings, is allowed no visitors and no food, and sometimes 5mg of amphetamine is given at night to keep the patient awake. The treatment continues for several days and nights, and it is not surprising to find that the patient undergoes an emotional crisis.[36]

The researcher Laurie Guy (2000) corresponded with Basil James in 1999 about his early papers and work 'treating homosexuality. While he did not apologise, James had clearly reflected on his work and his comments remain relevant to us and worth noting[37].

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[33] Such as electric shocks applied to the hands, head, or genitals; chemically induced nausea; or the deprivation of food and liquids (Madrigal-Borloz, 2020)

[34] James, (1967b)

[35] "The general simplicity and childishness of the activity is often disguised, but is always present if sought beneath the sophistication. It is often surprising to find just how childish the activity really is, or seems to be compared with heterosexual relating" (James, 1967a).

[36] (James, 1967b, p.752-754).

[37] "In the 1960s I think that I rather passively subscribed to the generally prevailing view that homosexually orientated people had a "medical problem", that it was "pathological", and thus by inference that, at least on occasions, it needed to be treated" (Guy, 2000. p.112)

"I think that the idea had not yet very fully developed that environmental (that is to say social, legislative and related) factors were also very important contributors to the misery [of homosexual patients], and might be alternative targets for change". (Guy, 2000. p.116)

"The treatment of the patient which I published not only, it now seems to me, sought to incorporate some of the avant garde thinking of the day (learning theory) but much more importantly, helped me to deal with my helplessness and ignorance." *(Guy, 2000. p.117)*

3. Religious SOGICE

Some faith-based groups believe that people with diverse genders and sexual orientations are 'sinful' and therefore unwelcome in their communities. Outmoded psychopathologising theories and techniques (that once held sway in psychiatric, psychoanalytic and psychological practice) are still often used to justify a range of SOGICE carried out in these communities[38].

Fenaughty et al have confirmed that, as in Australia and the UK, most SOGICE undertaken in NZ now occur in faith-based organisations and that these are a significant cause of harm to the people who undergo them[39]. NZAP psychotherapists are therefore likely to meet survivors of SOGICE performed in faith-based contexts.

SOGICE in religious settings take a number of forms[40] including:

- Prayer 'healing'
- 'Exorcisms'
- Organised courses, retreats or camps (that may include fasting, isolation, and beatings)
- Group, or individual, pastoral 'counselling' and talking 'therapies' (aimed at identifying and healing the underlying causes of a person's gendered or sexual 'brokenness')
- Behaviouralist techniques like 'aversions techniques', 'masturbatory reconditioning', and attempts to reward cisheterosexual dating and behaviour
- Twelve-Step approaches that view gender and sexual diversity as addictions
- The withholding of gender-affirming care[41]
- Ostracism
- Forced marriages

Young people from faith-based communities are typically encouraged to undergo or seek SOGICE by parents, family members, and other trusted authority figures when they confide in them or ask for help. SOGICE are often performed by religious leaders and faith-based counsellors. Young people sometimes seek out, or agree to, SOGICE in order to maintain essential ties to their family, friends and faith community[42].

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[38] Jowett et al., (2021); Madrigal-Borloz, (2020)

[39] Fenaughty et al (2023); Jowett et al., (2021); Jones, et al. (2021)

[40] Haldeman, (2022); Madrigal-Borloz, (2020)

[41] Jowett et al., (2021); AUSPath (2021)

[42] Religious efforts are even more damaging than SOCE provided by mental health professionals because, when they almost inevitably fail, participants experience even

D. Professional and Academic Opinions Of SOGICE

1. Which Other Bodies Denounce SOGICE?

Both SOCE and GICE are now clearly decried by a large number of other statutory and professional health bodies around the world, and here in Aotearoa. They all speak to the harm and inefficacy of SOGICE and their unethical nature.

This list of bodies with statements denouncing SOGICE includes:

- The New Zealand Psychological Society (2021),
- New Zealand Psychologists Board (2019),
- The Royal Australian and New Zealand College of Psychiatrists (2021),
- Te Kāhui Tika Tangata Human Rights Commission (2022),
- The American Psychological Association (2021a, 2021b, 2021c)
- World Psychiatric Association (2016),
- International Psychoanalytical Association (2022),
- The World Professional Association for Transgender Health (Coleman, 2022),
- The Australian Professional Association for Trans Health (2021),
- The United Nations Human Rights Council.[43]

2. Why are SOGICE denounced?

We have summarised the arguments for denouncing SOGICE thus:

a) Diversity in our sexual bodies, our sexual orientations, and our gender identities and expressions, is a normal human phenomenon[44];
b) People with diverse sexual orientations, gender expressions, and gender identities are subjected to prejudice and discrimination, including SOGICE,

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greater shame and isolation, as well as 'loss of faith' and ongoing difficulty integrating their sexuality and religion. Jowett et al., (2021); Jones, et al. (2021)

[43] Independent Forensic Expert Group of UNHRC, (2020); Méndez, (2013),
"Gender identity change efforts (gender reparative or gender conversion programs aimed at making the person cisgender) are widespread, cause harm to TGD people and (like efforts targeting sexual orientation) are considered unethical . These efforts may be viewed as a form of violence. The UN independent expert on protection against violence and discrimination based on sexual orientation and gender identity has called for a global ban on such practices" (Madrigal-Borloz, 2020).

[44] American Psychological Association (2021a, 2021b,2021c); (Haldeman 2022)

because they breach the normative expectations of cisgender heterosexuality,[45]

c) SOGICE are based on outmoded, prejudicial beliefs that non-cisheterosexual expressions of gender and sexuality represent psychopathology[46],
d) SOGICE are inherently discriminatory, cause further injury to people from marginalised gender and sexual minority groups, and serve to legitimise the prejudice that negatively affects them[47],
e) SOGICE are professionally and legally unethical because there is 'no illness to cure'[48],
f) SOGICE have no verified scientific basis[49],
g) SOGICE are known to cause harm to people subjected to them, as we detail below[50].

3. Harms from SOGICE

It is clear from substantial overseas and local research that SOGICE can be physically, mentally, socially, and spiritually harmful to people subjected to them. Documented negative outcomes from SOGICE[51] include the facts that:

a) SOGICE reinforce internalised prejudice and the idea that having a diverse gender or sexual orientations is a form of pathology
b) SOGICE have been found to cause profound feelings of shame, self-loathing, and worthlessness that may become entrenched
c) SOGICE have been found to increase anxiety, depression, self-harm and suicidality
d) SOGICE can lead to complex, chronic trauma, and symptoms of PTSD[52]
e) SOGICE have been shown to result in increased high-risk sexual behaviours and substance abuse problems amongst survivors

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[45] Du Preez et al, (2022); Fenaughty J, et al. (2023); APA, (2021c); NZ Psychological Society, (2021).

[46] Independent Forensic Expert Group of UNHRC (2020); Haldeman, (2022)

[47] Independent Forensic Expert Group of UNHRC, (2020); Méndez, (2013); Human Rights Commission, (2022), Beckstead & Morrow, (2004)

[48] Independent Forensic Expert Group of UNHRC (2020)

[49] The American Psychological Association (2021a, 2021b,2021c); Du Preez et al, (2022); Independent Forensic Expert Group of UNHRC (2020), Drescher, (2015b)

[50] APA, (2021c); Méndez, (2013); Madrigal-Borloz, (2020); Jones, et al. (2021); Turban, et al, (2020).

[51] APA, (2021c); Méndez, (2013); Madrigal-Borloz, (2020); Haldeman, (2022); Turban, Beckwith et al (2020); Fenaughty, (2023); Veale et al., (2021), Jowett et al., (2021)

[52] Jones, et al. (2021)

f) SOGICE have been shown to increase identity confusion and loss of religious faith
g) SOGICE can cause isolation, mistrust, and difficulty forming and maintaining relationships (including with psychotherapists)
h) SOGICE separate individuals from resources and important sources of support and belonging in Rainbow Communities
i) SOGICE ignore empirically verified 'affirmative approaches' that decrease the harms associated with social stigma through education and building support and resilience
j) SOGICE continue the process of colonisation and the subjugation of indigenous sexual identities in Aotearoa.

E. <u>What Are 'Affirmative Psychological Approaches'?</u>

In contrast to SOGICE, affirmative psychological approaches describe a range of empirically verified ways of working with people who have diverse sexual orientations and gender identities[53].

Key tenets of affirmative approaches include:

- A starting point that regards diversity in a person's sexual orientation or gender to be "a normal component of human sexuality and not a psychopathology or a form of arrested psychosocial development"[54]
- Considering the impact of stigma and prejudice upon people from sexual and gender minority groups when thinking about them [55]
- Helping T/LGBTQAI+ patients explore and accept their multiple, sometimes incongruent identities, all the while holding space for thinking and exploration, and without imposing, or foreclosing on, any identity outcome[56]
- Helping T/LGBTQAI+ clients understand how prejudice and negative social experiences might have shaped their sense of self and helping them recover from that[57]
- Helping T/LGBTQAI+ clients form connections within Rainbow Communities that are known to offer sources of support and belonging so important in overcoming shame, rejection, and isolation[58]

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[53] Du Preez, E., Collens P., Gaunt, N., et al. (2022)

[54] APA, (2021c)

[55] APA, (2021c)

[56] Haldeman (2022); APA, (2021c)

[57] Haldeman (2022). This reminds us of decolonising work Māori psychotherapists locate within the domain of Kotahitanga (in which practitioners help indigenous people understand and overcome the ongoing impacts and processes of colonisation). See Mikahere-Hall, Morice, and Pye (2019)

[58] Haldeman (2022)

- A commitment as practitioners to reflect on our own unconscious attitudes, bias, and counter-transference responses to people with diverse genders, gender expressions, and sexual orientations[59]

A distinction needs to be held between affirmative psychological approaches and gender-affirming care. While gender-affirming care might include the use of affirmative psychological approaches, the term refers to a whole range of interventions that support transgender and gender diverse people across their lifespan in response to their various social, mental, and medical health needs[60].

Our group believes that affirmative approaches are not prescriptions for a psychotherapy, nor do they foreclose on important reflection and exploration in the realm of gender and sexuality. Unlike psychotherapeutic attempts to change gender or sexual orientation, affirmative approaches offer a starting point that does not assume that any particular sexual orientation or gender is preferable to another. They also offer important background perspectives about how a person might have been shaped by racism, sexism, or any of the other intersecting systems of oppression that affect them.

F. SOGICE In Aotearoa New Zealand

1. Local research on SOGICE

The exact number of people who have experienced SOGICE here is not precisely known, but recent New Zealand research confirms that SOGICE have been a source of harm for a significant number of people in Rainbow communities in Aotearoa[61].

Local research also suggests that young people who were transgender, or gender diverse, are more likely to report SOGICE than cisgender young people with diverse sexual orientations. This group also experience greater harm because they typically undergo SOGICE from an earlier age[62]. Fenaughty et al also found that younger people who underwent SOGICE are more likely to attempt suicide if parents, family, or trusted religious leaders had initiated them[63].

[59] APA, (2021c)
[60] Coleman , (2022)
[61] Fenaughty, (2023); Veale et al., (2021)
[62] Veale et al., (2021); Fenaughty et al, (2023)
[63] Fenaughty et al, (2023)

2. **The Conversion Practices Prohibition Legislation Act (2022)**

This act was passed in 2022 and prohibits conversion practices that seek to change or suppress a person's sexual orientation, gender identity, or gender expression. It is important that psychotherapists familiarise themselves with the details of this bill and its definitions of what does, and does not, constitute SOGICE.

Clause 5 considers SOCE and GICE together, and defines 'conversion practice' as any practice, sustained effort, or treatment that, is:

a) directed towards an individual because of the individual's sexual orientation, gender identity, or gender expression; and
b) done with the intention of changing or suppressing the individual's sexual orientation, gender identity, or gender expression.

According to the act, health practitioners are **not** performing a 'conversion practice' if:

- they comply "with all legal, professional, and ethical standards when" practising,
- they are "providing acceptance, support, or understanding of an individual",
- they are facilitating an individual's coping skills, development, or identity exploration,
- they are facilitating social support for the individual.

The Act particularly targets the use of "shame or coercion" as part of SOGICE. Section 9 (1) states that it is an offence to perform "a conversion practice on an individual that causes serious harm", and especially so if this is done by someone who knows, or is reckless with, the fact that SOGICE can result in such harm.

The Act relies on professional health bodies like ours to set clear legal, professional, and ethical standards around SOGICE for their members. This is because these guidelines may be used to determine whether any practitioner who is a member of such bodies might be guilty of performing SOGICE[64].

[64] Report on the 2022 Conversion Practices Prohibition Legislation Act by The Justice Committee on 2 February 2022.

G. SOGICE and Our Ethical Code

SOGICE contravene the following "five principles which constitute the main domains of responsibility within which ethical issues are considered" in our Code of Ethics (2018):

- Autonomy - respect for the client's and the therapist's right to be self-governing,
- Beneficence - a commitment to act in the best interests of the client,
- Non-maleficence - a commitment to avoid harm to clients,
- Justice – referring to a "a commitment "to the fair and equitable treatment of clients under the Te Tiriti O Waitangi" and to "fostering the spirit and upholding the principles of the Te Tiriti O Waitangi",
- Justice - referring to a commitment to "equitable treatment for all people regardless of age, gender, sexual orientation, ethnicity, religion, disability, and socioeconomic status".

SOGICE contravene several international human rights[65], including the rights to dignity, self-determination, non-discrimination, and the right to be free from torture and ill-treatment. SOGICE are inherently discriminatory, and they serve to reinforce social prejudice. They therefore contravene the following sections of our NZAP code of ethics, which indicate that psychotherapists should:

- (1.2) Practise non-discrimination[66]
- (1.5) Practise respectfully[67]
- (3.1) Honour Te Titiriti O Waitangi[68],
- (3.3) Promote non-discrimination.

[65] "The UN Committee against Torture, the UN Special Rapporteur on Torture, the UN Subcommittee on Prevention of Torture, and the Office of the High Commissioner for Human Rights (OHCHR) have stated that conversion therapy **contravenes the prohibition against torture and other cruel, inhuman, or degrading treatment or punishment**" (Independent Forensic Expert Group of UNHRC 2020)

[66] Psychotherapists shall be sensitive to diversity and *shall not discriminate* on the grounds of colour, creed, ethnicity, *gender, sexual orientation,* age, disability, social class, religion, or political belief**.**

[67] Psychotherapists shall have *respect for the uniqueness and dignity of clients* and shall treat them with courtesy and fairness**.**

[68] "Psychotherapists shall respect the values and beliefs of the Tangata Whenua and shall equip themselves to understand how the principles of Te Tiriti o Waitangi can influence and guide the practice of psychotherapy".

Besides breaching Te Tiriti o Waitangi, SOGICE contravene the core values of Māori Psychotherapy and continue the process of colonisation and the subjugation of indigenous people in Aotearoa[69].

NZAP psychotherapists also have a duty under sections 2.15 and 3.2 to "maintain knowledge of relevant law", to be "legally responsible", and to "**practise within the law**", which in our case means the NZ Conversion Practices Prohibition Legislation Act (2022) that expressly criminalises SOGICE. NZAP psychotherapists have a duty to (1.15) "**Practise non-exploitatively**" and within the law. Making claims for the efficacy of SOGICE, when they are known to be ineffective, constitutes exploitation and fraud[70].

SOGICE are harmful and contravene the sections of our NZAP code of ethics, which indicate that psychotherapists should (1.10) **protect client well-being**[71] and (1.14) **practise safely**[72]. As NZAP psychotherapists we have an individual and collective obligation to:

- (2.14) **Act upon unethical behaviour[73]**,
- Understand that "the mental health and well-being of clients is intimately related to the wider social context in which they live",
- (3.3) **Promote non-discrimination** in the wider community, and
- "**challenge actively** those policies and practices that cause clients harm".

Sexual Orientation and Gender Identity Change Efforts have a starting point that assumes that one form of sexual orientation or gender identity is preferable to another. This is wholly contrary to our belief in the values of respect and non-judgmentalism, and our commitment to open-ended enquiry, non-foreclosure, and unhurried exploration and reflection in our work.

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[69] SOGICE breach what Waka Oranga members, Mikahere-Hall, Morice, and Pye (2019), describe as the "six core values considered essential in the delivery of clinically effective therapeutic practice and ethically sound practitioner conduct" within Māori Indigenous psychotherapy. These are Wairuatanga, Manaakitanga, Whanaungatanga, Kaitiakitanga, Rangatiratanga, and Kotahitanga.

[70] The provision of an ineffective intervention with an association to harm is inconsistent with professional ethics - Haldeman, (2022)

[71] "Psychotherapists shall have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to *protect the clients' best interests, rights and well-being"*.

[72] "Psychotherapists shall take reasonable steps to ensure that clients, whether in individual, family or group settings, *suffer neither physical nor psychological harm* during the conduct of psychotherapy….".

[73] "Psychotherapists shall have a responsibility to clients and to the profession to initiate appropriate action if they become aware of unethical behaviour by a colleague.

H. NZAP and Rainbow Communities

Even though homosexuality was removed from the DSM in 1973, pathologising psychoanalytic attitudes towards diverse sexual orientations were openly held by members of NZAP until at least the early 2000's[74]. NZAP psychotherapists with diverse sexual orientations and genders have had to cope with prejudicial, psychopathologising comments and beliefs expressed by their supervisors and psychotherapists. They have also had to listen to similar views from colleagues in large groups, online networks, and educational events. Sadly, this harm continues through the way ill-informed, pathologising attitudes to people who are trans or gender diverse are still held, and voiced, by some psychotherapists within NZAP.

We are not aware of any particular presentations, conferences, or Council processes related to SOGICE or diverse sexual orientations and genders before 2002, when Gavin Stansfield and Jeremy Younger delivered their presentation about psychotherapy with gay and bisexual men, 'Postcards from Sodom', at the Nelson Conference that year. After this conference, a number of T/LGBTQAI+ members set up a loose network called the Rainbow List.

Members of the Rainbow List agitated for, and worked together with allies, Robyn Salisbury and Andrew Duncan, to produce NZAP's first Position Statement on 'conversions therapies' in 2004 (Section Appendix O). This document was approved by NZAP Council, but it was not integrated with the Code of Ethics and has since fallen into obscurity.

Following the 2003 Health Practitioners Competence Assurance Act and the establishment of PBANZ, members of the Rainbow List[75] wrote to the board about 'conversion therapies'. Their argument for a specific clause, or mention of SOGICE, was rejected and the Board determined that the existing clauses on non-discrimination adequately covered this area.

In 2018, a press release, "Conversion Pressure or Love and Acceptance?", in which NZAP gave support to a call by Rainbow Youth for the banning of conversion therapy in Aotearoa, was penned by Lynne Holdem and Paul Wilson in their public issues roles.

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[74] It has taken many years for the full depathologising of diverse sexual orientations and gender identities to filter through psychiatry, psychology, and psychotherapy, after the long process leading to the removal of homosexuality from the DSM in 1973. Readers seeking a fuller description of this process are referred to the work of Lewes (1988); Drescher (2008, 2015a, 2023); and Isay, (1989, 1996).

[75] led by Jeremy Younger and Gavin Stansfield

In May 2021, Council was approached by a team of policy advisors in the Department of Justice who were working on the Conversion Practices Act. They asked to meet confidentially with representatives of NZAP to discuss their work with us, and hear how it meshed with our understandings about SOGICE and its survivors. Gavin Stansfield, Verity Armstrong (also representing Waka Oranga), and Crea Land met online with this group in June 2021, supported their efforts and thinking, and spoke to them about our experiences working with, and being, members of Rainbow Communities affected by SOGICE.

In December 2021, NZAP sent an email (compiled by the Mental Health and Addictions Advisory Group and signed by the President) to Ginny Andersen, MP, which opposed the Bill in its form at that time. This was done without informing or consulting any members of the group that had met with the Justice Ministry policy advisers in June 2021, nor any other members of Rainbow Communities within NZAP or Waka Oranga. The president apologised to Waka Oranga and LGBTQI members and wrote a second email to Ginny Andersen withdrawing the first. Nonetheless, the oversight resulted in hurt, ill-feeling and mistrust amongst Rainbow Community members of our association. It also placed NZAP's public image at risk through the way that the original email came to be published on the website of a local 'gender critical' action group in support of its campaign.

We see this oversight, and the fact that the 2004 Position Statement on SOCE was allowed to fall into obscurity, as acts of 'institutional forgetting' that are best understood as normative processes in the realm of the social unconscious, rather than as individual acts of omission or commission.

I. Recommendations

1. Apologise

Other bodies similar to NZAP have issued apologies for maintaining prejudicial views about people with diverse gender identities and sexual orientations in the past, and for the harm it has caused to both patients and colleagues[76]. We believe that NZAP should do the same – going a step beyond the recognition of harm that Basil James described in his correspondence with Laurie Guy.

Given what we now know about the harms of SOGICE, and knowing that members of our association performed them and for many years held pathologising views that underpinned them, we believe it is vital to include some form of apology as part of our updated statement on SOGICE.

We also believe that Council should engage in a process of dialogue and reconciliation with the members of Rainbow Communities within NZAP and Waka Oranga. We hope that this will result in a formal process of apology for the prejudice and harm T/LGBTQIA+ people have experienced within our association.

2. Link NZAP's Statement on SOGICE with our Code of Ethics

(a) Stating our position on SOGICE is important because we have an ethical duty to counter prejudice, discrimination, and harmful practices and processes.

(b) Stating our position on SOGICE is also important because the Conversion Practices Prohibition Legislation Act (2022) relies on professional bodies to establish clear ethical guidelines around SOGICE.

(c) Our 2004 position statement on SOCE fell into obscurity partly because it was not integrated with our code of ethics so we therefore recommend that Council establish a process to link or integrate our statement on SOGICE with the NZAP Code of Ethics.

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[76] These include:

- Psychoanalytic Psychotherapy Association of Australasia (2020)
- The Finnish Psychoanalytical Society (2022)
- APA Division 39 - Society for Psychoanalysis and Psychoanalytic Psychology (2020)

A recent apology from an older NZAP member for the pathologising views they had espoused was deeply significant to someone in our research group, and had the effect of lifting many years of shame and ill-feeling.

3. **Establish a clear process for engaging with members of Rainbow Communities about issues related to those communities**

   (a) We believe a clear process needs to be established within the association to ensure that T/LGBTQAI+ members of NZAP and Waka Oranga are consulted before any public statements, recommendations, or policies affecting people with diverse sexual orientations and genders are published or enacted.

   (b) We suggest that Council initiates a discussion with T/LGBTQAI+ members about how that consultation might best happen (e.g. through a loose grouping like the historical Rainbow List, or through something more formal like a 'Rainbow Rōpū').

4. **Work on NZAP's relationship with Trans and Gender Diverse Communities**

   a. Although this area has not been the focus of our research, it strikes us that transphobic, outdated and misinformed comments about gender-affirming care are still heard in forums like Connect.

   b. We know that having to listen to prejudiced views about one's sexual orientation or gender identity is harmful, shaming and intimidating, and we surmise that being open about being trans or gender diverse within our association might still feel daunting, if not impossible[77].

   c. We suggest that NZAP urgently engage professionals, with specific expertise, to take our association through gender sensitivity training and a review of our culture and policies in relation to transgender and gender diverse people.

   d. We encourage Council to continue its efforts to educate members about the experiences and specific mental health needs of trans and gender diverse people and appropriate psychotherapy responses to these

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[77] Our research is limited by the fact that our group does not include members of the trans or gender diverse community. We have also not canvassed the views and experiences of trans and gender diverse members of our association.

J. Ending

> *"Some may say that the past is the past, that we cannot change what happened. That fails to consider that our future is shaped by where we have come from. It is shaped by our response to tragedy and injustice, and by the people who stand up against it. The past is never just the past."*
> Jacinda Ardern[78]

We hope that our report and its recommendations will offer our association a chance to learn from its past attitudes to people from Rainbow Communities and move us all closer to being an organisation where everyone can be open about their diversity, without fear of being psychopathologised or shamed.

Authors: Gavin Stansfield, Verity Armstrong, Paul Wilson (Convenor), Crea Land
Council Consultant: John O'Connor

Oct 2023

[78] Jacinda Ardern - Prime Minister's apology to family members over the Erebus disaster, 28 Nov 2019, NZ Herald

K. Draft for New NZAP statement on SOGICE

2023 Statement on Sexual Orientation and Gender Identity Change Efforts by the New Zealand Association of Psychotherapists, Te Rōpū Whakaora Hinengaro

We, the New Zealand Association of Psychotherapists, Te Rōpū Whakaora Hinengaro, reaffirm our denouncement of all efforts to change a person's sexual orientation or gender identity. In doing this, we stand alongside many other professional mental health and statutory bodies who have issued similar statements.

We regard diversity in sexual orientations and genders to be a normal part of the spectrum of human sexualities. Sexual Orientation and Gender Identity Change Efforts are discriminatory and based on outdated theories and prejudices, which assumed that having a diverse sexual orientation or gender represented a form of delayed development or psychopathology.

Sexual Orientation and Gender Identity Change Efforts are known to be harmful and to lack any credible scientific evidence. They are rightly illegal in Aotearoa New Zealand and contrary to our Code of Ethics.

Sexual Orientation and Gender Identity Change Efforts continue the process of colonisation and the subjugation of indigenous Māori sexualities, and they are at odds with our Association's commitment to honour Te Tiriti o Waitangi. We acknowledge Takatāpui as a unique indigenous identity - encompassing diverse sexual orientations and gender identities - that does not necessarily equate with other LGBTQAI+ identities.

We are deeply sorry that members of our Association previously undertook efforts to change people's sexual orientations and gender identities, and that they held prejudicial beliefs that have been harmful to people who are Takatāpui or members of LGBTQAI+ communities.

NZAP psychotherapists are expected to undertake regular supervision of their work and to examine their own unconscious attitudes, bias, and responses to people with diverse genders, gender expressions, and sexual orientations.

Sexual Orientation and Gender Identity Change Efforts have a starting point that assumes that one form of sexual orientation or gender identity is preferable to another. This is wholly contrary to our belief in the values of respect and non-judgmentalism, and our commitment to open-ended enquiry and unhurried exploration in our work.

L. Summary

Report Authors: Paul Wilson (Convenor), Verity Armstrong, Gavin Stansfield, and Crea Land
Council Consultant: John O'Connor

Primary Aim: The group reviewed the 2004 NZAP 'Statement on Therapy to Change a Person's Sexual Orientation'.

Background: In the years since our first statement was published, evidence of the inefficacy of Sexual Orientation and Gender Identity Change Efforts (SOGICE) and the harm they cause has mounted. Numerous other professional and statuary bodies have accordingly issued their own statements denouncing these practices.

Our Findings:
There is a wide range in the normal, diverse, human experience of genders and sexual orientations, gender expressions, and sexual morphology. SOGICE are based on prejudicial, outdated, psychopathologising views of this diversity, and also function to reinforce them.

Historic NZAP members, Dr Maurice Bevan-Brown and Dr Basil James, are variously implicated in the practice of SOGICE and the theorising used to substantiate them. Others members of our Association have held, and expressed, outmoded and prejudicial views of people with diverse genders and sexual orientations that have been harmful to both members and patients/clients.

SOGICE rightly became illegal in New Zealand in 2022 with the passage of the NZ Conversion Practices Prohibition Legislation Act.

Our 2004 statement on SOCE:

- did not acknowledge Takatāpui – a Māori term encompassing same-sex attraction and gender diversity that does not map neatly onto Western notions of LGBTQAI+ identity and experience
- did not acknowledge the negative impact of colonisation on Māori sexualities and how SOGICE continue this process
- did not mention gender identity change efforts (GICE)
- fell into obscurity – probably because it was not integrated in any way with the Code of Ethics

We also found out that:

- SOGICE clearly violate our Code of Ethics in several ways, including our commitment to honour Te Tiriti o Waitangi

- SOGICE can be extremely harmful to those subjected to them – especially when suggested by parents and trusted elders
- Young people in NZ who are transgender, or gender diverse, are more likely to report SOGICE than cisgender young people with diverse sexual orientations
- Most SOGICE performed nowadays in NZ involve faith based communities
- Professional bodies similar to NZAP have issued apologies for maintaining prejudicial views about people with diverse gender identities and sexual orientations in the past, and for the harm that this has caused
- The 2022 NZ Conversion Practices Prohibition Legislation Act relies on us to set clear legal, professional, and ethical standards around SOGICE for our members.

Recommendations

1. We recommend that NZAP add some form of apology to our new statement on SOGICE given what we now know about the harm they have caused and the ways that historic members of our Association are linked to them.
2. We recommend that NZAP engage with members of Rainbow Communities within NZAP and Waka Oranga in order to
   - talk about a process of reconciliation and apology over past harms, and
   - establish some ongoing way of making sure that they are consulted before any public statements, recommendations, or policies affecting people with diverse sexual orientations and genders are published or enacted.
3. We recommend that our new statement on SOGICE be somehow linked to, or integrated with, our Code of Ethics so that it does not fall into obscurity.
4. We recommend that NZAP attend urgently to our culture in relation to people from Trans and Gender Diverse Communities, and that it engages professionals, with specific expertise, to take our association through gender sensitivity training and a review of our culture and policies in relation to transgender and gender diverse people.

We hope that our report and its recommendations will offer our association a chance to learn from its past attitudes to people from Rainbow Communities and move us all closer to being an organisation where everyone can be open about their diversity, without fear of being psychopathologised or shamed.

M. Notes on Definitions and Terms

We know that the language used within this field often changes, and that all texts appear outdated in time. We have tried to use current, inclusive and affirming language throughout our report.

Cisgender
We use the term cisgender to describe people whose gender identity and expression corresponds with their assigned sex at birth. “Cis” derives from Latin, meaning “the same side as.”

Gender
We understand a person’s gender to be a complex, biologically, socially, and culturally mediated, context specific, behavioural expression of an internal sense of identity; which includes how a person understands themselves in relation to their society’s notions of masculinity, femininity, or other gender categories .

Gender-affirming care
Gender-Affirming Care refers to a whole range of interventions that support transgender and gender diverse people across their lifespan in response to their various social, mental, and medical health needs.

Gender Dysphoria/Incongruence
Clinically, the terms ‘gender dysphoria’ or ‘gender incongruence’ refer to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender at birth. Gender dysphoria may also be context related and refer to the heightened discomfort trans and gender diverse people may feel when their correct gender is not recognized by others.

Gender identity
The term ‘gender identity’ refers to a person's sense of themselves as a gendered person, which may include being a woman, man, Takatāpui, Transgender, Genderqueer, Nonbinary, or any other gender. A person’s ‘gender identity’ may be different from their biological sex and from the physical markers that were used to assign their sex at birth. People whose gender matches their assigned sex at birth are nowadays referred to as cisgender by psychologists and academics in the field. People who are transgender, or gender diverse, will (by definition) have had a sex assigned at birth that differs from their gender identity.

Gender Nonbinary and Gender Diverse
'Gender nonbinary' and 'gender diverse' are more inclusive terms that refer to people who do (or cannot) identify themselves within typical male-female binaries, identify as both male and female, or identify as neither gender.

Heterosexism
Heterosexism usually refers to collectively held attitudes and beliefs that regard heterosexual orientations as the norm and see other sexual orientations as abnormal or inferior.

Intersex
This term applies to the significant proportion of people who are born with sexual characteristics (including chromosomes and morphologies) that do not match with typical binary notions of male and female bodies. Intersex people may have any gender identity or sexual orientation.

Queer
Queer is an umbrella term preferred by some LGBT people to describe a broad spectrum of diverse sexual orientations and gender identities. The word has been deliberately reclaimed from its pejorative use by activists and academics drawn to its political charge and disavowal of normative cisheterosexual assumptions.

Rainbow Communities
Rainbow communities is another umbrella term used to refer to the various communities of people who identify as T/LGBTQAI+. Use of the plural, communities, reflects our understanding that people with diverse genders and sexual orientations do not form one homogenous group, even while they may share certain experiences.

Sexual Orientation
The term sexual orientation refers to the enduring patterns of a person's erotic and/or romantic attractions to other people within a spectrum of same-sex and other-sex desire. Examples of sexual orientations are heterosexual, homosexual, bisexual, Bi-plus, Pansexual, Asexual, etc. Contemporary understandings regard biological sex, gender, and sexual orientation to be inter-related, but also distinct, 'free-floating', axes in their own right.

SOGICE
This abbreviation is increasingly used to refer to both Sexual Orientation and Gender Identity Change Efforts. Our group appreciates that the lives and experiences of people who are trans or gender diverse do not necessarily mirror those of cisgender people with diverse sexual orientations and that, as a group, they suffer even more prejudice, discrimination, and violence than cisgender members of Rainbow

Communities and are also more likely to be subjected to 'change efforts'. Nonetheless, at times we have considered SOCE and GICE together because they are sometimes indistinguishable, the methods and rhetoric employed in them are often identical, they both target nonconforming gender expressions and behaviour, and they both function to reinforce the normative rules of a binary, cisgender heterosexuality.

Sex
In the medical world Sex refers to the biological attributes of being male or female, including a person's sex chromosomes, gonads, sex hormones, and genitalia. A person's sex is usually assigned at, or sometimes before, birth based on the appearance of their external genitalia and categorized as male, female, or intersex.

Takatāpui
The term Takatāpui is a traditional Māori term originally meaning "intimate partner of the same sex". It has been reclaimed and is now a unique indigenous identity used by some indigenous people to describe persons who are gender or sexuality-diverse, or who are born with variations in sex characteristics. Because Takatāpui encompasses notions of wairua, whakapapa, and belonging within hapu and iwi, it has cultural and spiritual dimensions that are not captured in Western notions of LGBTQAI+.

T/LGBTQIA+
This umbrella term refers to a whole range of people who identify as Takatāpui, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or more. We have added the extra T for Takatāpui to LGBTQAI+ when specifically referring to an Aotearoa New Zealand context.

Transgender
The term 'transgender' is used to describe people whose gender differs from the one typically associated with their assigned sex at birth. Sometimes the broader term Trans and Gender Diverse (TGD) is used to describe people who have culturally specific identities or expressions that are not encompassed by Western concepts of gender. We think here of Takatāpui and others, like f'afafine, hijra, and 'two spirit' native American people.

Transphobia
Transphobia refers to a wide range of prejudicial beliefs, speech and actions, directed towards transgender or gender-nonconforming people because of their gender identities or expressions.

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O. NZAP's 2004 Policy Statement on Therapy to Change a Person's Sexual Orientation

NZAP
New Zealand Association of Psychotherapists
Te Rōpū Whakaora Hinengaro

NZAP's 2004 Policy Statement on Therapy to Change a Person's Sexual Orientation ("Reparative Therapy" or "Reorientation Therapy")

Guideline one from the American Psychological Association "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients" provides an essential starting point for any policy about psychotherapy for homosexuals: "Psychologists understand that homosexuality and bisexuality are not indicative of mental illness."

A clear statement is made in the American Psychiatric Association Fact Sheet on "Gay, Lesbian and Bisexual Issues" (1997):

There is no published scientific evidence supporting the efficacy of "reparative therapy" as a treatment to change one's sexual orientation, nor is it included in the APA's Task Force Report, Treatments of Psychiatric Disorders. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment. Some may seek conversion to heterosexuality because of the difficulties that they encounter as a member of a stigmatized group. Clinical experience indicates that those who have integrated their sexual orientation into a positive sense of self function at a healthier psychological level than those who have not. "Gay affirmative psychotherapy" may be helpful in the coming out process, fostering a positive psychological development and overcoming the effects of stigmatization. A position statement adopted by the Board in December 1998 said: The American Psychiatric 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 a prior assumption that the patient should change his/ her homosexual orientation.

Furthermore, the APA position statement mentioned above states:

The potential risks of reparative therapy are great; including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

NZAP is concerned that reorientation therapies may be an expression of homophobia; that is, the irrational fear and prejudice against homosexual persons.

Several major professional organisations, including the American Psychological Association, the National Association of Social Workers, and the American Academy of Pediatrics, have made statements against reparative therapy because of concerns for the harm caused to patients.

The NZAP has already stated in the Code of Ethics: "Psychotherapists shall be sensitive to diversity and shall not discriminate on the grounds of ... sexual orientation" (Paragraph 1.2).
We now state that the NZAP opposes any therapy based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his or her homosexual orientation.