



5th September 2021

Submission to support the Conversion Practices Prohibition Legislation Bill

The Paediatric Society of New Zealand, Te Kāhui Mātai Arotamariki o Aotearoa, is an incorporated society with a multidisciplinary membership of over 600 professionals, predominantly of clinicians (nurses, doctors and allied health) working in child health.

The Paediatric Society of New Zealand believes all tamariki and rangatahi should, by right, attain optimal physical, mental and social health and well-being. By working as a coordinated national network of health professionals the Society dedicates its efforts and resources to this end.

A draft of this submission was circulated via email to PSNZ members for their comment and endorsement, prior to finalizing and submitting it. The submission was modified in response to member feedback, which was highly supportive of the submission.

The Paediatric Society of NZ is strongly supportive of this Bill, which will prohibit conversion practices in New Zealand.

We note that the Bill defines conversion practice as a practice that:

- (a) is directed towards a person because of their sexual orientation, gender identity, or gender expression; and
- (b) is performed with the intention of changing or suppressing their sexual orientation, gender identity or gender expression.

These practices include any psychological approach or intervention that seeks to convert, repress and/or eliminate any person's same-sex or non-heterosexual orientation, attractions, desires, identities and behaviours, or any person's gender identity or gender expression, that does not meet expectations based on their sex assigned at birth. The Society considers these so-called therapeutic practices unethical and contrary to the interests, wellbeing and safety of takatāpui and LGBTQI+ people.

Same-sex or non-heterosexual orientation, attractions, desires, identities and behaviours, non-binary gender identities and expressions, and diverse sex characteristics are normal and healthy variations of human functioning, relationships and bodies; these are not psychological illnesses, syndromes, or disorders and therefore they do not require therapeutic interventions to change them.

In fact, due to systemic societal discrimination and abuse, people with diverse genders, sexualities and differences in sex development experience high rates of distress and mental health disorder. In the Youth 2012 survey¹, 4% of young people in Aotearoa reported they were transgender or unsure of their gender, and 40% of these young people had symptoms of depression, half had self-harmed in the last 12 months and one in 5 had attempted suicide. These young people are therefore a very vulnerable group, who need affirmation and support.

It is unethical to expose anyone, but particularly this group of individuals, to practices that constitute violations of their human rights and that are psychologically harmful. Conversion therapy and practices are unjustifiable practices that should be denounced and subject to sanctions and penalties.

Paediatricians and other professionals making up the Paediatric Society of NZ are experts in working with parents and whānau to optimise the physical and mental health and well-being of their tamariki and rangatahi. We note and endorse that in the provisions of the Bill, health practitioners and others are not discouraged from offering legitimate support or therapy for fear of incurring liability under the prohibition. As such, the definition explicitly excludes practices by health practitioners acting within their scope of practice, and other practices such as assisting a person who is undergoing a gender transition, or facilitating a person's coping skills, development, or identity exploration. PSNZ affirms the role of parents in guiding and supporting their children in the exploration and defining of their identities, during their development. In the rare instance where we become aware of actions by parents towards their children which are harmful or destructive, it is our professional obligation to make a report of concern to Oranga Tamariki. Parents who arrange coercive and dangerous treatments for their tamariki and rangatahi, such as conversion practices, raise Child Protection concerns.

In opposing these practices, we join with many other professional bodies in NZ and overseas, including the New Zealand Medical Association, New Zealand Psychological Society, New Zealand Psychologists Board, Australian Psychological Society, Psychotherapy and Counselling Federation of Australia, The Royal Australian and New Zealand College of Psychiatrists, New Zealand Association of Counsellors, British Psychological Society and the American Psychological Association.

The Paediatric Society of NZ notes two areas where the current bill may be deficient. The first is the recommendation that redress for previous harm is sought from the Human Rights Commission. However the mechanism by which psychological assistance and financial compensation for harm might be obtained is not well defined. Making explicit redress for mental injury via ACC would provide a more established pathway for victims.

Secondly, to deter the performance of conversion practices, in those over 18 years of age, the threshold for making accountable practitioners who have subjected people to conversion therapy is **serious harm**. Serious harm in criminal law usually means grievous bodily harm. This threshold, for mental harm, which in many cases leads to suicide, appears too high, and we recommend that **harm** rather than **serious harm** should be sufficient grounds for prosecution.

We would welcome the opportunity for an oral hearing to speak to this submission.

Submission by Dr Andrew Marshall, Paediatrician, Wellington, on behalf of the Paediatric Society of NZ

(1) Clark et al, Journal of Adolescent Health, 55 (2014)