



Conversion Practices

Guidance for medical healthcare professionals



Te Kāhui Tika Tangata
Human Rights Commission

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Introduction



The informed and compassionate care provided by medical healthcare 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 changing or suppressing their sexual orientation, gender identity or gender expression.ⁱ 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.ⁱⁱ

Even though conversion practices may appear to provide short term results they inevitably failⁱⁱⁱ 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.^{iv}

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

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

Transgender, non-binary, and gender diverse people in Aotearoa have higher exposure to conversion practices.

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.^{vi}

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.^{vii}

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 affirming 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 a 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.

Where conversion practices happen

Medical, counselling and psychotherapy settings can be contexts for conversion practices in Aotearoa.^{viii} For example, a medical practitioner may withhold or delay necessary gender affirming healthcare, or use counselling or psychotherapy techniques to suppress a person’s sexual orientation, gender identity or gender expression. See section *Conversion practices in healthcare settings*.

Some people may engage in, or be pressured to engage in, conversion practices because of deeply held religious beliefs. 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^{ix} and it can be linked to cultural norms in other settings such as family and community. This is due, in part, to the historical influence of Christianity and its ongoing role in shaping community beliefs, identities and narratives about what is ‘acceptable’.

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^x
- perform a conversion practice on a person of any age where that causes serious harm.^{xi}

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.^{xii} In cases where a person has sought conversion practices for themselves, they are not party to the offence – which means they cannot be prosecuted.^{xiii}

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^{xiv} 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.

While it is expected that medical healthcare professionals will foster a positive gender healthcare journey, section 5(2)(a) of the Act reaffirms their ability to act within reasonable professional judgement, where that complies with all legal, professional, and ethical standards.^{xv}

The Act is not intended to criminalise medical healthcare professionals nor to encourage treatment beyond what a patient is seeking. Rather, gender affirming healthcare is the expected norm in Aotearoa. This approach is already endorsed by the country's professional medical and psychological associations which have also publicly condemned conversion practices. This is consistent with the Act's aim to "recognise and prevent harm caused by conversion practices".

How can a survivor report a conversion practice?

Depending on the setting and nature of the conversion practice there are three avenues for redress:

- survivors of any conversion practices (regardless of the severity of harm) can access the civil pathway

- if the person the practice was performed on is under 18 or lacks decision-making capacity, or if the practice has caused serious harm, then survivors can access the criminal pathway
- those who have experienced conversion practices in a health setting can also seek redress via the Health and Disability Commission.

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

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.

Health and Disability Commission

Survivors can use the Health and Disability Commission's own complaint process to raise instances of conversion practices in healthcare settings. Detailed information is available about this process on their website at www.hdc.org.nz.

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 and sexual orientation)
- 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”.^{xvi}

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:

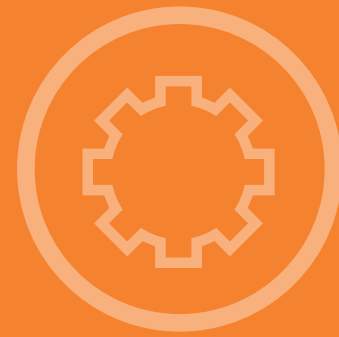
- Article 2 provides tino rangatiratanga to iwi or the right to exercise authority over taonga
- Article 3 provides equality of access to protection by the Crown
- Article 4 (oral) guaranteed freedom of religious and spiritual customs, which should have protected the ongoing roles of takatāpui in the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

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 medical healthcare professionals in recovery



Evidence shows that access to medical healthcare professionals who are educated about conversion practices and how they harmfully affect survivors' can be key to recovering from conversion practices.^{xviii} In healthcare settings, transgender people who have more experiences of supportive and affirming primary care doctors have lower psychological distress and are less likely to attempt suicide.^{xix}

Conversion practices and their effects may show as someone disclosing conversion practices either in the health care setting or happening elsewhere.

Disclosures of conversion practices

During the course of a consultation or conversation, someone may disclose they are trying to change their sexual orientation or gender identity, or that someone else is trying to change, to conform to cisgender and heterosexual norms even though they are LGBTQIA+. If so, it's important to listen actively and provide validation and support for their LGBTQIA+ identity. Give them the information that conversion practices don't work, are harmful and are now unlawful.

Some survivors have difficulty trusting medical healthcare professionals, particularly if their experience with conversion practices occurred in a similar setting. Moreover, where there may be relationships between medical practitioners and a survivor's whānau or parents, maintaining a client's confidentiality is of the utmost importance. Addressing this directly and reassuring your client can help to build trust.

Feelings of shame can be a barrier to sharing information about the practices so it can be easy for a professional, or assessment, to overlook or misattribute indicators of conversion practices.^{xx}

Talking about what happened

Know that your patient may struggle to articulate their experience. They might not know they are experiencing or have experienced a conversion practice. References to 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 patient discloses that 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 surveillance, and the misuse of authority.

Encourage your patient to do their own research.

Especially in the case where they are seeking out a conversion practice for themselves it is crucial they are aware of affirming alternatives. A good place to start is the [Born Perfect website](#) or the Human Rights Commission's [Conversion Practices webpage](#) for more links.

Referral to mental health support

Recovery from conversion practices is seldom linear and will likely continue throughout an individual's life. Trauma-informed practice is key and evidence shows that access to mental health support from practitioners educated about the harm they cause is critical.^{xxi}

People 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. Survivors may not want to disrupt relationships even when they are causing harm. In some cases, leaving a religious setting may not be possible due to financial or living arrangements.

Conversion practices in healthcare settings



Conversion practices in healthcare settings are typically non-affirming practices directed towards an individual because of their sexual orientation, gender identity or gender expression. These could look like:

- using shame or coercion to discourage someone from seeking gender-affirming care
- expressing the belief that being transgender is an illness and suggesting counselling to ‘fix it’
- creating delays to obstruct access to gender-affirming healthcare
- knowingly referring someone to a non-affirming healthcare provider.

Although not included in the legislation intersex people also experience a range of harmful practices. These can include undergoing medically deferrable surgeries before they are old enough to understand or consent to them. The Darlington Statement, a joint statement by intersex organisations from Aotearoa and Australia, calls for the banning of these surgeries, alongside other measures to protect the rights and bodily autonomy of intersex people.^{xxii}

In Aotearoa, clinicians are not legally allowed to coerce^{xxiii}. They must provide services that minimise the potential harm to, and optimise the quality of life of, each patient^{xxiv}. The Royal New Zealand College of General Practitioners has publicly condemned conversion practices.^{xxv}

If the provision of treatment is hindered by a belief that having a minority sexual orientation, gender identity or gender expression is wrong and needs ‘healing’ it is likely to be a conversion practice.

In situations where patients have a significant sense of urgency for gender-affirming treatment, it may be appropriate to unpack the reason for the urgency, while affirming the need. Take care as ‘slowing down’ should not be used as a tactic to deny patients the care they require. If you are unable or unwilling to provide affirming care, it is vital to refer a patient to someone who can.

Gender-affirming healthcare



The Transgender Health Research Lab at the University of Waikato defines gender-affirming healthcare as:

“Healthcare that is respectful and affirming of a person’s unique sense of gender and provides support to identify and facilitate gender healthcare goals. These goals may include supporting exploration of gender expression, support around social transition, hormone and/or surgical interventions. This may also involve providing support to whānau, caregivers or other significant supporting people.”^{xxvi}

In Aotearoa, patients have the right “to services of an appropriate standard”.^{xxvii} This means that all people seeking gender affirming healthcare should be able to access it. Guidelines for gender affirming healthcare in Aotearoa,^{xxviii} and internationally,^{xxix} show that timeliness is vital and deliberate delays such as the ‘watchful waiting’ approach exacerbate gender dysphoria, mental health problems and other negative and avoidable outcomes.^{xxx}

Principles of providing gender-affirming healthcare include:

Te mana whakahaere: autonomy which is the right of transgender people to make informed decisions about their care, and to be free from discrimination, including conversion practices while receiving that care.

Ngā manukura: community leadership is the need for the transgender community to provide leadership in the development and provision of healthcare for transgender people.^{xxxi} To learn more about providing gender affirming health care in Aotearoa see:

- Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand^{xxxii}.
- Guidelines for GPs providing gender-affirming care^{xxxiii}
- World Professional Association for Transgender Healthcare Standards of Care, v.8.^{xxxiv}
- Professional Association for Transgender Healthcare Aotearoa Vision for Healthcare 2022^{xxxv}
- [Gender Minorities Aotearoa](#) website

- Gender Minorities Aotearoa’s [A third opinion: Transgender healthcare tips for providers](#)^{xxxvi}

Young people, gender-affirming care, and informed consent

In Aotearoa the Code of Health and Disability Services Consumers^{xxxvii} Rights mandates an informed consent model for healthcare. Informed consent requires a readiness assessment to ensure a person is aware of expected risks, side effects, and benefits of any medical procedure.

People aged 16 and over are considered old enough to provide medical consent for themselves under the Care of Children Act 2004.^{xxxviii}

With children and people under the age of 16, the Medical Council of New Zealand recognises their consent may not be viewed in the same way as that of an adult.^{xxxix} Capacity to consent for those under 16 will be assessed case-by-case under the Gillick competency test. This provides a sliding scale of ability to consent based on the age, maturity and intelligence of the child.^{xl}

Under the Care of Children Act the child’s welfare and best interests are paramount.^{xli} The Act also provides that as guardians, parents have the duties, powers, rights, and responsibilities for:^{xlii}

- contributing to the child’s intellectual, emotional, physical, social, cultural and other personal development
- determining for or with the child, or helping the child to determine, questions about important matters affecting the child.

Where consent cannot be obtained, best practice would be to obtain the views of the child and to consider whether a proposed course of action will be in the best interests of the child. The views of guardians and others involved in the child’s care may also be relevant in this respect.

It is recommended that a multi-disciplinary team assists in the informed consent process for young people and gender affirming healthcare.

There are further guidelines and limitations in place for providing gender affirming treatments that might carry a higher risk. For example, to access a first specialist assessment for publicly funded gender affirming surgery that is either complex or requires anaesthetic, a patient must be at least 18 years of age and medically fit, including having any mental health conditions managed and stable.

Timeliness is vital for gender-affirming healthcare for young people.

In 2021 a New Zealand study showed 73% of transgender and diverse gender participants had

started to identify as transgender or gender diverse before the age of 14.^{xiii} In that same study:

- 57% of transgender and gender diverse participants reported significant depressive symptoms
- 57% had self-harmed in the past year
- 26% had attempted suicide in the past year.

This suggests that prompt intervention is crucial for young people who may already need family, school and healthcare support around them. For more information on informed consent, see the [Guidelines for Gender Affirming Healthcare](#).

Next steps as a medical 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 offers useful considerations and suggestions.

Educate yourself

Having a solid understanding of conversion practices and related information is vital for medical healthcare 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 have a legal duty to report a patient'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 to the patient by someone else or by themselves should be considered, and if required, the situation should be escalated according to the relevant governing policy or code of ethics.

Q: What should I do if I think a conversion practice is occurring in my professional setting?

If you are unsure about the nature of the practice, the Commission is available to support with you information about conversion practices and what the Act says. However, the Commission is only able to assist with redress for survivors themselves. To make a formal report or complaint about a conversion practice occurring in a professional setting, contact the Medical Council of New Zealand or the Health and Disability Commission.

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

If you have questions about a practice you provide contact the Commission free 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. You can also find information, guidelines and resources on our website at 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

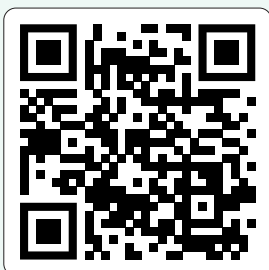
<https://www.rainbowmentalhealth.com/>



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



Gender Minorities Aotearoa

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

<https://genderminorities.com/>

References

- Coleman, E. et al., (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(1) p52. 10.1080/26895269.2022.2100644
- Gender Minorities Aotearoa (2016). A Third Opinion. Sourced from <https://genderminorities.com/wp-content/uploads/2016/06/a-third-opinion.pdf>
- Good Medical Practice. (2021). Medical Council of New Zealand.
- 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.
- Fenaughty, J., Sutcliffe, K., Fleming, T., Ker, A., Lucassen, M., Greaves, L., and Clark, T. (2021). A Youth19 Brief: Transgender and diverse gender students. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. <https://www.youth19.ac.nz/publications>
- 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
- Medical Council of New Zealand (2021). Informed Consent: Helping patients make informed decisions about their care. Sourced from <https://www.mcnz.org.nz/assets/standards/55f15c65af/Statement-on-informed-consent.pdf>
- Ministry of Health (1998). Consent in Child and Youth Health: Information for Practitioners. Wellington: Ministry of Health. Sourced from [https://www.moh.govt.nz/notebook/nbbooks.nsf/O/F4F8A3899527E75B4C25670B0005C7B0/\\$file/consent-in-child-and-youth-health.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/O/F4F8A3899527E75B4C25670B0005C7B0/$file/consent-in-child-and-youth-health.pdf)
- Oliphant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., . . . Bullock, J. (2018). Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand.
- Rainbow Youth & We Are Beneficiaries (2018). Out Loud Aotearoa: Sharing the stories and wishes of queer, gender diverse, intersex, takapāpui, MVPFAFF and rainbow communities around Aotearoa’s mental health and addiction services. Sourced from https://s3-ap-southeast-2.amazonaws.com/ry.storage/OutLoud_Report_Web_Final.pdf?fbclid=IwAR1TdeYNgacLeTRMpfimR7kljpZewwySDCsMDaYZ9wZym7_nNWmO6dixX1k
- Treharne, G.J., Carroll, R., Tan, K.K.H., & Veale, J. (2022). Supportive interactions with primary care doctors are associated with better mental health among transgender people. doi: 10.1093/fampra/cmac005
- 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 Jones, et al., 2022
- iii American Psychological Association, 2009
- iv Fenaughty, et al., 2023; Veale, et al., 2021; RANZCP, 2019; United Nations, 2020
- v Fenaughty, et al., 2023
- vi Conversion Practices Prohibition Legislation Act 2022, Section 5(1)
- vii Jones, et al., 2022
- viii United Nations, 2020; Fenaughty, et al., 2023
- ix Jones, et al., 2021
- 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 Conversion Practices Prohibition Legislation Act 2022, section 5(2)(a)
- xvi Takatāpui: a resource (takatāpui.nz)
- xvii <https://e-tangata.co.nz/history/waitangi-an-oral-covenant/> Dr Alistair Reese, 2022
- xviii Jones, et al., 2021
- xix Treharne, et al., 2022
- xx Jones, et al., 2022
- xxi Jones, et al., 2022
- xxii <https://ihra.org.au/darlington-statement/>
- xxiii Code of Health and Disability Services Consumers' Rights, right 2
- xxiv Code of Health and Disability Services Consumers' Rights, right 4 (4)
- xxv <https://www.rnzcgp.org.nz/gpdocs/new-website/advocacy/submissions/2021.09.08-RNZCGPO-re-sponse-conversion-practices.pdf>
- xxvi Oliphant, et al., 2018
- xxvii The Code of Health & Disability Services Consumers' Rights (4)
- xxviii Oliphant, et al., 2018
- xxix Coleman et al., 2022
- xxx Rainbow YOUTH and We Are Beneficiaries, 2018
- xxxi Oliphant, et al., 2018
- xxxii Oliphant, et al., 2018
- xxxiii https://blogs.otago.ac.nz/rainbow/files/2023/03/Primary-Care-GAHT-Guidelines_Web_29-Mar.pdf
- xxxiv <https://www.wpath.org/publications/soc>
- xxxv <https://patha.nz/vision2022>
- xxxvi Gender Minorities Aotearoa, 2016
- xxxvii Gender Minorities Aotearoa, 2016
- xxxviii Care of Children Act 2004, Section 36
- xxxix Medical Council of New Zealand, 2021
- xl Ministry of Health, 1998
- xli Part 1, Section 4
- xlii Part2, Section 16
- xliii Fenaughty et al., 2021