Is banning conversion therapy enough? Aotearoa New Zealand and access to gender-affirming healthcare

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ABSTRACT

The practice of conversion therapy and lack of access to gender-affirming healthcare is a significant health issue in Aotearoa New Zealand. Recently introduced legislation has sparked media coverage of the need for a ban of conversion therapy, with the current Labour government acknowledging that it causes harm and is linked to serious mental health issues. A literature search was conducted to understand what information is available in Aotearoa New Zealand, and internationally, regarding conversion therapy and access to gender-affirming healthcare. The findings reported here exemplify that, despite this practice presenting a significant health issue for transgender and non-binary people, the topic is significantly under-researched in Aotearoa New Zealand, particularly in the social work field. The following article considers the health, political, legal, and religious aspects of conversion therapy and access to gender affirming healthcare in existing literature, making recommendations for future social work research investment to better advocate for and support transgender and non-binary people.

KEYWORDS: conversion therapy, gender affirming, healthcare access

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On 15 February 2022, the Conversion Practices Prohibition Legislation Bill was passed in Aotearoa New Zealand. The history of conversion therapy is contested, the modern, western version of conversion therapy was developed in response to pre-pubescent young people who did not dress in "normal" clothes that others with the same gender assigned at birth did and was later developed to include treatment of homosexual "deviancy" (Ashley, 2020). Conversion therapy has had well documented damaging effects, on a large and wide-ranging scale, on the LGBTQI+ community—this article focuses specifically on the experiences of transgender and non-binary people. Conversion therapy was developed as an anti-transgender therapy, and existing literarure clearly evidences that young, transgender and non-binary (TNB) people are more likely to experience conversion therapy than young cisgender people (Ashley, 2020; Higbee et al., 2020). These same young people also experience a lack of access to gender-affirming healthcare which has been described as "patchy" and inconsistent across different District Health Boards in Aotearoa (Fraser et al., 2021). Seeking gender-affirming healthcare is often where conversion therapy efforts occur for at least one out of five TNB people in Aotearoa (Veale et al., 2021).

Literature search

A literature review explored transgender and non-binary people's experience of conversion therapy and access to

gender-affirming healthcare, making recommendations for future social work practice improvement in Aotearoa New Zealand. The literature review explored ethical, health, political, legal and religious related aspects to the practice of conversion therapy and possible ban, and the parallel issue of access to gender-affirming healthcare. Taylor and Francis Journals Online, Google Scholar and EBSCO Host were used to perform literature searches. The key search term "conversion therapy" paired with "Aotearoa" or "New Zealand" drew no results on Taylor and Francis or EBSCO Host. The *Aotearoa New Zealand Social Work* journal was also searched to identify any exisiting articles on conversion therapy or gender-affirming healthcare. All search terms drew no results; when searching "transgender" as a key term, only one article was produced related to aged care social work with gender minority people. The Google Scholar search produced articles and reports published by psychology and other medical professionals regarding conversion therapy in Aotearoa New Zealand which have been drawn on in this article. The key terms were searched again focussing on any international social work evidence, again there was very little research available regarding social work support for TNB people and even less in the advocacy space of access to gender-affirming healthcare. Some articles were identified regarding transgender people's experience of access to reproductive healthcare or "women's healthcare" settings and the findings in these mirrored that access to gender-affirming healthcare, was inconsistent and an area of huge stigma for many people.

The lack of existing research identified—especially in the social work field—is disappointing and something that requires investment for better support of TNB people in Aotearoa New Zealand navigating the healthcare system. Both access to gender-affirming healthcare and ending conversion therapy are areas where social work has an obvious role in advocacy on both a micro and macro scale; however, very limited literature exists around best practice. What is very clear from the literature identified from medical and legal fields is that access to gender-affirming healthcare is paramount to both the physical and mental wellbeing of TNB people and banning conversion therapy alone will not achieve this. Greater understanding and commitment to enacting change and accessible gender-affirming healthcare across the medical profession are essential and something that the social work field should assist in.

Definitions of main terms

Conversion therapy is an attempt to "change someone's sexual orientation to 'heterosexual' or their gender identity to 'cisgender'" (Higbee et al., 2020, p. 1). Conversion therapy is used by groups, organisations and mental health professionals by way of hypnosis, electric shock therapy, behavioural talk therapy and more. It is also used at a lower level by communities and parents through prayer, shaming and creating strict discipline environments (Higbee et al., 2020). Conversion therapy has been scientifically proven to be inefffective, to cause long-term psychological damage, and is condemned by many professional scientific bodies such as the American Psychological Association (Higbee et al., 2020).

Gender affirming healthcare is defined by the Aotearoa Transgender Health Reasearch Lab 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" (Oliphant et al., 2018, p. 4). This can include, but is not limited to, hormone therapy, provision of puberty blockers, surgery, speech language therapy, safe use of binders and laser hair removal (Oliphant et al., 2018).

Critical analysis of ethical, health, political, legal, and religious aspects of conversion therapy and access to gender affirming healthcare in existing literature.

Ethical and health aspects

Conversion therapy has serious ethical considerations that have major impacts on the health and wellbeing of TNB people. Bidell and Stepleman (2017) detail how health professionals historical consideration of LGBTQI+ people as "mentally ill or disordered, [has] supported and legitimized erstwhile moral, social, and legal stigmatization" (p. 1306). This stigmatisation, which includes offering and performing conversion therapy, has led to serious physical and mental health disparities for LGBTQI+ people internationally (Bidell & Stepleman, 2017). A major study surveying effects of conversion therapy on TNB people in Aotearoa New Zealand found it was "significantly associated with worse outcomes on all mental health variables" (Veale et al., 2021, p. 4). Exposure to conversion therapy also meant that participants were more likely to experience internalised transphobia, further detrimentally impacting their mental health. This evidence mirrors other large international studies such as Turban et al. (2020) who found higher rates of mental distress, depression, lifetime suicidal ideation, suicide attempts and hospitalisation rates following suicide attempts than TNB people who had not been exposed to conversion therapy. It has been widely reported that conversion therapy is not ethical, based on these detrimental health outcomes, and is at odds with the many ethical codes health professionals are bound by to care for people without stigma or bias, and not to do harm (Cramer et al., 2008). Absence of conversion therapy does not, however, equal access to gender-affirming healthcare and inequity in provision of gender-affirming healthcare persists in places where conversion therapy has been banned (Mendos, 2020). Provding gender-affirming healthcare is considered in Aotearoa to be part of medical ethical requirements to do no harm, as withholding it can exacerbate mental health challenges (Oliphant et al., 2018).

I could not source any social work literature from Aotearoa related to the ethics of gender-affirming healthcare, despite social work being available at many primary and public health care providers that provide gender-affirming healthcare. Some articles from the United States were identified regarding reproductive healthcare for transgender women and experiences of "women's healthcare settings" which evidenced inconsistency in medical advice, constant misgendering and assumptions made about their sexuality and reproductive desires by medical professionals (Gomez et al., 2020; Gomez et al., 2021). These experiences mirror the aforementioned practices that do not align with medical ethical requirements to do no harm and research participants expressed anxiety in accessing these services or avoiding them altogether (Gomez et al., 2021). Supporting access to gender-affirming care is in line with the values of the Aotearoa New Zealand Association of Social Workers (ANZASW) code of ethics, such as rangatiratanga, valuing diversity and advocating for self-determination, or manaakitanga, supporting the mana of all people and treating one another with respect (ANZASW, 2019). Broader literature on working with LGBTQI+ clients addresses the need for the social work field to advocate for equity and access improvement by "challenging systems that reinforce unequal power relations" (Phillips, 2014, p. 139). Phillips (2014) notes that policy, legal and institutional change is required to achieve changing power dynamics; Burdge (2007) goes further to recommend challenging the gender binary on a micro level and meso level with clients, colleagues, communities and work places can be done by social workers to enact change.

Political and legal aspects

Internationally, Brazil, Ecuador, Germany, Malta and Aotearoa New Zealand have

banned conversion therapy and states within the US, Canada, Australia and Spain have done so too. A report commissioned by the United Nations Human Rights Office of the High Commissioner (2020) with submissions from over 33 nations and 94 organisations and professionals recommended an international ban on conversion therapy (Madrigal-Borloz, 2020). Aotearoa New Zealand did not make a submission, however the Transgender Health Research Lab NZ did. The New Zealand Labour Party campaigned in 2020 to ban conversion therapy if re-elected. This bill attracted 106,700 submissions during the select committee process, the largest amount of submissions in Aotearoa New Zealand history (Walters, 2021). At the third and final reading of the bill on 15 February 2022, all parties voted in favour of the bill with the exception of the National Party who chose to allow MPs to use a conscience vote, the bill was passed almost unanimously with 112 MPs in favour and 8 MPs against (Scotcher, 2021). In terms of access to gender-affirming care, no laws exist in Aotearoa stating it must be provided; however, all people have a right to non-discriminatory healthcare and guidelines from the the World Professional Association of Transgender Health have been specifically adapted to guide Aotearoa health professionals in providing gender-affirming healthcare (Oliphant et al., 2018).

Non-discriminatory healthcare is an area where again social work literature is minimal, but social work advocacy is evident. The ANZASW made a submission to the Justice Committee declaring its unequivocal support of the proposed conversion therapy legislation in New Zealand (ANZASW, 2020). The ANZASW suppported the bill during the select committee process on the basis that it would stop experiences of discrimination and harm inflicted on the rainbow community by current conversion therapy practices. The ANZASW submission directly tackled the controversy raised around potential for prosecuting parents, stating that, if it was removed, there was a possibility of finding loopholes to continue perpetuating harm and normal everday parenting was already protected under the proposed bill. If a parent were to practise conversion therapy on their child, their potential prosecution is consistent with the United Nations Convention on the Rights of the Child and the Oranga Tamariki Act 1989 which forbids parents from perpetrating serious harm to their children (ANZASW, 2020). The ANZASW also advocated for an amendment to the bill that would see social workers be protected like other healthcare practitioners in providing their services. This is not to say that healthcare practitioners are exempt and can provide conversion therapy but, that if clients are seeking therapeutic services regarding their sexual orientation or gender identity they can still receive these to support their wellbeing (provided it adheres to the usual ethical codes). The ANZASW argued that, while social workers are not part of the Health Practitioners Competence Assurance Act 2003, they are registered under a different but very similar Social Workers Registration Act 2003 with complementary ethical codes and should be extended the same protection. This recommended change was not included in the final Bill.

Religious aspects

Internationally, religious groups are amongst the strongest supporters of maintaining conversion therapy (Mendos, 2020). Many religious arguments in support of conversion therapy centre around being homosexual and transgender as a “choice” and to choose this is to sin, they also argue a ban of conversion therapy is an infringement on religious freedoms (Utter, 2019). These matters are addressed differently depending on the place laws are enforced. In the United States, state-wide bans on conversion therapy pertain only to medical professionals, people providing non-medical interventions based on their religious beliefs are allowed to do so (Mendos, 2020). The Conversion Practices Prohibition Legislation Bill 2022 provides some protection for homophobic and transphobic religious beliefs/principles as it is directed only at banning conversion practice that is performed

with the intention of *changing* or *suppressing* the person's sexual orientation, gender identity, or gender expression, excusing general expression of religious beliefs (s5.2).

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2015) from the US Department of Health and Human Services makes the important distinction that increased health risks faced by TNB people are not experienced because of their identity but rather are products of environmental stressors and stigma created through multiple social systems such as family, school and religion. In the United States, evidence suggests that homosexual people seeking conversion therapy occurs "primarily among religious communities that view minority sexual orientations as undesirable or morally wrong" (SAMHSA, 2015,). This provides a difficult tension for lawmakers regarding freedom of religion and ethics as this freedom inevitably causes harm.

Again no social work literature was identified regarding the intersection of religion and conversion therapy or access to gender-affirming healthcare. However, using religion as justification for any kind of client intervention is against the code of conduct that all registered social workers must adhere to in Aotearoa. Priniciple 3 of the Code of Conduct requires that social workers "be aware of any personal or religious beliefs or moral positions you have and make sure these do not override a client's right to self-determination and to receive quality social work service" (Social Workers Registration Board, 2016, p. 9).

Recommendations for improving health and wellbeing services for transgender and non-binary people and the social work contribution

Banning conversion therapy is a step in the right direction; however, health services require serious improvement on all levels to provide equitable health outcomes for TNB people. In the United States, research policy papers have emphasized how the outlawing of conversion therapy must also include efforts by the government to increase access to gender affirming care simultaneously (SAMHSA, 2015).

At a macro and meso level, SAMHSA (2015) recommend the adoption of public and health policies that counter discrimination and increasing access to healthcare. Public policy countering discrimination is important to healthcare as all individuals providing healthcare are influenced by social and cultural norms that can be transphobic in nature. While social workers usually cannot create public and health policies, they can inform their creation through submissions and highlighting to members of parliament the need for stronger policies. Evidence of this is seen in the ANZASW's aforementioned submission to the select committee on banning conversion therapy. Academic social work in Aotearoa New Zealand can also be used to inform policies; currently very little exists in the conversion therapy and gender-affirming care field with it primarily coming from other health professions and sociology departments. The academic social work field should make a concerted effort to contribute to these areas that are heavily under-researched such as TNB people's experience of accessing gender-affirming care in Aotearoa New Zealand (Fraser et al., 2021).

SAMHSA (2015) highlight the need for greater information and training for healthcare providers. Limited studies have been completed regarding social work student competencies working with TNB people and those that have been published found that students are more likely to feel competent working with lesbian, gay and biexual people over transgender or non-binary people (McCarty-Caplan, 2020). Steps could be taken to include LGBTQI+ health in training or core papers in social work degrees to ensure graduating social workers are better equipped to work with TNB people. This could also be required as part of the Continued Professional

Development component of social work registration in Aotearoa and social workers could be champions for further learning about TNB people's health needs and rights in their workplaces. Social workers at primary healthcare providers could play an essential role in normalising conversations around gender identity and improving access to gender-affirming care. There are limited studies on non-binary youth and access to healthcare, but those that do exist show that non-binary youth are less likely to share their identity with their GPs meaning they do not access the correct care and advocacy in this space would likely improve health outcomes (Clark et al., 2018).

This kind of advocacy is not only limited to social workers working directly in the health sector, as an approachable social worker "first conversation" about gender identity between a client and professional could be had in any area of social work such as community, family and school settings. Social workers in schools could engage in fostering inclusive school policies that will ensure TNB students are accepted and celebrated for who they are, and an environment where parents can be supported if necessary by the social worker and school environment as their child may access gender-affirming healthcare.

On a micro level, social workers can undo gender binary constructs in their own practice and immediate world, and provide practical supports to TNB clients. In professional practice, social work academics such as Witt and Medina-Martinez (2021) and Burdge (2007) implore social workers to challenge their practice and reflect on how they may reinforce gender binary stereotypes or harmful messaging. In very simple terms this could be failing to ask what pronouns people use or making assumptions about how people identify, appearing uncomfortable when discussing gender identity and not having knowledge of commonly used terms. Practical supports could be removing barriers to accessing and affirming healthcare such as ensuring travel needs are met to get to specific doctors (Clark et al., 2018). This could also include supporting whānau meetings to ensure parents and other family members understand the importance of this healthcare, and / or facilitating referrals to parent support groups for more information. It could also be referring to organisations such as OutLine who are Aotearoa specialists in supporting TNB people, including peer support services and advice on where to get gender-affirming healthcare.

Conclusion

Despite conversion therapy and access to gender-affirming healthcare being a relatively new and under-researched area, a significant amount of literature could be found internationally pertaining to the multiple different political, legal, ethical and religious aspects. This literature was largely sourced from other health professions and there is a very obvious lack of literature produced in this area from the social work field, especially in Aotearoa New Zealand. To inform best practice for social workers in supporting TNB people to access gender-affirming healthcare and improve its overall accessibility, a concerted effort must be made to undertake further research to create these models and provide training for new and existing social worker. For TNB people to gain equitable access to healthcare and the gender-affirming healthcare they deserve, the social work field must upskill in supporting this access and playing an active role in systemic health changes such as policy creation and implementation and organisation advocacy required to do so.

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