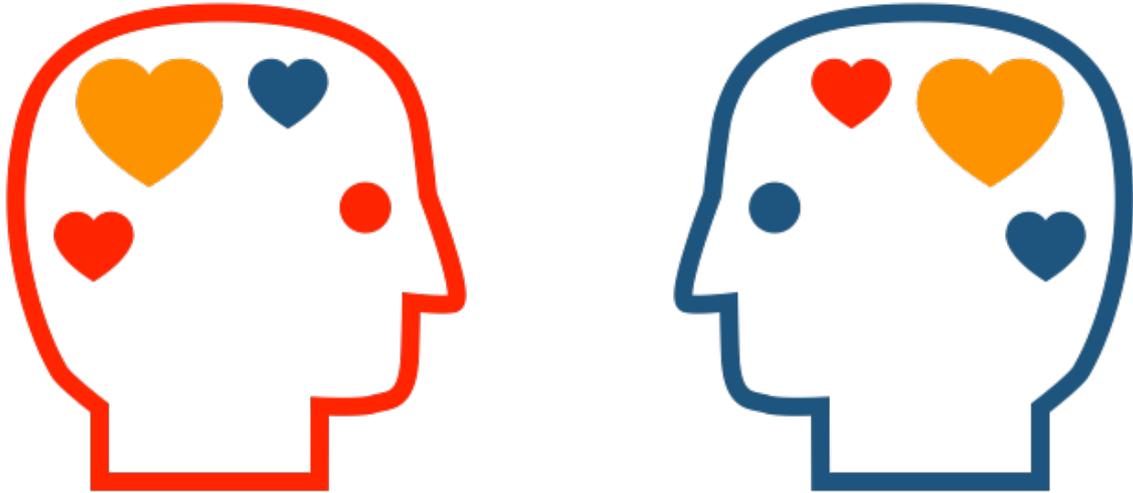


Banning Conversion Therapies



Submission in relation to the Conversion Practices Prohibition Legislation Bill

15 September 2021

Jorn Bettin, Alice Richardson

Contact: jorn.bettin@s23m.com

Te Hapori Whai Takiwātanga o Aotearoa, the New Zealand Autistic Community

AutismAotearoa.org

an initiative of the Autistic Collaboration Trust

AutCollab.org



Banning Conversion Therapies

The Autistic Collaboration Trust is incorporated as a charitable trust in Aotearoa New Zealand. The board of trustees and our advisory board consists exclusively of people who openly identify as autistic:

1. Anne MacAulay, Social Worker, Aotearoa New Zealand
2. Jorn Bettin, S23M, Aotearoa New Zealand
3. Sarah Bettin, S23M, Aotearoa New Zealand

Advisory Board

1. Alice Richardson, Love My Brain, Aotearoa New Zealand
2. Jack Susmilch, Flipit Innovations, Australia
3. Terra Vance, Neuroclastic, USA
4. Quinn Dexter, Autistamatic, UK

The autists who are curating and jointly developing the educational material and services featured on Te Hapori Whai Takiwātanga (the website of the New Zealand Autistic Community) are involved in the neurodiversity movement. Most of us are parents – campaigning for a ban of all forms of conversion practices.

The authors would like to thank Ann Memmott for her invaluable work of keeping track of all research that is relevant to the lives of autistic people, which has greatly assisted us in selecting the academic articles we cite in this document. We would also like to thank Paul Hewlett for all his invaluable advice on how to best communicate our concerns to the wider public.

Executive summary	3
Background	5
The history of conversion practices	6
Evidence in support of conversion therapies is controversial	7
Conflicts of interests in Applied Behaviour Analysis research	8
The vast majority of ABA therapists are practicing out of their scope	8
Autistic conversion therapies cause severe harm	9
Post traumatic stress and suicide in autistic people	10
The connection between xenophobia and ABA	12
Conclusion	13
Appendix A: Providers of conversion therapies in Aotearoa	14
Appendix B: References	15



Banning Conversion Therapies

Executive summary

About this submission

- Te Hāpori Whai Takiwātanga o Aotearoa and the Autistic Collaboration Trust support this Bill, but believe it should go further to protect all New Zealanders subject to conversion therapy practices, not just those relating to sexual orientation, gender identity or gender expression (although these protections are welcome)

Summary of our position

- Conversion Therapy as defined by Bill applies to a subset of conversion therapy practices being applied in Aotearoa New Zealand and is therefore too narrow
- Our submission is that both the Purpose of the Bill (Section 3) and the definition of Conversion Therapy (Section 5) reflect all conversion practices in Aotearoa New Zealand, including those being applied to neurological identity in order to protect neuro-divergent people, particularly autistic children, from conversion therapies that are continuing to produce high levels of harm
- The New Zealand Parliament has an opportunity to take a lead to protect all its citizens from these therapies thereby reducing harm and significantly advancing the mental health

What we seek

- Section 3 of the Bill (Purpose), clause (b) add 'and neuro diversity' so that the clause would read (our proposed additions in bolded italics):

Purpose of this Act

The purpose of this Act is to—

- (a) prevent harm caused by conversion practices; and
 - (b) promote respectful and open discussions regarding sexuality and gender, **and neurodiversity**.
- Section 5 of the Bill (definition) clauses 1 (a) and (b) add 'or neurological identity' so that the section would read:
 - (1) In this Act, conversion practice means any practice that—
 - (a) is directed towards an individual because of the individual's sexual orientation, gender identity, or gender expression, **or neurological identity**; and
 - (b) is performed with the intention of changing or suppressing the individual's sexual orientation, gender identity, or gender expression, **or neurological identity**.
 - Section 5 clause 2 be similarly adjusted to complete an inclusive definition of all conversion practices so that the clause would read:
 - (2) However, conversion practice does not include—
 - (a) a health service provided by a health practitioner in accordance with the practitioner's scope of practice; or
 - (b) assisting an individual who is undergoing, or considering undergoing, a gender transition; or
 - (c) assisting an individual to express their gender identity **or neurological identity**; or
 - (d) providing acceptance, support, or understanding of an individual; or
 - (e) facilitating an individual's coping skills, development, or identity exploration, or facilitating social support for the individual; or



Banning Conversion Therapies

(f) the expression only of a religious principle or belief made to an individual that is not intended to change or suppress the individual's sexual orientation, gender identity, or gender expression **or neurological identity**.

- The remainder of the Bill be aligned with this scope and definition

The dangers of the current narrow definition

- This Bill protects people in the Rainbow community from abhorrent therapeutic practices, which is welcome
- However, by excluding conversion therapies applied to neuro-divergent people, especially autistic children, the Bill is discriminatory and only partially addresses the harm and mental health repercussions arising from these practices
- Conversion Therapy applied to autistic people (mainly children) remains widely practiced, producing trauma in many children as well as contributing to poorer mental health outcomes for neuro-diverse communities

Be bold and end these cruel, out-dated practices

- Aotearoa New Zealand has an opportunity with this Bill to take a major stride forward in improving the mental health of neuro-diverse communities whose mental health outcomes are significantly worse than the general population ¹
- The impetus of the Bill to ban Conversion Therapy is sound. However, it's limited definition of Conversion Therapy to cover only some communities in New Zealand impacted by these practices is un-necessary and, indeed, discriminatory
- The definition of Conversion Therapy needs to include those practices that seek to 'correct' autistic people (mainly children) – treatments that are not only proven to be ineffective, as our submission shows, but to cause serious harm

¹ Related educational videos

Short version (7 minutes): <https://youtu.be/XDI4q5XESPw>

Long version (18 minutes): <https://youtu.be/zjyCERTXNmY>



Banning Conversion Therapies

Background

1. The members of Te Hapori Whai Takiwātanga o Aotearoa and the Autistic Collaboration Trust welcome the opportunity to provide this submission to the Justice Committee (“Committee”) for the purpose of expanding the scope of the Conversion Practices Prohibition Legislation Bill (“CPPLB”) to ban all forms of conversion practices.
2. This submission sets out the New Zealand Autistic Community’s views on the key challenges in relation to the scope of the implementation of CPPLB. We all celebrated to hear of the legislation being enacted that bans conversion therapy after years of campaigning by the LGBTQBI+ community. However the win does not go far enough. The same underlying techniques of torture and dehumanising coercion continue to be applied to autistic children.
3. Any legislation which is so selective as to ban only conversion therapies that target a person’s sexual orientation, gender identity, or gender expression is in itself discriminatory. If a government moves to ban the mistreatment of one minority in a particular manner but neglects similar mistreatment of other minorities it is more than negligent, it is actively legitimising prejudice. If a ban were to go through with specific reference to sexual orientation, gender identity, and gender expression alone, it would be much like an anti-racism bill that protected black people but left all other people of colour out in the cold.
4. Culturally accepted xenophobia can make researchers blind to fundamentally flawed research design and inadequate evidence. Conversion therapies for autistic children need to be banned for exactly the same reason that other forms of conversion therapies are being banned.
5. The views and concerns expressed in this submission are widely shared by members of the autistic community in Aotearoa New Zealand as well as by the wider international autistic community, as can be seen by the concerns expressed in our petition for an inquiry into the consequences of conversion therapies for autistic children from March 2021, in which we are asking the New Zealand government to investigate the consequences of all forms of conversion therapy, including conversion therapies that target autistic children², which are often branded as Applied Behaviour Analysis (ABA) or Positive Behaviour Support (PBS).
6. Now is the time for the governments all around the world to act and to ban all forms of conversion therapy. The time for change is now. In this submission we have compiled an overview of research that highlights that the evidence cited by proponents of autistic conversion therapies remains highly controversial as well as research that confirms the lived experiences of autistic people who were subjected to autistic conversion therapies, i.e. that ABA is abusive and often leads to symptoms of PTSD. The Autistic Collaboration Trust wishes to draw the Committee’s attention to the following 7 key points:
 - (a) Few people outside the autistic community know that conversion therapies were invented to “normalise” autistic children³ before being extended to children with “abnormal” gender identity or gender expression.
 - (b) Evidence in support of conversion therapies is controversial. A 2020 DoD annual report on care for autistic children shows no evidence that ABA is doing anything to improve developmental outcomes. If anything, it may show that children simply get older and naturally learn some skills, as all children do.
 - (c) Conflicts of interest are very common in the field of ABA research, as has been pointed out by members of the autistic community for many years.

² <https://our.actionstation.org.nz/petitions/inquiry-into-the-consequences-of-conversion-therapies-for-autistic-children>

³ <https://autcollab.org/projects/ban-of-conversion-therapies/>



Banning Conversion Therapies

- (d) ABA therapists are not required to take even a single class on autism, brain function, or child development. The vast majority of ABA therapists are practicing out of their scope.
- (e) Autistic conversion therapies cause severe harm. Forcing a child to stop soothing behaviours is harmful and unhelpful. ABA attempts to “extinguish” such behaviours to make neurotypical people more comfortable. The literature on ABA lists possible side effects of extinction, one of which is depression. ABA therapists are not trained to recognise depression and therefore will continue this treatment while unknowingly causing psychological harm. The fact that ABA is consumer-based instead of neuroscience-based is very problematic. There is no other healthcare profession where the parent runs the treatment. The dignity of the child is not taken into account. The child’s needs, thoughts, emotions, competence, and autonomy are notably left out of consideration in the so-called consumer-driven ABA model.
- (f) In one study nearly half of the ABA-exposed respondents met the diagnostic threshold for PTSD. ABA violates autonomy insofar as it coercively closes off certain paths of identity formation. It also violates autonomy by coercively modifying children’s patterns of behaviours to be misaligned with their preferences, passions, and pursuits.
- (g) It is hard to underestimate the prevalence of xenophobia, especially when it is hidden, or perceived as common sense by mainstream society. Most people are not even aware of the existence of autistic culture, autistic community, and autistic forms of collaboration. Autistic people report stronger feelings of perceived burden, thwarted belonging and more lifetime trauma than non-autistic people. There is a high rate of co-morbid psychiatric disorders in autistic adults who do not have intellectual disability. Between 50 and 70% of these adults have a diagnosable anxiety disorder and a similar proportion have diagnosable depression.

The history of conversion practices

- 7. Ivar Lovaas is the originator of “gay conversion therapy” and “autistic conversion therapy”. The techniques he developed and applied in the 1960s and 1970s are today known as Applied Behaviour Analysis (ABA). ABA is still used for the “treatment of autism” in the US, the UK, Australia and New Zealand.

This explains why autistic rights activism and neurodiversity rights activism are so important. ABA techniques are sometimes applied under different brands to obscure the connection to conversion therapy.

- 8. The following quote from Ivar Lovaas captures the essence of the underlying assumptions and motivations: *You see, you start pretty much from scratch when you work with an autistic child. You have a person in the physical sense — they have hair, a nose and a mouth — but they are not people in the psychological sense. One way to look at the job of helping autistic kids is to see it as a matter of constructing a person. You have the raw materials, but I you have to build the person.*⁴

Notably, the current NZ Autism Spectrum “Disorder” Guideline from 2018 still states: *All behavioural interventions are based on the science of applied behaviour analysis.*⁵ The list of examples of providers of conversion therapies in Appendix A to this submission illustrates that conversion therapies are still operational in Aotearoa New Zealand.

⁴ www.neurodiversity.com/library_chance_1974.html

⁵ <https://www.health.govt.nz/system/files/documents/publications/nzasd-supplementary-paper-impact-ethnicity-recognition-diagnosis-education-treatment-support-people-autism-spectrum-jul18.pdf>



Evidence in support of conversion therapies is controversial

9. The article “Project AIM: Autism intervention meta-analysis for studies of young children.” from 2020 in the Psychological Bulletin concludes that no intervention types showed significant effects on any outcome.⁶

Extract: When effect size estimation was limited to studies with randomized controlled trial (RCT) designs, evidence of positive summary effects existed only for developmental and NDBI intervention types. This was also the case when outcomes measured by parent report were excluded. Finally, when effect estimation was limited to RCT designs and to outcomes for which there was no risk of detection bias, no intervention types showed significant effects on any outcome.

10. A US DoD Report from 2019 found that the majority of TRICARE beneficiaries (76 percent) had little to no change in symptom presentation over the course of 12 months of receiving ABA services for their autistic children, with an additional 9 percent demonstrating worsening symptoms. The Department of Defense Comprehensive Autism Care Demonstration, Quarterly Report to Congress. Second Quarter, Fiscal Year 2019. reaches similar conclusions.⁷

Extract: Approximately 16,111 beneficiaries currently receive Applied Behavior Analysis (ABA) services through the ACD as of March 31, 2019. Total ACD program expenditures were \$313.7 million in FY 2018... Only 12 percent of the sample had improvements (one SD or better) in symptom presentation after 6 months of ABA services... For the reporting periods of January to March of 2018 and January to March of 2019, based on the Autism Composite Score on the parent form of the PDDBI, approximately 76 percent of beneficiaries made little to no change in their symptom presentation after 1 year of ABA services. Of concern is that 76 percent of beneficiaries continue to not report symptom improvement after 12 months of ABA services.

11. A 2020 DoD Annual Report on care for autistic children shows no evidence that ABA is doing anything to improve developmental outcomes. If anything, it may show that children simply get older and naturally learn some skills, as all children do.⁸

Extract: Two well-respected medical literature review services, external to DHA, continue to find the evidence for ABA services (Intensive Behavior Intervention) for the diagnosis of ASD is weak, noting, “An overall low-quality body of evidence mainly from poor-quality studies suggests that Intensive Behavior Intervention (IBI) improves intelligence or cognitive skills, visual-spatial skills, language skills, and adaptive behavior compared with baseline levels or other treatments. A paucity of evidence regarding the durability of treatment following treatment cessation, as well as uncertainty regarding optimal therapy parameters, preclude firm conclusions regarding the efficacy of IBI for ASD” (Hayes 2019). Cochrane (2018) noted, “The strength of the evidence in this review is limited because it mostly comes from small studies that are not of the optimum design. Due to the inclusion of nonrandomized studies, there is a high risk of bias and we rated the overall quality of evidence as ‘low’ or ‘very low’ using the GRADE system, meaning further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.” ... there is no way to know if the relatively small change observed here is the result of ABA services, other treatment, or if this simply is a result of maturation as noted in the PDDBI manual.

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/31763860>

⁷ <https://www.allteaching.org/wp-content/uploads/2019/11/TRICARE-Autism-Report.pdf>

⁸ <https://therapistndc.org/wp-content/uploads/2020/08/Annual-Report-on-Autism-Care-Demonstration-Program-for-FY-2020.pdf>



Conflicts of interests in Applied Behaviour Analysis research

12. Conflicts of interest are very common in the field of ABA research, as has been pointed out by members of the autistic community for many years. Evidence of conflicts of interests have been compiled in an academic article in 2021 by Kristen Bottema-Beutel and Shannon Crowley⁹.

Extract: We coded included studies for COIs related to researcher employment as an ABA clinical provider or a training consultant to ABA clinical providers. We found that 84% of studies had at least one author with this type of COI, but they were only disclosed as COIs in 2% of studies. The high prevalence of COIs among this research corroborates the concerns expressed by many autistic people. The autism community – including autistic people, autism researchers, and other stakeholders – should be aware of the prevalence of undisclosed COIs in this literature and take this into account when using, providing, or recommending ABA services.

The vast majority of ABA therapists are practicing out of their scope

13. Research in ABA continues to neglect the structure the autistic brain, the overstimulation of the autistic brain, the trajectory of child development, or the complex nature of human psychology, as all of these factors were ignored in the response and are ignored in ABA practice itself. Providing a treatment that causes pain in exchange for no benefit, even if unknowingly, is tantamount to torture and violates the most basic requirement of any therapy, to do no harm. The issue is not whether or not ABA therapists follow their own ethics code; the issue is the ethical scope of the practice of ABA, given that the practice of ABA inherently ignores all internal constructs.¹⁰

Extract: The issue at hand is threefold: (1) what behavior is inherent and appropriate, (2) what expertise is required to make such a determination, and (3) what expertise is required to recognize when the treatment is actually causing harm. In dealing with human beings, it is unethical to make an arbitrary decision on what is an appropriate behavior without understanding the long-term ramifications of attempting to change that behavior. At its core is an inherent requirement that necessitates a therapist's understanding of the internal processes and abilities of the patient before designing a treatment plan, as well as the training to recognize when the treatment is detrimental. ABA therapists are not required to take even a single class on autism, brain function, or child development. This single fact necessarily leads to at least the vast majority of ABA therapists practicing out of their scope. We are unaware of any other profession or circumstance where it is considered ethical to not study anything about the manifestation or circumstances of a condition, and then attempt to treat it. The growth of the neuro-diversity movement in autism is a direct result of the practice of ABA on the autism population. It was the attempt to fix "that which may not be broken" that led to this revolt. While there is no consensus in the scientific community on the validity of the neuro-diversity argument, no one has previously researched the catalyst for this outcry—ABA. If paraprofessionals and professionals refuse to engage in critical thinking, refuse to become experts at the thing they treat, continue to practice outside of scope, and continue to ignore pertinent research, the future of Autism and other conditions ABA professes to treat is very bleak.

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8131529/>

¹⁰ <https://link.springer.com/article/10.1007/s41252-021-00201-1>



Autistic conversion therapies cause severe harm

14. Long-term ABA therapy is abusive. An in-depth analysis by Aileen H. Sandoval-Norton, Gary Shkedy & Dalia Shkedy illustrates both the claims made by the proponents of ABA and how these claims are neither supported by any neuroscientific research nor by the lived experiences and the harm and severe trauma reported by the autistic population.¹¹

Extract: As described in Sandoval-Norton and Shkedy (2019) “[ABA] is a form of behavior modification that relies heavily on external reinforcement, both positive and negative (operant conditioning). ABA is intended to modify or diminish behaviors, as well as increase language, communication, social skills, attention, etc., in children with ASD. The main tenets of ABA follow behaviorist theories that suggest that behavior is caused by external stimuli in the environment, which is why a reward (external) would reinforce a behavior, and punishment (external) would discourage a behavior.” As ABA focuses solely on a behavior itself as opposed to internal constructs (e.g., thoughts, emotions, pain), Sandoval-Norton and Shkedy (2019) illustrated and cited research demonstrating how this can lead to psychological and physical abuse, and violates the ethical obligation to “do no harm.”

15. Forcing a child to stop soothing behaviors is largely harmful, and unhelpful.¹²

Extract: We hypothesize that the only reason that ABA attempts to “extinguish” such behaviors is, generally, to make neurotypical people more comfortable. While the behaviors may be viewed as abnormal, they help to soothe and calm the autistic person – assuming that the behavior is non-harmful, of course. Yet the practice of largescale extinguishing of all forms of undesired behavior, whether harmful or not, largely continues and persists within ABA circles. The fact that it is claimed that there are “hundreds of studies” that effectively reduce self-stimulatory behaviors that are deemed problematic by consumers, parents, and families only serves as further evidence of abuse.

16. The fact that ABA is consumer-based instead of neuroscience-based or client-centered is very problematic. We are unaware of any other healthcare profession where the patient or parent runs the treatment.¹³

Extract: Today, there are still many parents who believe that boys with “female tendencies” need to be treated to “extinguish” behavior that the boy exhibits. An ABA therapist, based on all available evidence, would certainly not be trained to have that conversation with either the client or the parent, yet the scenario is not so different from what occurs in practice. We wish to remind readers that we are attempting to highlight a non-verbal, highly vulnerable population that deserves to be especially protected by the professionals serving them. Under ABA’s consumer-driven model, the dignity of the child is not taken into account. The child’s needs, thoughts, emotions, competence, and autonomy are notably left out of consideration in the so-called consumer-driven ABA model.

17. ABA violates autonomy insofar as it coercively closes off certain paths of identity formation. It also violates autonomy by coercively modifying children’s patterns of behaviors to be misaligned with their preferences, passions, and pursuits.¹⁴

¹¹ <https://link.springer.com/article/10.1007/s41252-021-00201-1>

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.



Extract: *One of the consequences of the neurodiversity movement was the new wave of a “kinder-gentler” approach to ABA that excluded the use of DTT and the beginning of the use of Natural Environment Teaching. However, these new approaches contain no scientific support from the much quoted meta-analyses, regardless of the ethical implications of long-term ABA as discussed. Moreover, one treatment that ABA uses for negative attention is called extinction, where the reinforcement for the behavior is discontinued in order to attempt to decrease the incidence of the behavior. The literature on ABA lists possible side effects of extinction, one of which is depression (Powell et al., 2016). ABA therapists are not trained to recognize depression and therefore will continue this treatment while unknowingly causing psychological harm.*

Post traumatic stress and suicide in autistic people

18. Given the potential for harm inherent in ABA, critical researchers are starting to explicitly look for evidence of harm in people subjected to ABA and similar treatments. In the following 2018 study nearly half of the ABA-exposed respondents met the diagnostic threshold for PTSD.¹⁵

Extract: *Using an online questionnaire to survey autistic adults and caregivers of autistic children, the author collected data from 460 respondents on demographics, intervention types, and current pathological behaviors with symptom severity scales. This study noted PTSS in nearly half of ABA-exposed participants, while non-exposed controls had a 72 percent chance of being asymptomatic. Nearly half (46 percent) of the ABA-exposed respondents met the diagnostic threshold for PTSD, and extreme levels of severity were recorded in 47 percent of the affected subgroup. Respondents of all ages who were exposed to ABA were 86 percent more likely to meet the PTSD criteria than respondents who were not exposed to ABA.*

19. Autistic people are not anxious or suicidal due to “symptoms of autism”. Instead, autistic people are traumatised by repeatedly being told the equivalent of “you are awful and need to change”, by being routinely misunderstood and ignored, and by the perpetuation of incorrect xenophobic myths about what it is like to be autistic.

There is much more to humans than externally observable behaviour. Neuroscientific research has exposed ABA and behaviourism as pseudoscience. It is dehumanising and unscientific to dismiss the feelings and firsthand accounts of lived experiences of autistic people. The lived experience of autistic people constitutes the evidence that connects the dots between ABA, PTSD, depression and suicide.

20. Negating the ability of autistic people to explain what they experience and feel amounts to negating the human rights of autistic people.¹⁶ Society puts autistic people into many ABA like situations, i.e. situations that are experienced as extreme forms of coercion, and such experiences don't leave autistic people unscathed.

The causal link between (a) lived experience in a society that pathologises autistic people and that continuously exerts social pressure on autistic people to camouflage their autistic identity, and (b) high prevalence of trauma and suicide within the autistic population is obvious – certainly to autistic people, and increasingly also to researchers working with autistic adults.

¹⁵ <https://www.emerald.com/insight/content/doi/10.1108/AIA-08-2017-0016/full/html>

¹⁶ <https://autcollab.org/projects/ban-of-conversion-therapies/3rd-panel-discussion-towards-a-ban-of-all-forms-of-autistic-conversion-therapies/#CRPD>



21. Autistic adults are more vulnerable to sexual and physical abuse, bullying, unemployment, debt and discrimination due to social communication difficulties, which make it harder to escape from harmful situations or relationships.¹⁷

Extract: There is a high rate of co-morbid psychiatric disorders in autistic adults who do not have intellectual disability. Between 50 and 70% of these adults have a diagnosable anxiety disorder and a similar proportion have diagnosable depression. For example, poor executive function may only lead to anxiety if it causes an individual to be unemployed, get in to debt and become socially isolated. Concrete negative life experiences may be a more tractable and ethical target for intervention policies and practice, than altering underlying cognitive traits. It is therefore important that we have a good understanding of the types of negative life events that autistic adults are vulnerable to that may contribute to mental health difficulties. It is well established that adverse life experiences are associated with the development of anxiety and depression in the general population. Risk factors for depression and anxiety include sexual and physical abuse, bullying, unemployment, debt and discrimination. Autistic adults are more vulnerable to many of these experiences due to social communication difficulties, which may make it harder to recognise and escape from harmful situations or relationships. In addition, appearing vulnerable or different may make them a target for exploitation, abuse and discrimination.

22. After statistically controlling for a range of demographics and diagnoses, diagnosed autistic people and self-reported autistic traits in the general population significantly predicted suicidality. In autistic adults, non-suicidal self-injury, camouflaging, and number of unmet support needs significantly predicted suicidality.¹⁸

Extract: A majority of autistic adults (72%) scored above the recommended psychiatric cut-off for suicide risk on the SBQ-R; significantly higher than general population (GP) adults (33%). After statistically controlling for a range of demographics and diagnoses, ASC diagnosis and self-reported autistic traits in the general population significantly predicted suicidality. In autistic adults, non-suicidal self-injury, camouflaging, and number of unmet support needs significantly predicted suicidality.

23. Trauma-exposed ASD adults were found to be at increased risk of PTSD development, compared to previous general population statistics, with PTSD symptom scores crossing thresholds suggestive of probable PTSD diagnosis for more than 40% of ASD individuals following DSM-5 or non-DSM-5 traumas. A broader range of life events appear to be experienced as traumatic and may act as a catalyst for PTSD development in adults with ASD.¹⁹

Extract: Research to date suggests that individuals with autistic spectrum disorder (ASD) may be at increased risk of developing post-traumatic stress disorder (PTSD) following exposure to traumatic life events. It has been posited that characteristics of ASD may affect perceptions of trauma, with a wider range of life events acting as possible catalysts for PTSD development. This study set out to explore the nature of “trauma” for adults with ASD and the rates of self-reported PTSD symptomatology following DSM-5 and non-DSM-5 traumas—the latter being dened as those that would not meet the standard DSM-5 PTSD trauma Criterion A. Fifty-nine adults with ASD who reported exposure to traumatic events took part in the study, which involved completing a series of online questionnaires. Thirty-three individuals reported experiencing a “DSM-5” traumatic event (i.e., an event meeting DSM-5 PTSD Criterion A) and 35 reported a “non-DSM-5”

¹⁷ <https://onlinelibrary.wiley.com/doi/full/10.1002/aur.2162>

¹⁸ <https://molecularautism.biomedcentral.com/articles/10.1186/s13229-018-0226-4>

¹⁹ <https://onlinelibrary.wiley.com/doi/epdf/10.1002/aur.2306>



traumatic event. Trauma-exposed ASD adults were found to be at increased risk of PTSD development, compared to previous general population statistics, with PTSD symptom scores crossing thresholds suggestive of probable PTSD diagnosis for more than 40% of ASD individuals following DSM-5 or non-DSM-5 traumas. A broader range of life events appear to be experienced as traumatic and may act as a catalyst for PTSD development in adults with ASD. Assessment of trauma and PTSD symptomatology should consider possible non-DSM-5 traumas in this population, and PTSD diagnosis and treatment should not be withheld simply due to the atypicality of the experienced traumatic event.

24. It is important to understand suicide risk in autistic adults. Autistic people reported stronger feelings of perceived burden, thwarted belonging and more lifetime trauma than non-autistic people. Promoting self-worth and social inclusion are important for suicide prevention and future research should explore how these are experienced and expressed by autistic people.²⁰

Extract: This study explored whether the Interpersonal Theory of suicide informs our understanding of high rates of suicidality in autistic adults. Autistic and non-autistic adults (n = 695, mean age 41.7 years, 58% female) completed an online survey of self-reported thwarted belonging, perceived burden, autistic traits, suicidal capability, trauma, and lifetime suicidality. Autistic people reported stronger feelings of perceived burden, thwarted belonging and more lifetime trauma than non-autistic people. The hypothesised interaction between burdensomeness and thwarted belonging were observed in the non-autistic group but not in the autistic group. In both groups autistic traits influenced suicidality through burdensomeness/thwarted belonging. Promoting self-worth and social inclusion are important for suicide prevention and future research should explore how these are experienced and expressed by autistic people.

The connection between xenophobia and ABA

25. It is hard to underestimate the prevalence of xenophobia, especially when it is hidden or perceived as commonsense by a particular culture – often even enshrined in local laws. Non-autistic people are simply not sensitised to the diversity of modes of communication and collaboration that are used within the autistic community. Additionally, they tend to be uninformed about the sensory and experiential differences that influence autistic social interactions.

More than 90% of public social interactions of autistic people are with neuronormative people. These interactions involve very high risks of cultural misunderstandings, and autistic people do most of the heavy lifting to avoid being misunderstood. In contrast, more than 90% of interactions of non-autistic people are with non-autistic people. It is easy for non-autistic people to blame "deliberately difficult people" for misunderstandings and frictions in the other 10% of their interactions.

26. Xenophobic prejudice has multiple dimensions, and it is systemic. The University of Auckland for example actively promotes the pseudoscience of Applied Behaviour Analysis as follows:

*Applied Behaviour Analysis (ABA) is a scientific approach to understanding and changing human behaviour. **It has applications with a wide variety of client groups including those with intellectual and other disabilities, autism spectrum, childhood onset behavioural disorders, and people in brain injury rehabilitation and dementia care.** Behaviour principles provide a strong basis for the analysis of complex human repertoires including language and social behaviour. Successful completion of the programme will also make a graduate eligible to apply to the New Zealand Psychologists Board to be a*

²⁰ <https://link.springer.com/article/10.1007/s10803-020-04393-8>



Banning Conversion Therapies

registered psychologist and work as a practising psychologist in New Zealand. The Behavior Analyst Certification Board (BACB <http://www.bacb.com>) administers the international professional certification process for behaviour analysts. Our programme is a BACB-approved course sequence that will equip you with the coursework and supervised hours needed to become board-certified. Graduates of our three-year programme are eligible to take the BACB examination for Board Certified Behavior Analysts. Our graduates have achieved a 100% pass rate at this examination over the programme's history.²¹

Whilst the government is now committed to banning conversion practices, the proposed scope of CPPLB so far does not acknowledge the use cases highlighted above. The tone of the advertisement from the University of Auckland above can only be properly understood via the mind set that propels the growing multi-billion-dollar global autism industrial complex.^{22 23}

Conclusion

27. The autistic community welcomes the introduction of this Bill and urges Parliament to ensure that all forms of conversion therapy are prohibited to protect all New Zealanders negatively impacted by these practices.
28. Limiting the definition of conversion therapy to sexual orientation, gender identity or gender expression protects a sub-set of New Zealanders harmed by these practices, but excludes members of neuro-diverse communities similarly impacted by virtue of their neurological identity.
29. Parliament has an opportunity to substantially address the disproportionately negative mental health outcomes experienced by neuro-divergent New Zealanders, a factor in which are the application of conversion therapies to these communities.

²¹ <https://www.psych.auckland.ac.nz/en/about/our-courses/applied-behaviour-analysis.html>

²² <https://youtu.be/zBTLaZQ31Yg>

²³ <https://lnns.co/rel25JZWczX>



Banning Conversion Therapies

Appendix A: Providers of conversion therapies in Aotearoa

The organisations listed below sell conversion therapies for autistic children and education or conduct related research using labels such as Applied Behaviour Analysis, Positive Behaviour Support, and Early Start Denver Model (ESDM):

1. <https://abatherapy.co.nz/>
2. <https://www.acornautism.co.nz/>
3. <http://www.autisminterventiontrust.org.nz>
4. <https://www.bechange.co.nz/>
5. <http://fasttrust.co.nz/school-programmes>
6. <https://www.waikato.ac.nz/study/subjects/behaviour-analysis>
7. <https://www.wgtn.ac.nz/autism-clinic/research/completed-research>
8. <https://www.psych.auckland.ac.nz/en/about/our-courses/applied-behaviour-analysis.html>

Many further therapists describe themselves as “experienced in implementing intensive Behaviour Support Services, based on the principles of Applied Behaviour Analysis” etc., without attaching any specific label to the services offered.



Appendix B: References

Micheal Sandbank, Kristen Bottema-Beutel, Shannon Crowley, Margaret Cassidy, Kacie Dunham, Jacob I Feldman, Jenna Crank, Susanne A Albarran, Sweeya Raj , Prachy Mahbub , Tiffany G Woynaroski. 2020. "Project AIM: Autism intervention meta-analysis for studies of young children." *Psychological Bulletin*. (January 2020) 146(1):1-29.

doi: 10.1037/bul0000215.

<https://www.ncbi.nlm.nih.gov/pubmed/31763860>.

The Department of Defense Comprehensive Autism Care Demonstration, Quarterly Report to Congress. Second Quarter, Fiscal Year 2019.

<https://www.altteaching.org/wp-content/uploads/2019/11/TRICARE-Autism-Report.pdf>.

The Department of Defense Comprehensive Autism Care Demonstration Annual Report. 2020.

<https://therapistndc.org/wp-content/uploads/2020/08/Annual-Report-on-Autism-Care-Demonstration-Program-for-FY-2020.pdf>.

Kristen Bottema-Beutel and Shannon Crowley. 2021. "Pervasive Undisclosed Conflicts of Interest in Applied Behavior Analysis Autism Literature." *Frontiers in Psychology*. (May 2021) 12: 676303. doi: 10.3389/fpsyg.2021.676303.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8131529/>.

Aileen H. Sandoval-Norton, Gary Shkedy & Dalia Shkedy. 2021. "Long-term ABA Therapy Is Abusive: A Response to Gorycki, Ruppel, and Zane." *Advances in Neurodevelopmental Disorders* volume 5, pages 126–134.

<https://link.springer.com/article/10.1007/s41252-021-00201-1>.

Henny Kupferstein. 2018. "Evidence of increased PTSD symptoms in autistics exposed to applied behavior analysis." (Jan 2018) *Advances in Autism*. Volume 4 Issue 1.

<https://www.emerald.com/insight/content/doi/10.1108/AIA-08-2017-0016/full/html>.

Sarah Griffiths, Carrie Allison, Rebecca Kenny, Rosemary Holt, Paula Smith, Simon Baron-Cohen. 2019. "The Vulnerability Experiences Quotient (VEQ): A Study of Vulnerability, Mental Health and Life Satisfaction in Autistic Adults." *Autism Research*. Volume 12 Issue 10. <https://doi.org/10.1002/aur.2162>.

<https://onlinelibrary.wiley.com/doi/full/10.1002/aur.2162>.

Sarah Cassidy, Louise Bradley, Rebecca Shaw & Simon Baron-Cohen. 2018. "Risk markers for suicidality in autistic adults." *Molecular Autism*. Vol 9 Art 42.

<https://molecularautism.biomedcentral.com/articles/10.1186/s13229-018-0226-4>.

Freya Rumball , Francesca Happé, and Nick Grey. 2020. "Experience of Trauma and PTSD Symptoms in Autistic Adults: Risk of PTSD Development Following DSM-5 and Non-DSM-5 Traumatic Life Events." *Autism Research*. Vol 13: 2022-2132.

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/aur.2306>.

Mirabel K. Pelton, Hayley Crawford, Ashley E. Robertson, Jacqui Rodgers, Simon Baron-Cohen & Sarah Cassidy. 2020. "Understanding Suicide Risk in Autistic Adults: Comparing the Interpersonal Theory of Suicide in Autistic and Non-autistic Samples." *Journal of Autism and Developmental Disorders* volume 50, pages 3620–3637.

<https://link.springer.com/article/10.1007%2Fs10803-020-04393-8>.