

Preventing Harm, Promoting Justice: A critique

By Dr Con Kafataris (Jan 2020)

In recent years one of the most controversial issues in Australian political and cultural life has been 'sexual orientation, and gender confusion which is often called gender dysphoria or transgenderism.

The current social / medical / political ideology is to have us believe that sexual orientation and gender confusion is genetic, biologically determined and cannot be changed. The ideology is dismissive, and 'therapy', or efforts to assist people who wish to be rid of unwanted same- sex attractions or gender confusion, are treated as 'quackery' and 'snake oil'. Indeed, recently governments in various Australian states have begun the process of criminalising such Therapies

But could it be that some people are actually distressed by unwanted same-sex attraction or gender confusion and want help in getting rid of them? Well, the facts are that such people do exist and they have exercised the same rights as all of us have when we are confronted with unwanted emotions: they have sought help. The practices and techniques used have come to be loosely referred to as 'conversion therapy'

One of the pieces of so-called evidence that these governments rely on is the report from La Trobe University titled 'Preventing Harm, Promoting Justice'(PHPJ) that has been portrayed as completely discrediting any efforts to change sexual orientation or gender confusion. But again, is this issue really as clear-cut and settled as the media and politicians would have us believe? While the document (PHPJ) purports to paint an accurate picture of LGBT 'conversion therapy' it is a deeply flawed document at many levels. It is flawed in its basic design, it is flawed in methodology and therefore its conclusions cannot help but be flawed. Unfortunately, it is being marketed as a detailed, in depth and accurate study of conversion therapy in Australia.

While it may be somewhat detailed at more than 80 pages in length, and it may explore the stories of some of its participants in depth, it is NOT an accurate representation of 'conversion therapy' in Australia. There are a number of problems and I will present them point by point below.

Flawed Design for comprehensive inquiry into the issue.

The report is not a detailed analysis of the efficacy or lack thereof of conversion therapy. It is more of a historical overview, both of the development of the therapy over time and of its effects on a few selected individuals. This should not be surprising as the lead author is Timothy Jones, whose specialty is history, not social science, psychology or psychiatry. Therefore while it may have some merit for any historical content, it is not a scientific report and should not be used to guide major policy decisions such as the allowing or criminalisation of any particular therapy.

Flawed Methodology

The authors interviewed 15 people who had negative experiences with conversion therapy. They found these 15 from LGBT media and claimed that they were 'broadly representative of religious and LGBT demographics in Australia'. They started with a sample of 50 but excluded 35 of them for various reasons.

The experiences of these 15 people are discussed in some detail in two chapters of the report. Only one of the interviewees graphically described an experience with 'aversion therapy' that occurred in the 'late 1980s'. Despite her detailed descriptions of being admitted to a psychiatric hospital and 'being restrained having an electrode attached to my labia', neither the hospital, the dates or the attending physician are specified. This makes it impossible to verify whether or not this actually happened in the manner she describes. Given the fact that her account describes a brutal assault on her person, verification of the accuracy of an such account is important.

It appears that by and large, the treatments involved were basic ministry practices such as watching videos, ministry camps, praying together, bible studies and support groups. These are

practices that have helped millions of people across the world over the years to deal with problems from grief over the loss of loved ones, divorce, substance addictions, pornography, and many other issues. Therefore these individuals were not subjected to any kind or category of therapy that would not be considered 'mainstream' in ministry circles.

The authors did not interview anyone who claimed to have experienced lasting change from 'conversion therapy'. The fact is that there are such people in Australia and there are more than 15 of them. Some have actually entered into long-term heterosexual marriages and others have left their same-sex and others their transgender lives long term. Despite this being a well-known fact to anyone who is abreast of this issue, the authors of PHPJ completely ignored them.

It should be clear to anyone that one cannot present an accurate balanced and complete view of something unless one explores both sides of a story or issue. The report completely ignored those who have experienced lasting change. The only reasonable explanation for this omission is bias on the part of the authors. It cannot therefore be viewed as impartial or objective.

Flawed Evidence

The very first sentence in section 1.1 states:

'Psychological research has produced overwhelming clinical evidence that practices aimed at the reorientation of LGBT people do not work and are both harmful and unethical' (emphasis added)

Now this is a very strong statement. It is basically saying that it is 'beyond doubt' that 'conversion therapy' does not work. Given the comprehensive nature of the claim, it would be reasonable to expect that it was backed up by equally comprehensive evidence and references.

In fact, the only reference given by the authors is a position statement from the Australian Psychological Society 2015 'APS Position Statement on the use of psychological practices that attempt to change sexual orientation'. It makes the following strong and clear statements: *'The APS strongly opposes any approach to psychological practice or research that treats lesbians, gay men and bisexual people as disordered. The APS also strongly opposes any approach to psychological practice or research that attempts to change an individual's sexual orientation. There is no peer-reviewed empirical psychological research objectively documenting the ability to 'change' and individual's sexual orientation'*

Again, you would expect strong, comprehensive claims to be backed up by strong comprehensive evidence. When you examine the references provided, there is only one study by Shidio & Schroeder from 2002 which itself is a 'consumer report'.

What neither the APS nor the authors of PHPJ mention is that there are some research studies that document the success of attempts to change sexual orientation that has been both published in book form and presented to psychological conferences in the US. The most recent of these was a research paper by Whitehead and Santero (July 2018) that documented statistically significant benefits from conversion therapy with little evidence of harm. There is also a lot of other evidence of differing levels that show that a certain cohort of people do benefit from 'conversion therapy' and this is admitted by the American Psychological Association in their 2009 report on conversion therapy.

To be fair, the authors of PHPJ do discuss this in an appendix to their report but it is not mentioned in the body of the report. Indeed, after reading the report the reader is not given any impression other than 'conversion therapy is harmful and it doesn't work'. The appendix titled 'psychiatry and conversion therapy' has a similar theme but it does at least acknowledge one study that apparently suggests benefits to conversion therapy. In addition, the authors cite sources that apparently suggest that conversion therapy is of no benefit eg the APA 2009 report, without mentioning that key contributors to that report, Diamond and Savin-Williams readily admit that sexual orientation is fluid.

The authors cite a source from Cornell University titled 'whatweknow' (December 2017), which they claim suggests that conversion therapy doesn't work. When one carefully examines the source however we find that it says:

'We identified 47 peer-reviewed studies that met our criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants, and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGBT patients.'

So more than 70% of the studies examined made no empirical determination about whether conversion therapy can alter sexual orientation. This same 70% were described to offer 'useful observations' to help practitioners. This is tantamount to saying that "we just don't know". Should government policy be based on 'We just don't know'? Should therapies, where there is at least anecdotal evidence that thousands of people around the world have benefited without harm, be criminalised based on 'We just don't know'? The logical answer to this is 'no they should not'. Yet this is precisely what the authors of PHPJ would have us believe.

No-one is suggesting that SOCE or conversion therapy can 'convert' anyone against their will, but there is a large body of clinical and anecdotal evidence that, for those who want help with unwanted same sex attractions or gender confusion, that certain therapeutic approaches categorised as SOCE can help such people achieve their goals in reducing or better managing these unwanted SSA or GD.

The fact that many individuals who have had unwanted same sex attractions have found benefit from conversion therapy is also very well documented in a 2017 report to the US Federal Trade Commission titled 'In their Own Words: lies deception and Fraud' by the National Task Force for Therapy Equality. This organisation is described as
"a coalition of licensed psychotherapists, psychiatrists, physicians, public policy organisations and psychotherapy clients/patients from across the United States of America. Their purpose is to secure therapy equality for clients that experience distress over unwanted same sex attractions and gender identity conflicts"

It would therefore appear that there are a number of highly qualified and licensed health professionals in the US who do believe that unwanted same sex attraction can be treated. How is it possible for such a coalition to not only exist, but to file a complaint directly to the US federal trade commission, unless they have at least some evidence for their claim. A careful review of the document shows that they have ample evidence for their claims. Both this report and the 2009 APA report were published before PHPJ yet they are completely unmentioned.

There are only 2 possibilities for this:

1. The authors of PHPJ were unaware of their existence, in which case their report should not be viewed as a comprehensive review of the history and evidence for or against conversion therapy. It should not be used as a basis for public policy.
2. The authors of PHPJ were aware of their existence and yet chose not to mention them. This can only be due to bias on the part of these authors and therefore the report cannot be viewed as objective and impartial.

So in summing up, the authors have engaged in a process of circular reasoning.

1. They have assumed from the beginning that conversion therapy does not work
2. They have only cited evidence that supports this assumption.
3. Therefore it should be no surprise that the rest of the report goes on to show that 'lo and behold', conversion therapy does not work.

Flawed Conclusions

When one considers the fact that PHPJ has flawed design, flawed methodology and flaws in its evidence, it should not be surprising to see that the conclusions are flawed. Indeed, there is no way they could not be flawed, given the fact that they are based on a flawed foundation. The main problem is the complete omission of both clinical evidence and personal stories that support conversion therapy. It is a well-known fact that both of these actually exist and therefore their omission from PHPJ can only have one of 2 explanations:

1. the authors were unaware of them and did not include them.
2. The authors were aware of them and chose not to include them. The most likely explanation for this would be a bias against conversion therapy.

Either option renders the report invalid as a comprehensive, objective report on the efficacy of conversion therapy and renders it inappropriate as the basis for any government policies regarding conversion therapy