



# Conversion Practices

Guidance for mental health professionals



Te Kāhui Tika Tangata  
Human Rights Commission

June 2023

# Contents

- Introduction ..... 2**
  - What are conversion practices? ..... 2
  - Examples of conversion practices ..... 2
  - What conversion practices are not ..... 2
  - Where conversion practices happen ..... 2
- Conversion Practices Prohibition Legislation Act 2022 ..... 3**
- Conversion practices and human rights ..... 3**
- Takatāpui and a Tiriti-led inclusive society ..... 4**
- Role of mental health professionals in recovery ..... 5**
  - Harm caused by conversion practices ..... 5
  - Ethical responsibility and professional integrity ..... 5
- Working with clients ..... 6**
  - Who is at risk ..... 6
  - Identifying conversion practices ..... 6
  - Talking about what happened ..... 6
  - First steps for supporting people once conversion practices are established ..... 6
  - Key factors to recovery ..... 7
  - How to report a conversion practice ..... 7
  - Civil pathway ..... 7
  - Criminal pathway ..... 8
  - Ensuring a survivor’s safety and privacy ..... 8
- Next steps as a mental health professional ..... 8**
  - Know the process ..... 8
  - Reflect on your practice space ..... 8
  - Educate yourself ..... 8
  - Share your knowledge ..... 8
- Frequently asked questions ..... 9**
- Glossary ..... 10**
- More information, resources and support ..... 11**
- References ..... 12**

ISBN: 978-0-478-35675-5

# Introduction



**The informed and compassionate care provided by mental health professionals is key to the well-being of LGBTQIA+, takatāpui Māori and MVPFAFF+ Pasifika communities. Te Kāhui Tika Tangata Human Rights Commission (the Commission) is providing this guidance on conversion practices as a way to support this invaluable work.**

## What are conversion practices?

Conversion practices are actions taken towards an individual with the intention of changing or suppressing their sexual orientation, gender identity or gender expression<sup>i</sup>. They are sometimes referred to as ‘conversion therapy’.

These practices are typically directed at members of the LGBTQIA+, takatāpui Māori and MVPFAFF+ Pasifika communities. They reflect a belief system, known as conversion ideology, which asserts that being part of these communities is wrong and can be changed.<sup>ii</sup>

Even though conversion practices may appear to provide short term results they inevitably fail<sup>iii</sup> and **cause significant harm**. Evidence, internationally and in Aotearoa New Zealand, shows survivors of conversion practices experience mental distress, withdrawal and isolation, negative career impacts, physical health symptoms, and suicidal thoughts, plans or attempts.<sup>iv</sup>

## Examples of conversion practices

Conversion practices include but are not limited to:

- using shame, coercion or other tactics to give someone an aversion to same-sex attractions or to encourage gender-conforming behaviour
- encouraging someone to believe their sexuality or gender is defective or disordered
- performing a ritual, such as an exorcism or prayer-based practice to change or suppress someone’s sexual orientation, gender expression or gender identity.<sup>v</sup>

Often conversion practices are difficult to recognise because they are disguised as non-threatening, for example as a group study, mentoring and counselling or as camps or courses. They can be formal and informal, and include practices directed by others or self-imposed.<sup>vi</sup>

## What conversion practices are not

It is not a conversion practice to do any of the following providing there is **no intention to change or suppress an individual’s sexual orientation, gender identity or gender expression**:

- a parent or guardian respectfully discussing

sexuality or gender with their child – including offering advice and guidance or expressing a belief or religious principle

- a medical practitioner delaying hormone treatment to allow for the development of a plan for gender confirming healthcare, or for activities, such as counselling. Practitioners need to act within legal, professional and ethical standards and exercise reasonable professional judgement
- a religious leader preaching, praying for, or providing pastoral care for someone questioning their sexuality or gender.

It is also not a conversion practice to:

- assist someone who is undergoing, or considering undergoing, a gender transition
- assist someone to express their gender or identity
- provide acceptance, support or understanding of an individual
- facilitate a person’s coping skills, development or identity exploration, or help with social support.<sup>vii</sup>

## Where conversion practices happen

In Aotearoa conversion practices take place in a range of settings.

Some people may engage in, or be pressured to engage in, conversion practices because of deeply held religious beliefs while others may because their cultural norms prioritise heterosexual relationships and traditional gender roles. For example in some cultures it is seen as essential to marry and have children in a heterosexual relationship to show respect to your parents.

Christianity is a common context for conversion practices<sup>viii</sup> and it can be linked to cultural norms in other settings. This is due, in part, to the historical influence of Christianity and its ongoing role in shaping communities.

Conversion practices also occur in medical, counselling and psychotherapy settings<sup>ix</sup>, for example a practitioner may withhold necessary gender affirming healthcare or use counselling to suppress a person’s sexual orientation, gender identity or gender expression.

# Conversion Practices Prohibition Legislation Act 2022



The Conversion Practices Prohibition Legislation Act 2022 (Act) prohibits any action to change or suppress a person's sexuality or gender. It is unlawful to perform a conversion practice, to arrange for a conversion practice to be performed, or to advertise a conversion practice. In addition to conversion practices being unlawful some are a criminal offence.

It is a criminal offence to:

- perform a conversion practice on someone under 18 years old, or someone who lacks the capacity to understand the nature, and foresee the consequences, of decisions relating to their health or welfare<sup>x</sup>
- perform a conversion practice on a person of any age where that causes serious harm.<sup>xi</sup>

Conversion practices are still unlawful even when a person seeks them out for themselves. Consent from

someone undergoing a conversion practice is not a defence to providing them.<sup>xii</sup> In cases where a person has sought conversion practices for themselves, they are not party to the offence – which means they cannot be prosecuted.<sup>xiii</sup>

The Act also amends the Human Rights Act 1993 so that conversion practices are within scope of the civil redress and other functions of the Commission<sup>xiv</sup> which means it can:

- provide support and information to survivors and to those who are consciously or unconsciously contributing to conversion practices
- help to mediate and resolve disputes related to conversion practices
- help to work out if something may be an offence and provide support for next steps such as reporting.

## Conversion practices and human rights



Conversion practices may also engage domestic and international human rights laws and principles such as:

- The Human Rights Act 1993 (the right not to be discriminated against based on sex)
- The Bill of Rights Act 1990 (section 14, freedom of expression; section 19, freedom from discrimination)
- The United Nations Declaration on the Rights of Indigenous People (the right to identity, the right to protection against destruction of culture, and the right to future manifestations of culture)
- The Code of Health & Disability Services Consumers' Rights (Right 2, services free from coercion; Right 4, services of an appropriate standard; Right 6, to be fully informed; Right 7, to give informed consent).
- Te Tiriti o Waitangi (see below)

# Takatāpui and a Tiriti-led inclusive society



**Takatāpui is a term used by some Māori that identify with a minority sexual orientation, gender identity or sex characteristics. The term has been reclaimed and expanded from its original meaning, which was “intimate companion of the same sex”.<sup>xv</sup>**

Takatāpui were traditionally accepted and valued members of hapū (extended family). However, this acceptance changed with the impact of colonisation and the introduction of Christianity. Today, memories of takatāpui preserved in pūrākau (traditional narratives), waiata (songs) and carvings are being rediscovered and shared.

Te Tiriti o Waitangi protected self-determination for Māori and religious and spiritual equality for all, including takatāpui Māori, as follows:

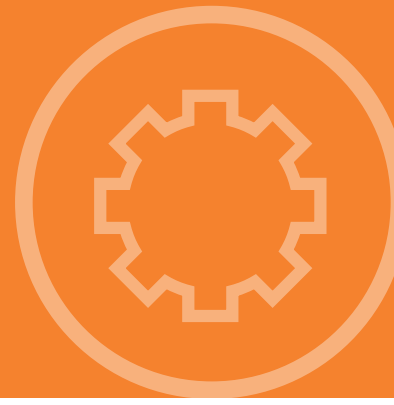
- Article 2 provides tino rangatiratanga to iwi or the right to exercise authority over taonga
- Article 3 provides equality of access to protection by the Crown
- Article 4 (oral) guaranteed freedom of religious and spiritual customs, which should have protected the ongoing roles of takatāpui in the spiritual life of the community.<sup>xvi</sup>

Alongside takatāpui Māori, Pacific peoples and several ethnic communities have also historically embraced diverse genders and sexualities. For example, MVPFAFF+ identities are indigenous identities across the Pacific that have unique histories and places in society.

Article 4 rights (the oral Article of Te Tiriti) apply to all peoples within Aotearoa and are also supported in the New Zealand Bill of Rights Act 1990 (NZBORA). New Zealand laws offer specific protection to these communities, for example by protecting their rights as minorities to enjoy their culture (article 20 NZBORA).

Survivors with indigenous LGBTQIA+ identities, such as MVPFAFF+, may require additional cultural support to access and experience these rights and protections. Practitioners may need to upskill to effectively support people or refer them for appropriate additional support.

# Role of mental health professionals in recovery



Evidence shows that access to mental health professionals who are educated about conversion practices and how they affect survivors' can be key to recovery.<sup>xvii</sup> Survivors benefit when mental health professionals:

- understand the harm caused by the practices
- know it is common for people to conceal their experience of practices
- know how to identify occurrences
- are aware of affirmative mental health practices
- consider cultural and intersectional factors
- know about available resources and support services.

## Harm caused by conversion practices

Research published in Aotearoa in 2023 found young people experiencing conversion practices:

- had increased frequency of non-suicidal injury
- had double the chance of planning suicide
- had triple the chance of attempting suicide.

The level of harm increased slightly if the suggestion to take part in conversion practices came from a religious leader or family member.<sup>xviii</sup>

People who have experienced conversion practices have often faced, or will continue to face, abusive relationships within their community, PTSD, major traumatic incidents and accumulated microtrauma, and often the burden of repetitive coming out.<sup>xix</sup>

The harm caused by conversion practices goes beyond the specific techniques or interventions used. The pressure and challenges faced by individuals in environments or communities where they are happening also has an effect. These often have rigid ideologies which involve homophobic, transphobic, religious or conservative views. Survivors or vulnerable individuals may have been living with shame, fear and anxiety for a long time.

Many people seek out conversion practices for themselves due to:

- feelings of shame, guilt or self-hatred because they have internalised negative messages about their sexual orientation or gender identity
- external pressure or coercion and/or fear of rejection or discrimination from a social or cultural group

- exposure to misinformation, stereotypes or stigmatising beliefs about the LGBTQIA+, takatāpui Māori, and MVPFAFF+ Pasifika communities.<sup>xx</sup>

Mental health professionals can provide factual information about the harm of conversion practices and offer supportive care to those seeking conversion practice for themselves.

## Ethical responsibility and professional integrity

When conversion practices occur in mental healthcare settings they typically do not support an individual in their sexual orientation, gender identity or gender expression. These could look like:

- counselling to try and change or suppress sexuality or gender expression
- hypnotherapy to attempt to reorient sexuality
- deliberate referral to non-affirming healthcare providers.<sup>xxi</sup>

Conversion practices have been declared harmful by the Royal Australian & New Zealand College of Psychiatrists (2019), the New Zealand Association of Counsellors (2020) and the New Zealand Psychological Society (2021). Relevant policies and codes require those in the profession to act when instances of conversion practices are identified.

The Commission is available to provide guidance and support – without judgement or bias – to anyone with questions about conversion practices. Contact us free on 0800 496 877 to leave a message for a case advisor or email [infoline@hrc.co.nz](mailto:infoline@hrc.co.nz).



# Working with clients

## Who is at risk

Individuals who identify as LGBTQIA+, takatāpui Māori, or MVPFAFF+ Pasifika and who live in families or communities with rigid ideologies can be at risk of conversion practices due to homophobic, transphobic, religious or conservative views.

Not only are people who are 'out' at risk but also those who are concealing their identity. Transgender and non-binary people, and those who are questioning their gender, tend to experience conversion practices at greater rates than others.<sup>xxii</sup>

Immigrants who have experienced, or are experiencing, conversion practices may also be struggling with their sense of identity due to the challenges of adapting to a new culture. For refugees, language and cultural barriers can exacerbate social isolation and stop them seeking help.<sup>xxiii</sup>

## Identifying conversion practices

Sometimes people experiencing conversion practices are so indoctrinated they do not have the words to describe what is happening to them or may not realise they are experiencing a conversion practice. Survivors can also have difficulty trusting mental health professionals, particularly if their experience occurred in a similar setting.

Feelings of shame can be a barrier to sharing information so it can be easy for a professional, or assessment, to overlook or misattribute indicators of conversion practices.<sup>xxiv</sup> To avoid this professionals can enquire generally about:

- faith and culture
- family/community views on other ways of life
- exposure to rainbow identities.

## Talking about what happened

**“People distressed by their sexual orientation should be assisted with treatment approaches that involve acceptance, support, and identity exploration, and aim to reduce the stigma associated with alternative sexual identities, and demonstrate respect for the person’s religious, spiritual and/or cultural beliefs”** RANZCP, 2019

**Know your client may struggle to articulate their experience.** As referenced above they might not know they are experiencing or have experienced a conversion practice. Mention of their community having homophobic or transphobic beliefs, or being pressured to change, is a signal to ask more.

## Be guided by values of aroha and whanaungatanga.

If your client discloses they are experiencing or have experienced a conversion practice, let them know you're there for them. People in conversion practices are generally experiencing control and the misuse of authority. Go gently and support them to do their own research.

## Understand that people do not necessarily want to reject their religious beliefs.

It is not always the case that a survivor will want to leave their religion when they are recovering from conversion practices. This is particularly in cultures where rejecting religious beliefs could also mean a rejection of community or family. Survivors may not want to disrupt family relationships even when they are causing harm. In some cases, leaving a religious setting may not be possible due to financial or living arrangements.

## Recognise that shame is often a factor in a survivor’s experience.

Moreover, the type of shame will often change. During conversion practices people will likely feel shame about their identity and their inability to change. After people stop the practice they are likely to feel shame for being swayed by conversion practices, particularly when they chose to participate. They may also feel shame for encouraging others to participate or for performing conversion practices on others. Many also feel anger at being coerced, deceived and condemned.

## First steps for supporting people once conversion practices are established

### Quickly establish a safe way to stay in contact

because it is common for people to return to conversion practices or break off contact without warning. It could be helpful to obtain their phone number and email address in the first session and ask permission to contact them in the future.

**Address issues of safety** because your client could be vulnerable to specific risks like changes to housing, changes to or disappearance of immediate support people, threats to employment, and being “outed”. These can act as additional drivers to a suicide risk.

**Validate and affirm** by letting your client know that their sexual orientation, gender identity, and gender expression are valid, as is a state of confusion about these things. Offer a non-judgmental and supportive space where they can share their experiences and feelings without fear of rejection or condemnation.

**Provide accurate information** about conversion practices and their harmful effects. Help your client understand these practices are widely discredited by reputable mental health organisations here and internationally and are now unlawful.

**With consent, support your client to bring current conversion practices to a stop.** They may appreciate one-on-one support in taking the following actions:

- texting a conversion practices ‘mentor’ saying they no longer want to meet
- throwing away books or workbooks
- unsubscribing from email and online groups
- writing a list of safe people and places to go for help.

#### **Support your client to think about next steps.**

Respect their autonomy and agency and, when they are ready, provide information on the avenues of support should they wish to pursue a pathway of redress. The Commission can support survivors to investigate the options available to them.

**Understand that your client may choose to switch counsellors** and understand this is not a reflection on you, but rather about finding the right fit, for example some survivors may feel more comfortable with a counsellor from the LGBTQIA+, takatāpui Māori, or MVPFAFF+ Pasifika communities. Please support your client in finding a counsellor who is the best match for them, and if they are comfortable, provide a handover to facilitate the transition.

#### **Key factors to recovery**

Recovery from conversion practices is seldom linear and will likely continue throughout an individual’s life. Trauma-informed practice is key. Clients who have experienced conversion practices have often faced and will likely continue to face abusive relationships within their community, PTSD, major traumatic incidents and accumulated microtrauma, and the burden of repetitive coming out.

Research shows crucial factors in supporting someone to recover are:

- access to affirming people to be “free” with whether they are practitioners or someone else (like family or friends)
- allowing substantial time for recovery

- professionals understanding their client’s faith goals
- client-led reconciliation of their different identities, eg ethnicity, faith, sexuality or gender
- professionals who are educated about conversion practices and the LGBTQIA+, takatāpui Māori, and MVPFAFF+ Pasifika communities
- access to a variety of resources
- reduced surveillance
- increased control in leading changes in their lives.<sup>xxv</sup>

In instances where a survivor has sought conversion practices for themselves, it is powerful to support them to see how their choices, at the time, were driven by indoctrination and compromised by lack of exposure to affirming alternatives.

For more general information on working with clients in the LGBTQIA+, takatāpui Māori, and MVPFAFF+ communities, the New Zealand Psychologists Board has published a set of best practice guidelines, [Working With Sex, Sexuality and Gender Diverse Clients](#), on their website. Also Supporting Aotearoa’s Rainbow People: A practical guide of mental health professionals is available on [www.rainbowmentalhealth.com](http://www.rainbowmentalhealth.com).

#### **How to report a conversion practice**

If or when a survivor chooses to, there are two formal pathways to report conversion practices under the law – civil and criminal. Survivors can pursue one or both, and the Commission is available to help them understand these options and provide support.

#### **Civil pathway**

The Commission can support survivors with a dispute resolution process. Mediation is free, confidential and protects the rights of everyone involved. A tikanga Māori-based process is also available, as are referrals to a variety of support resources and agencies.

Common outcomes of dispute resolution processes are an apology, an acknowledgement of the impact of the behaviour, agreement not to do the same thing in the future, a training programme or financial compensation. If mediation is not appropriate or does not result in a satisfactory outcome an application can be made to the Office of Human Rights Proceedings for free legal assistance.

[Information on the complaint process](#) is available on the Commission’s website at [www.tikatangata.org.nz](http://www.tikatangata.org.nz)



### Criminal pathway

If the complaint meets the legal threshold for criminal investigation, survivors may choose to pursue a criminal complaint with police. Making such a complaint can be done by:

- calling 111 if someone is in immediate danger or a crime or incident is happening now
- calling 105 or using the [105 online form](#) if an incident has already happened and no one is in immediate danger.

Police have relationships with groups, such as Victim Support, who provide services that can help the survivor through the process if their complaint is progressed. Through this pathway the person who performed the conversion practice could face a prison term of up to three years.

### Ensuring a survivor's safety and privacy

The Commission has experience supporting a wide range of people with sensitive human rights complaints as well as expertise in supporting people with diverse sexual orientations, gender identities and expressions, and sex characteristics.

The Commission also met with a diverse range of conversion practice survivors to ensure front-line staff have an understanding of, and empathy with, those who have lived experience of conversion practices. No information shared with the Commission's frontline team during the process of making a report or complaint will be shared without permission.

## Next steps as a mental health professional



### Know the process

Have a clear written policy and procedure to follow in instances of client disclosure. These are key to ensuring everyone's safety and can be easily referred to when professional knowledge is limited. Creating these policies and procedures collaboratively can also build professional capability in this area.

### Reflect on your practice space

Consider the physical, emotional and cultural aspects of your practice space. Are there visible signs of inclusivity, such as posters or literature affirming of LGBTQIA+, takatāpui Māori and MVPFAFF+ Pasifika identities? Are your policies and procedures supportive of clients in these communities? Are your intake forms inclusive of diverse gender identities and sexual orientations? It is crucial for a client to be able to recognise your practice space as "safe" for them.

The *Practice Guide: Developing Rainbow Inclusive Practice* at [www.rainbowmentalhealth.com](http://www.rainbowmentalhealth.com) offers useful considerations and suggestions.

### Educate yourself

Having a solid understanding of conversion practices and related information is vital for mental health professionals to be able to identify and effectively address issues and to provide informed and affirming care. Stay up-to-date with research, guidelines, and resources from reputable sources to ensure your practice is evidence-based and aligned with ethical and professional standards.

It's also important to stay updated with issues affecting LGBTQIA+, takatāpui Māori and MVPFAFF+ Pasifika communities. More Aotearoa-based studies and research projects on conversion practices are now being conducted.

### Share your knowledge

Discussing this issue in a compassionate and non-judgmental manner can foster a supportive environment for learning and growth. Share resources, articles or research findings with your colleagues to increase their understanding of conversion practices, their harmful effects and what the law says about conversion practices. Encourage colleagues to seek further education or training on affirmative care and conversion practices.

# Frequently asked questions

## **Q. Do I still have the right to freedom of religion and freedom of expression with the new conversion practices legislation?**

Everyone has the right to freedom of expression and freedom of religion and these rights are protected under the New Zealand Bill of Rights Act 1990 (BORA). However, the BORA also recognises that rights can be restricted in some situations. This may require a balancing of rights. For example, freedom of religious expression needs to be balanced with the right to be free from discrimination and harm. Mental health professionals are encouraged to consider the principles of freedom of religion and freedom of expression within the legal and ethical frameworks in which they operate.

## **Q: Do I have a legal duty to report a client's disclosure of a conversion practice?**

No, not under the Conversion Practices Prohibition Legislation Act 2022. Under the Act, complaints and reports of conversion practices are only able to be made by survivors. Nevertheless, the risk of imminent harm should be considered, and if required, the situation escalated according your professional governing policy or code of ethics.

## **Q. How should I deal with differences of opinion between a young client and their parent or caregiver when it comes to conversion practices?**

Conversion practices cause significant harm to the person experiencing them and are unlawful. Treat this as a situation where the risk of harm – and the law – requires appropriate escalation.

## **Q. What should I do if I think that conversion practices might be happening in my professional setting?**

In Aotearoa many professional bodies governing mental health professionals require their members to take action in some form if they suspect or discover a conversion practice is occurring in their setting. In this case, it is best to contact the relevant governing body for information on the correct procedure.

## **Q. I'm not sure whether something I'm doing could be considered a conversion practice – what should I do?**

If you have questions about whether actions may amount to a conversion practice you can contact the Commission for free advice, or you may like to seek legal advice.

# Glossary

**Gender affirmation** is an umbrella term for a range of actions and possibilities involved in living, surviving, and thriving as your authentic gendered self. What this looks like for each individual trans person is unique and based on what is personally affirming for them, what feels safe to do, and what is accessible and available. It may include changing a name or pronoun, wearing different clothes or cutting/growing hair, engaging in speech and language therapy, taking gender-affirming hormones, or having surgery(s).

**Gender conforming** refers to an individual or a behaviour that is consistent with the gender expectations of a society. Gender conformity can include dress, work, childcare or leisure activities. For example, in most societies it is gender conforming to expect women to be responsible for most household duties and childcare.

**Gender expression** refers to a person's physical presentation of gender – including dress, hairstyles, accessories and cosmetics – and mannerisms, speech, behavioural patterns, names and personal references. Gender expression may or may not conform to a person's gender identity.

**Gender identity** refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at their birth. This includes their sense of their body and other expressions of gender including dress, speech and mannerisms.

**Gender transition** is similar to gender affirmation in that it is used to describe steps that may be taken towards one's true gender. While many people use this term, for others it positions trans experiences narrowly and solely through the lens of medical intervention.

**LGBTQIA+** is an acronym of different identities including Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual. The plus is used to include other terms not listed.

**MVPFAFF+** is an acronym to describe Pasifika identities; Mahu (Hawai'i and Tahiti), Vaka sa lewa lewa (Fiji), Palopa (Papua New Guinea) Fa'afafine (Samoa) Akava'ine (Rarotonga), Fakaleiti (Tonga), Fakafifine (Niue). The abbreviation is gaining increasing use to signify the existence of different Pacific cultures that have a strong presence in Aotearoa.

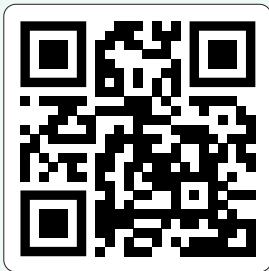
**Takatāpui** is used by some Māori that identify with a minority sexual orientation, gender identity or sex characteristics. The term has been reclaimed and expanded from its original meaning, which was "intimate companion of the same sex".

**Sexual orientation** refers to each person's capacity for emotional and sexual attraction to, and intimate and sexual relations with, people of the same or different gender or more than one gender.

**Sexuality** refers to a person's sexual feelings, thoughts, attractions and behaviours towards other people.

More definitions can be found in the [InsideOut Terminology Handbook](#) or [Te Kawa Mataaho Public Service Commission website](#).

# More information, resources and support



## **Te Kāhui Tika Tangata Human Rights Commission**

To make a complaint or seek guidance about conversion practices contact the Commission free on 0800 496 877 to leave a message for a case advisor or email [infoline@hrc.co.nz](mailto:infoline@hrc.co.nz). You can also find information, guidelines and resources on our website at [www.tikatangata.org.nz](http://www.tikatangata.org.nz)



## **Conversion Practices Prohibition Legislation Act (2022)**

<https://www.legislation.govt.nz/act/public/2022/0001/latest/whole.html>



## **Supporting Aotearoa's Rainbow People**

A Practical Guide for Mental Health Professionals

<https://www.rainbowmentalhealth.com/>



## **Healing Spiritual Harms Report**

Supporting recovery from conversion practices

[https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0007/1201588/Healing-spiritual-harms-Supporting-recovery-from-LGBTQA-change-and-suppression-practices.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0007/1201588/Healing-spiritual-harms-Supporting-recovery-from-LGBTQA-change-and-suppression-practices.pdf)



## **Gender Minorities Aotearoa**

A database of affirming healthcare providers and resources and support for people navigating a gender-affirming journey.

<https://genderminorities.com/>

# References

- Fenaughty, J., Tan, K., & Ker, A. e. (2023). Sexual Orientation and Gender Identity Change Efforts for Young People in New Zealand: Demographics, Types of Suggesters, and Associations with Mental Health. *J Youth Adolescence* 52, 149-164.
- Jones, T., Jones, T., Power, J., & al., e. (2021). *Healing spiritual harms: supporting recovery from LGBTQA+ change and suppression practices*. Melbourne: La Trobe University.
- Jones, T., Power, J., Jones, T. W., Pallotta-Chiarolli, M., & Despott, N. (2022). Better understanding of the scope and nature of LGBTQA+ religious conversion practices will support recovery. *Med J Aust*, 217(3): 119-122. doi:10.5694/mja2.51441
- Orientation, A. P. (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington DC: American Psychological Association.
- Policy: Conversion Therapy 2020. (2020). New Zealand Association of Counsellors.
- RANZCP. (2019). *Sexual orientation change efforts [position statement 60]*. Melbourne: Royal Australian and New Zealand College of Psychiatrists.
- Statement on 'Conversion' Therapy. (2021). The New Zealand Psychological Society.
- United Nations. (2020). *Practices of so-called "conversion therapy": report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity to the Human Rights Council; 44th session. United Nations General Assembly*. Geneva.
- Veale, J., Tan, K., & Byrne, J. (2021). Gender identity change efforts faced by trans and non-binary people in New Zealand: Associations with demographics, family rejection, internalized transphobia, and mental health. *Psychology of Sexual Orientation and Gender Diversity*, Advanced online publication. doi:10.1037/sgd0000537

# Endnotes

- i Conversion Practices Prohibition Legislation Act 2022, Section 5(1)
- ii Power, et al., 2022
- iii American Psychological Association, 2009
- iv Fenaughty, et al., 2023; Veale, et al., 2021; RANZCP, 2019; United Nations, 2020
- v Conversion Practices Prohibition Legislation Act 2022, Section 5(1)
- vi Power, et al., 2022
- vii Conversion Practices Prohibition Legislation Act 2022, Section 5(1)
- viii Jones, et al., 2021
- ix United Nations, 2020; Fenaughty, et al., 2023
- x Conversion Practices Prohibition Legislation Act 2022, Section 8(1)
- xi Conversion Practices Prohibition Legislation Act 2022, Section 9(1)
- xii Conversion Practices Prohibition Legislation Act 2022, Section 10
- xiii Conversion Practices Prohibition Legislation Act 2022, Section 11
- xiv Conversion Practices Prohibition Legislation Act 2022, Section 14
- xv Takatāpui: a resource (takatāpui.nz)
- xvi <https://e-tangata.co.nz/history/waitangi-an-oral-covenant/> Dr Alistair Reese, 2022
- xvii Jones, et al., 2021
- xviii Fenaughty, et al., 2023
- xix Jones, et al., 2022
- xx Jones, et al., 2022
- xxi Jones, et al., 2022
- xxii Fenaughty, et al., 2023; Veale, Tan, & Byrne, 2021
- xxiii Human Rights Commission, 2023
- xxiv Jones, et al., 2022
- xxv Jones, et al., 2022