

Proposal of alternative solutions to address children's rights violation: Conversion therapy

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Abstract

This article aims to expose the effects of, and explore remedies to, attempts by religious organisations and others to alter the sexual or gender orientation of children who express their sexuality and/or gender in non-normative, non-binary or non-traditional ways. It will begin with a brief history of the emergence of such 'conversion therapies' or 'sexual orientation change efforts' [SOCE] and discuss their effectiveness when applied to children. The article will further discuss the relevance of this to the social work profession, suggest strategies for social work practice and highlight uncertainties in proposed laws in Australia.

Introduction

'Conversion therapies' have been repudiated by professional psychological associations in many parts of the world (Drescher, Schwartz, Casoy, McIntosh, Hurley, Ashley, Barber et al, 2016). Still practiced in Australia and elsewhere, these therapies are known to cause a wide range of long-lasting, damaging social and

psychological impacts to recipients' concept of self, development and life course (Jones, Brown, Carnie, Fletcher and Leonard, 2018, pp. 29-41). Within some communities, recipients may turn to family, friends or colleagues, chaplains, church leaders or to God for support and yet still remain rejected, isolated, barred from communion, wracked with guilt and shame and unable to reconcile their 'being' with the antagonistic beliefs embedded in all dimensions of their social world (Jones, Brown, Carnie, Fletcher and Leonard, 2018). The permeation, in some communities, of anti-LGBT+ ideology across all social spheres implicates needs for remedies cognisant of inter-related, multi-level, 'ecological' systems (Bronfenbrenner, 1979) to support LGBT+ people to develop their fullest potential and find safety and acceptance in all dimensions of life.

History

In their study of patterns of sexual behaviour in widely divergent cultures prior to the arrival of Christian missionaries, Ford and Beach (1952) found that homosexuality and gender diversity had been considered normal in 49 of 76 societies where such data had been collected (p. 130). They noted that among societies in which homosexuality was considered rare, "definite and specific social pressure [was] directed against such behavior" (Ford and Beach, 1952, p. 129). Opposition to homosexuality and diverse expression of gender originates in religious teachings and social mores. Variations exist, however traditionally, all 'major' religions considered homosexuality sinful. Foucault (1990) has traced the origins of the policing of non-normative-sexuality in the Western world to Christian teachings, the reflections of these in politics and civil law, and psychiatry's pathologisation of non-normative behaviours (pp. 37-49).

Late 19th century science spawned von Krafft-Ebing's "Psychopathia Sexualis" (1894): a systematic description and pathologisation of all forms of non-normative-sexuality in medico-legal terms. Foucault (1990) asserted such narratives created a 'demand' for 20th century psychiatry to 'treat' non-normative-sexuality. Consequently, psychoanalysts of the early 20th century often treated 'inverted' sexuality as a neurosis (Drescher, 1998). From the 1930s, behavioural psychiatry

came to prominence. Its chief methods entail psychological ‘conditioning’ using positive and negative reinforcement to extinguish, or create aversions to, unwanted behaviours (Bloch and Harari, 2007, pp. 601-602). A wide range of methods may be employed to achieve goals, for example, painting fingernails with a foul-tasting substance to ‘extinguish’ nail biting behaviour, through to, use of electric shocks delivered at times of sexual arousal to extinguish same-sex attraction (Jones, Brown, Carnie, Fletcher and Leonard, 2018, p. 36).

The American Psychiatric Association’s [APA] first diagnostic manual (APA, 1952) officially categorised homosexuality as a mental disorder. In the 3rd edition (APA, 1980), it included ego-dystonic [unwanted] homosexuality. Homosexuality was de-listed in 1987 (APA, 1987), following mounting pressure from community groups and evidence from researchers such as Evelyn Hooker (1957), whose experiments found no correlation between homosexuality and psycho-pathology. Nevertheless, therapies, usually behavioural in nature, and often referred to as conversion or reparative therapy (Spitzer, 2003) or more recently, sexual orientation change efforts (Csabs, Despott, Morel, Brodel and Cooper, 2018), continued to proliferate, including outside professional health services and especially in ‘counselling’ conducted in religious settings.

‘Conversion Therapy’ is a behavioural technique, such as that formulated by Rekers and Lovaas (1974), used since the 1970s to alter ‘unwanted’ sexual behaviours (Phillips, Fischer, Groves and Singh, 1976). One child Rekers and Lovaas (1974) claimed to have successfully treated, was discovered to have died by suicide in 2003; the patient’s sister stated that he lived “under a pall”, unable to accept his homosexuality (Bullock and Thorp, 2011).

Effectiveness

Numerous studies attest that conversion therapy is generally unsuccessful and that it promotes feelings of shame and guilt (Cornell University, n.d.; Venn-Brown, 2015, pp. 83-96). Drescher et al (2016) concluded, “the accumulation of patient reports paints a disturbing picture” (p. 9). Since about 1998 conversion therapy has been

widely dis-endorsed by health professionals (APA, 2009) and repudiated by past practitioners (Drescher et al, 2016; Spitzer, 2012). However, similar practices continue to be provided (Bartlett, Smith and King, 2009; Riggs, 2015), including in Australia (Hardy, Rundle and Riggs, 2016, p. 23), often in religious settings and in a variety of guises (Venn-Brown, 2018) such as ‘Sexual Orientation Change Efforts’, religious training camps and school chaplaincy. We refer to these herein as ‘conversion therapy/ies’. It is generally in the context of religious education that Australian children first make contact with such practices, which are more stridently applied to youths around the time of ‘coming out’ (Tomazin, 2018).

Parents have a right to ensure their children’s religious education is in conformity with their own convictions (United Nations [UN], 1966, art. 18). Australian laws, in particular the *Sex Discrimination Act 1984* s. 38 (Commonwealth) and, in NSW, the *Anti-Discrimination Act 1977* (NSW) ss. 38K, 46A, 49ZO, allow religious organisations to discriminate against LGBT+ children. Religious ‘guidance’ regarding LGBT+ life-choices can conflict with: the primacy of the ‘best interests of the child’ (UN, 1989, art. 3); a child’s evolving capabilities to form their own views and express these in all matters affecting them (art. 12); their right to freedom of thought, conscience and religion consistent with their capacity to decide (art. 14); their right to be protected from mental abuse and maltreatment (art. 19); their right to an education that develops their fullest potential (art. 29) and their right to not be subjected to cruel treatment (art. 37).

Furthermore, conversion therapy is not only ineffective, it also has a variety of negative impacts on LGBT+ youth (Nugraha, 2017). This harmful practice affects the safety, development and wellbeing of same-sex attracted and gender diverse children, an already vulnerable cohort. As conversion therapy is often promoted and practiced in schools and religious communities, these environments can become unsafe for LGBT+ young people to learn, worship and express themselves (Fritz, 2016). When conversion therapies are practiced in settings that are meant to support young people, LGBT+ children become more isolated and vulnerable.

Young people who are subjected to conversion therapy experience developmental impacts as well as compromised safety. Issues in relating to others and difficulties with trust, intimacy and sexual function have all been reported as effects on young people after exposure to practices aimed to alter their gender and sexuality preferences (Jones, Brown, Carnie, Fletcher, & Leonard, 2018). These developmental ‘insults’ mean that children exposed to such practices are denied the opportunity to enjoy, explore and learn about sex, sexuality and relationships like their heterosexual and cisgendered peers, leaving them lagging in maturity and experience.

The impacts of conversion therapy on the wellbeing of LGBT+ children and youths are potentially devastating and commonly include depression, anxiety and post-traumatic stress disorder (Jones et al., 2018). Conversion therapy has also been shown to increase suicidality and self-harming behaviours. The ‘Trevor Project’, a survey on gender diverse and same-sex attracted youth in America, found that LGBT+ youth who had experienced conversion therapy were more than twice as likely to attempt suicide than those who had not (The Trevor Project, 2019).

Social Work – Relevance and Remedies

The practice of conversion therapy is relevant to the social work profession for a number of reasons. The LGBT+ community, particularly youth, are known to be vulnerable to increased mental health challenges and experiences of bullying and discrimination (Australian Child Rights Taskforce, 2018). Focusing on social justice and human rights, the social work profession is concerned with the rights of vulnerable groups and working towards improving wellbeing for marginalised people. The Australian Association of Social Workers’ Code of Ethics states, that the social work profession “promotes justice and social fairness ... with special regard for those who are disadvantaged, vulnerable, oppressed or have exceptional needs” and “opposes and works to eliminate all violations of human rights” (AASW, 2010, p. x).

The specific vulnerability of LGBT+ youth exposed to conversion therapies also relates to the social work profession in regard to the rights of children. The AASW Code of Ethics also states, “social workers will provide a culturally safe service

system in which all children, families and communities feel safe [and] respected” (AASW, 2010, p. x). Thus, it is important for social workers to understand the devastating effects of conversion therapies and work to protect children from these harms.

Various approaches to ending conversion therapy have been attempted globally. These include legislation banning conversion therapy, promoting educational programs and community organisations to raise awareness and understanding of the LGBT+ community, as well as professional associations taking stances against the use of conversion therapies (APA, 2009). Although these approaches may be successful in minimising use of conversion therapies, each approach has limitations.

In America, several states have implemented laws against the use of conversion therapy (Fore, 2014). Australia has not yet done so, although some jurisdictions have begun investigating similar legislation (Health Complaints Commissioner, 2018). This approach is believed to send a strong message to practitioners that this form of therapy has legal ramifications (Health Complaints Commissioner, 2018). While such laws may stop public offers of conversion therapies, practitioners may go ‘underground’, rename their practices and continue (Jones, et al., 2018), for example, in Australia, the practice of ‘sexual wholeness’ and ‘sexual purity’ classes, which are mutations of conversion therapies (Jones, et al., 2018). Therefore, if laws were adopted in Australia to ban conversion therapy and its mutations, they may still operate but become more hidden, and practiced with the same intentions.

Another approach to ending the use of conversion therapies is through educating the public about the LGBT+ community. This assists in ending discrimination and the mentality that conversion therapies need to be conducted (SAMHSA, 2015). The National LGBTI Health Alliance (2016) and the [recently defunded] ‘Safe Schools’ program (Haydar, 2017) are two Australian examples of effective education campaigns assisting wider acceptance of the LGBT+ community. It can be argued that community education efforts have made great strides within Australia; it is no longer illegal to be homosexual and more recently, homosexual people were granted marriage equality (Baird, 2018). However, there are still attitudes of homophobia in

many societies and research reveals negative ramifications for those who identify as LGBT+. For example, in America, two thirds of LGBT+ youth reported that someone had attempted to change their sexual orientation or gender identity and 71% of LGBT+ youth report facing discrimination due to their sexual orientation or gender identity (The Trevor Project, 2019). Furthermore, it has taken many years for Australians to change their approval of the LGBT+ community and come this far, so this approach is a long-term plan that may take decades.

Many professional associations for practitioners of mental health have made public statements to announce their ethical objection to the use of conversion therapy (Gamboni, Gutierrez and Morgan-Sowada, 2018). When professional associations take such stances, the use of conversion therapies by association members is significantly reduced and a strong message is sent to the general community (Health Complaints Commissioner, 2018). For example, the Australian Association of Social Workers (Hirst, 2019) stated:

The Australian Association of Social Workers (AASW) has welcomed the Victorian government's recent pledge to outlaw gay "conversion therapy" and called on other states to look at similar bans.... The discredited "conversion" practices attempt to change or suppress an individual's sexual orientation or gender identity using psychological or spiritual means, and have been condemned by major health bodies around the world.

However, the effect of professional associations' ethical objections to conversion therapies do not necessarily make an impact on other practitioners of conversion therapies who are not members of these associations; for example, school chaplains.

Overall, the approaches discussed have been only partially influential in ending conversion therapy. The limitations of each approach need to be carefully considered so that all bases are covered. Further approaches and multiple systems need to be examined to identify better practices.

The church and religion have a huge part to play in this discourse. In the well-known study on sexual orientation change by Spitzer (2003) there were 200 subjects and of

these, Spitzer claimed that 79% of subjects wanted to change their sexual orientation because it conflicted with their religion. In an [arguably] similar study by Schroeder and Shidlo (2002), subjects cited religious guilt as a major reason for wanting to change their sexual orientation. A recent Canadian study by Newman, Fantus, Woodford and Rwigema (2018) looked specifically at bullying of ‘sexual and gender minority youth’ and identified religion as a source of permission for that bullying which pervaded all ecological levels, including homes and more distal religious and secular settings.

Religious ‘practitioners’, within both religious institutions and schools, are a source for perpetuating trans- and homo-phobic rhetoric, which can lead to hostility and bullying and, in some cases, to the use of conversion therapies. This, as we have shown, is hugely damaging. Newman et al (2018) have shown how Bronfenbrenner’s ecological systems theory framework (2005) can assist in structuring ideas and strategies for change across multiple arenas [fig. 1].

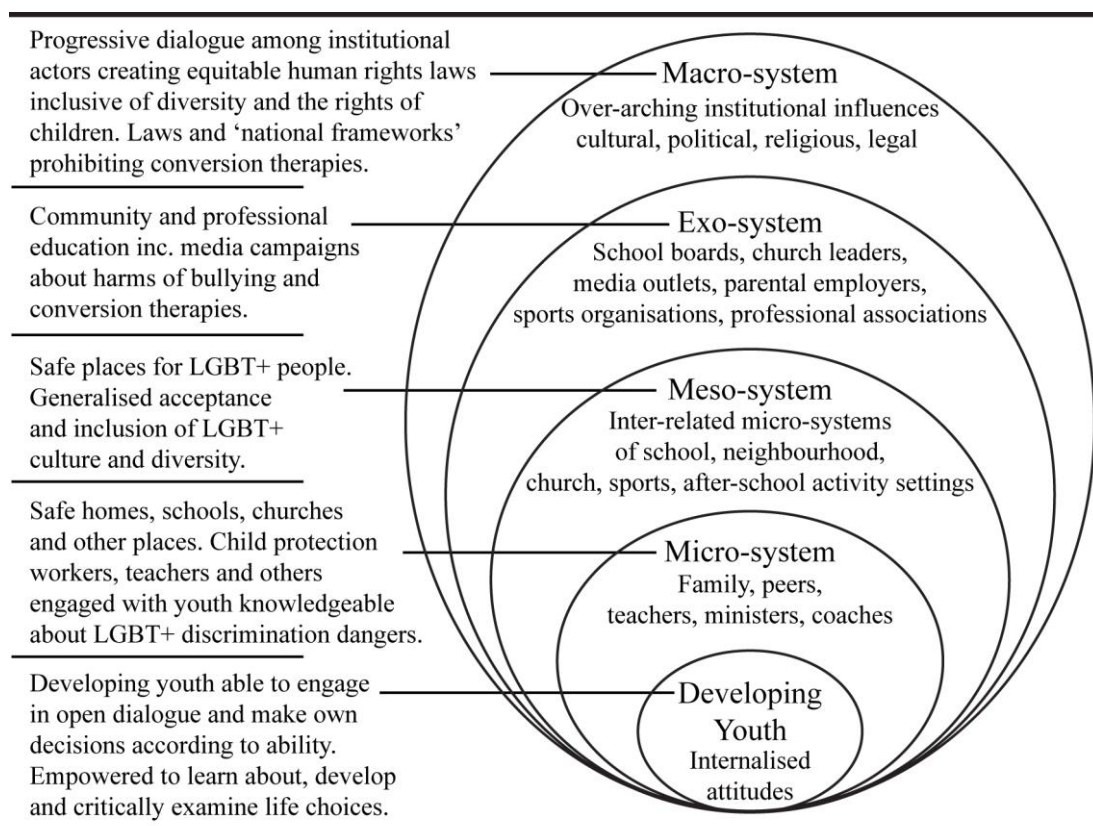


Figure 1: Bronfenbrenner’s ecological model and safety for developing LGBT+ youth. (Adapted from Newman et al, 2018)

This model is applicable globally and aligns with the WHO prevention model. There are many strategies we can take from this for our social environment, both broadly and with the issue of religion in mind.

At the ‘macrosystem’ level, we should be looking for and engaging with progressive religious denominations to ensure that LGBT+ youth are included, to ensure that being LGBT+ and religious are not mutually exclusive. The Church of England has already come out against conversion therapies (Church of England, 2017). It is time that there were laws for all, including religious organisations in Australia, prohibiting conversion therapies. More dialogue is needed to align anti-discrimination law and religious practices. At the national policy level, conversion therapies could be recognised as coercive abuse and highlighted in the ‘National Framework for Protecting Australia’s Children’ (COAG, 2009), especially within ‘Outcome One’, which refers to safe and supportive homes and communities.

Within the ‘exosystem’, recognition of the particular vulnerabilities and the coercive pressures placed upon LGBT+ youth in homes and schools provides a starting point for improving safety and life-chance outcomes. Education campaigns are needed, highlighting the harm and damage of conversion therapies, particularly to young people. A recent scenario where Australian Anglican schools were against changing the law so that they could continue to discriminate against homosexual teachers and students caused an uproar in the media (Baker, 2018). This uproar could be harnessed and Australian schools mandated to have a zero tolerance for any bullying of LGBT+ youth [religious or not].

In the ‘mesosystem’, all parts of the system within which a young person exists should be aligned in their views [informed through the above education campaigns] and should be communicating with each other to ensure that conversion therapies are not perpetrated in any way.

The ‘microsystem’ also involves schools, home and family. LGBT+ youth need safe spaces. Child protection workers may require training on LGBT+ youth safety issues,

including coercion at home. If some religious organisations refuse to become LGBT+ inclusive, then perhaps legal and policy frameworks could be aligned to privilege funding those that do. Religious inclusiveness and affirmative religious responses may lead to positive identity development and integration for LGBT+ youth in micro-level settings. LGBT+ inclusive education has a critical role in solving this problem within our education system in order to ensure that all professionals that our young people come into contact with are aware that conversion therapies are unacceptable. A population study in America (Hatzenbuehler et al, 2012) showed that there is a strong effect of living in areas where the religious climate is supportive of homosexuality; LGBT+ youths living in these areas are less likely to abuse alcohol and likely to have fewer sexual partners.

Attempts to eliminate conversion therapies have had limited success to date. Gathering more data in Australia on the prevalence of attempts to alter the sexual and gender orientation of youth and its effects, may help persuade law and policy makers and educational institutions to withdraw support for legal religious exemptions that allow discrimination against LGBT+ youth and the practice of conversion therapies. This may be possible by partnering with the Australian Research Centre in Sex, Health and Society whose 'Writing Themselves In' project (Hillier, Jones, Monagle, Overton, Gahan, Blackman and Mitchell, 2010) might soon be undertaken again. This well-established, wide-ranging LGBT+ youth survey could include specific questions about experiences of forceful attempts to alter sexuality and gender orientation and record its outcomes and effects across social-ecological spheres over the life-course (Bronfenbrenner, 2005, pp. 50-58). Alternatively, an organisation such as the National LGBTI Health Alliance, in partnership with tertiary educators across Australia, could survey 18-25 year olds about exposure to conversion therapies. Data might be combined with data gathered by ABBI (<https://www.abbi.org.au>) and survivors' groups (<http://socesurvivors.com.au>). This could potentially trace the development of youth through role transitions and relations across ecological spheres and highlight arenas for intervention. The findings might be powerful enough to convince policy

makers to include LGBT+ issues into the next iteration of the National Framework for Protecting Australia's Children in 2021 and thence, have other flow-on effects.

The Future

The practice of conversion therapies is already known to be harmful. This is a social justice issue that various professions should engage with and work to amend. However, issues related to conversion therapies may be exacerbated if contentious Commonwealth Religious Freedom Bill is passed (Australian Government, 2019, Macmillan, 2019). The Bills' proponents propose expanded legal protections for religious people and organisations to discriminate against LGBT+ people, including in schools, aged-care and health-care settings (Australian Catholic Bishops Conference, 2019; Australian Human Rights Commission, 2019; Australian Medical Association, 2019; Equality Australia, 2019). Such macro-systemic changes could damage the development and life-chances of many LGBT+ youth in all aspects of life. Victoria, the ACT and Queensland have proposed legislation banning conversion therapies. It is unknown whether such laws would conflict with the Commonwealth's proposed Religious Freedom Bills. It is also unclear how proposed Religious Freedom Bills would impact employees of religious organisations. Such employees may be prohibited from assisting LGBT+ people with certain needs. It is our hope that this article will bring conversion therapies to the attention of social, community and health workers to highlight the need for the development of multi-level strategies against this social injustice, such that the practice of conversion therapy can be eradicated.

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