

Catholics For Renewal Inc.

www.catholicsforrenewal.org.au



SUBMISSION

OF

CATHOLICIS FOR RENEWAL

ON

EXPOSURE DRAFT

OF THE

**COMMUNICATIONS LEGISLATION AMENDMENT (COMBATTING
MISINFORMATION AND DISINFORMATION) BILL 2023**

3 August 2023

Introduction

Catholics for Renewal is a group composed chiefly, but not exclusively, of Catholic lay people. In the ten years or so of their existence, members have dedicated themselves to the cause of reforming the Catholic church whose failings in recent years have been aired so publicly, and caused so much scandal, in Australia and beyond. In the service of that cause, this group has provided witnesses to the *Inquiry into the Handling of Child Abuse by Religious and Other Organisations* by the Parliament of Victoria (Committee, Family and Community Development 2013), and to the Royal Commission into Institutional Responses to Child Sexual Abuse (2017). More recently, Catholics for Renewal has published its submission to the church's Plenary Council preparatory Committee in the form of a book (Catholics-for-Renewal 2019).

Our position on Exposure Draft

We submit the Catholic church's official doctrine that 'the inclination [to homosexuality] must be seen as an objective disorder' (*Homosexualitatis Problema*, CDF 1986), and that morally 'homosexual acts are intrinsically disordered'¹ (Catechism of the Catholic Church n. 2357)

- (a) will fall foul of the proposed legislation, and
- (b) that no exemption should be granted to teach it on the relevant media platforms, and
- (c) that, if it is to be taught on those platforms, the bill ought to be amended to require the church (and other religious bodies teaching it on such platforms) to accompany the teaching with an acknowledgment that modern psychiatry has ceased to regard homosexuality as a disorder, and instead regards it as falling on the spectrum of norm sexuality.

a) the Catholic church's official doctrine will fall foul of the proposed legislation

Assertion of this doctrine on a digital service, we contend, will violate this proposed law's prohibition of *misinformation* (7. 1 (a)) on such services. Assertion of this doctrine is misinformation, we hold, because it is *misleading* (7. 1. (a)). This religious doctrine is *misleading* because the empirical assumption on which it is *necessarily*² based – that homosexuality is a psychiatric disorder – is false.

¹ The Congregation [now Dicastery] for the Doctrine of the Faith (DCF), the Vatican ministry for safeguarding doctrine, extends this disorder to the condition of the person inclined to such acts: "Although the particular inclination of the homosexual person is not a sin, it is a more or less strong tendency ordered toward an intrinsic moral evil; and thus the inclination itself must be seen as an objective disorder. Therefore, special concern and pastoral attention should be directed toward those who have this condition, lest they be led to believe that the living out of this orientation in homosexual activity is a morally acceptable option. It is not." Congregation for the Doctrine of the Faith, *Homosexualitatis Problema* (Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons; hereafter HP), (1 October 1986), 3. Quoted in (Nickoloff, James B. 2009 note 22).

² The church does not deny that its teaching on homosexuality is necessarily based on empirical assumptions such as psychiatric assessments of its nature. However, the church insists that true empirical assumptions are those based on an anthropology that accords with a so-called Christian understanding of human nature. This is really a claim that human nature, though accessible to human understanding, is capable of being fully understood only with the guidance of the earthly authority appointed by God to interpret it, the church (see statements of this church teaching in HP extracts presented in Appendix 3). Nickoloff notes the disrespect that the church's DCF shows for modern scientific assessment of homosexuality: 'The Magisterium's indifference

That this assumption is false is attested by the following authorities. In Australia on October 15, 1973, the Australian and New Zealand College of Psychiatrists Federal Council declared that homosexuality was not an illness.

In its 2013 Edition, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) no longer defined homosexuality as a mental disorder. Recent works in biology such as Bruce Bagemihl's *Biological Exuberance: Animal Homosexuality and Natural Diversity*, (Stonewall Inn Editions, St. Martin's Press, Chicago, 2020), report sexual diversity in the animal as well as the human world.

Teachings such as this do not fall within the 'excluded content' already specified by this bill.

Asserted as it is on the Vatican website in multiple languages for proclamation to the whole world, the doctrine more than meets the requirements of 7. 1. (c) of the proposed bill that 'the content is provided on the digital service to one or more end-users in Australia'.

Assertion of this doctrine also, in our strong submission, meets the requirements of 7. 1. (d) of the bill that 'the provision of the content on the digital service is reasonably likely to cause or contribute to serious harm'. Direct evidence of this likelihood is available from various sources.

A 2018 study by the La Trobe University & Human Rights Law Centre, for example, presents a list of the harmful effects of religious messages that non-heterosexual forms of sexuality were disorders:

The list includes self-hatred, shame, loneliness, thoughts of suicide, problems with being touched or loved, sexual dysfunction, causing harm to those they love including partners and spouses, grief, loss of faith, loss of community, depression, ongoing mental health problems and economic disadvantage (Jones, T et al. 2018 p. 38).

A journal article summarising recent research on the matter reports the isolating effects that religious discrimination can have on LGBTQI+ members of faith communities:

The negative approach of religion towards a LGBTIQ person's sexuality or gender non-conformity can correlate with a 'damaging internal conflict' (Gahan et al. 2014: 204). How an LGBTIQ religious person resolves these conflicts between sexual orientation and spirituality may have a 'profound effect' on mental, spiritual and other health (Gahan et al. 2014: 206). Although it can be argued that in increasingly secular societies religious institutions have a decreasing hold on LGBTIQ people, leaving a religion that is part of one's MCMF family and community heritage can be very painful and isolating (Pallotta-Chiarolli, Maria & Rajkhowab, Arjun 2017 p. 438).

Indirect evidence of the effects of social pressures on the mental health of LGBTIQ+ communities is consistent with these examples of the direct evidence of such effects. The Australian Institute of Health and Welfare, for example, reports from the 2019 Private Lives 3 survey:

to, and even disrespect for, the sciences and lived human experience may be seen in many documents dealing with homosexuality. See, for example, the conflicting views of science in the Pontifical Council for the Family's lengthy treatment of "The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family" (8 December 1995). In HP 2 the Council acknowledges that it "owe[s] much to the gains of science," but in HP [(Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons, (1 October 1986) 138] it warns against professional associations of sex-educators, sex-counsellors, and sex-therapists whose work may be based on "unsound theories, lacking scientific value and closed to an authentic anthropology...no matter what official recognition they may have received."

The findings of PL3 are consistent with evidence from Australia and overseas, which indicate that LGBTIQ+ communities experience higher levels of mental ill health, suicidality and self-harm, compared with the general population (Hill et al. 2020, 2021, Marchi et al. 2022, Swannell et al. 2016, Zwickl et al. 2021). Within the LGBTQ+ research, trans and gender diverse participants appear to experience a greater risk of suicidal thoughts and behaviours, compared with cis-gendered participants. (<https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicidal-and-self-harming-thoughts-and-behaviours>)

It is just not credible to us that a teaching that the sexual acts performed by people belonging to these communities 'are intrinsically disordered', and even worse, that '[h]omosexual orientation is, ... "objectively disordered"' (Salzman, Todd A. & Lawler, Michael G. 2020 p. 121) will not cause them serious psychological distress and thus contribute to these effects on their health. Such communications would be a case of one of the most widespread and powerful institutions on earth publicly condemning acts of love between such persons as 'intrinsically disordered', and asserting that the attraction they feel towards one another stems from a disorder in their own constitution. Pressure of this kind can hardly fail to cause acute psychological distress in such persons. Indeed, a study conducted by University College London (UCL) confirmed that comparable social pressures like bullying aggravated tendencies towards symptoms of distress:

Further analysis [of the data collected in UCL study] suggested that experiences of bullying may contribute to the increased probability of suicidal thoughts among lesbian or gay adults, and that experiences of discrimination and bullying (both categorised as minority stress factors) may each contribute to the increased risk of self-harm among lesbian, gay and bisexual adults. (<https://www.ucl.ac.uk/news/2023/jun/lgb-adults-higher-risk-suicidal-thoughts-and-self-harm>) (9 June 2023 report of UCL study published in *Social Psychiatry and Psychiatric Epidemiology*)

Beyondblue, the well known Australian mental health support organisation, provides even more information about the prevalence of poor mental health within the LGBTQI+ community, information provided in Appendix 1.

The volume and quality of this evidence can leave no doubt that the effects of allowing the teaching of the Catholic church, and of other religious communities with similar teachings, on the nature of homosexuality and non-heterosexual acts will be seriously harmful to members of the LGBTQI+ community.

b) that no exemption should be granted to teach it on the relevant media platforms

An argument will no doubt be made by the Catholic church, and by some other religious groups, that this teaching on homosexuality should be classified under the proposed legislation as 'excluded content' on the ground that it is a religious teaching, and that the state is incompetent to adjudicate religious questions. We submit that this argument is invalid. Our contention is that the teaching should be classified as misinformation because it is based on a false *empirical* assumption, not because it is a false *religious* teaching. The state, we hold, is competent and duty-bound to protect its citizens from serious harm where there is expert scientific advice that such harm is likely. We have adduced evidence of such advice in the previous section.

- c) that, if this teaching is to be permitted on those platforms, the bill ought to be amended to require the church (and other religious bodies teaching it on such platforms) to accompany the teaching with an acknowledgment that modern psychiatry has ceased to regard homosexuality as a disorder, and instead regards it as falling on the spectrum of normal sexuality.

We understand that the Catholic church is not likely to change its teaching on this matter in the near future, and that in all fora it will resist this proposed law with all the powers at its disposal. If the government is unable to withstand this resistance, we offer the following proposal as a compromise. The teaching that homosexual acts are intrinsically disordered, and that the homosexual orientation itself is an 'objective disorder', should be counted as 'excluded content' in the terms of this legislation provided that this teaching is always accompanied by the following words: *It is acknowledged that this teaching is at odds with modern psychiatric opinion.*

This compromise would permit the church, and similar bodies, to include this teaching on the relevant platforms, thus removing any ground for a claim that its religious freedom was being violated by prohibiting such content. However, it would also limit the harm that may follow from permitting such content by requiring that it always be accompanied by a formula preventing readers from being misled into thinking that the content had scientific support. The legislation, so amended, would present the issue exactly as it is: a clash between religious opinion and scientific consensus in a secular society, meaning a society in which, because there is a diversity of belief systems, the state is incompetent to favour any particular system in its laws and policies.

Conclusion

In making this submission we are glad to be able to point to other Catholic groups within the universal church who share our horror at the treatment of the LGBTQTI+ community even by sections of the hierarchy. At a meeting of International Church Reform Network held in Warsaw, Poland, in 2019, this important body wrote to the Polish Catholic Bishops' Conference expressing their concern that some Polish bishops were flouting the Vatican's instructions on the pastoral care of this community. We present a copy of this letter as Appendix 2 for your information.

We are grateful for the opportunity of making a submission on this important issue, and our representatives are available for further consultation if required:

CONTACTS

Dr Peter Wilkinson
President, Catholics for Renewal

[REDACTED]

M: [REDACTED]

Email: [REDACTED]

Dr Michael Leahy
Member, Catholics for Renewal

[REDACTED]

M: [REDACTED]

Email: [REDACTED]

Appendix 1

The Beyondblue website summarises data collected from recent studies:

Message: In Australia, LGBTIQ+ people are far more likely to be psychologically distressed than non-LGBTIQ+ people.

Breakdown: One study of 3,835 LGBTIQ+ Australians found that they scored considerably higher than the national average on the K10 scale, with a score of 19.6 versus 14.5.¹

Three in ten people who identify as LGB are currently experiencing depression. Four times the rate of heterosexual people in Australia.

Breakdown: 30.0% of people aged 16-85 who identified as Gay, Lesbian, Bisexual or who used a different term such as Asexual, Pansexual or Queer had a 12-month Affective disorder². Compared to 6.5% of people who identify as heterosexual².

In Australia, almost half of people who identify as LGB are currently experiencing an anxiety condition – two and half times the rate of heterosexual people.

Breakdown: 44.7% of people aged 16-85 who identified as Gay, Lesbian, Bisexual or who used a different term such as Asexual, Pansexual or Queer had a 12-month Anxiety disorder². Compared to 15.6% of people who identify as heterosexual².

Message: There is some evidence that, within the LGBTIQ+ community, people identifying as transgender and people with intersex variations have some of the highest levels of psychological distress

Breakdown: The above-mentioned K10 score of 19.6 included a mean score for transgender males of 23.2 and transgender females of 23.2. This compares to a mean score for bisexual women of 21.8, a mean score for bisexual men of 20.5, a mean score for lesbian women of 19 and a mean score for gay men of 18.8.³

There is relatively little data about the mental health of people with intersex variations in Australia. However a small study in 2009 found intersex adults are markedly psychologically distressed, with rates of suicidal tendencies and self-harming behaviour on a level comparable to women in the community with a history of physical or sexual abuse.⁴ The National LGBTIQ+ Health Alliance has also stated that overseas research and anecdotal evidence in Australia indicate that intersex adults have rates of suicidal tendencies and self-harming behaviour well above those of the general population.⁵ An Australian study with people with intersex variations found that 42% of participants had thought about self-harm and 26% had self-harmed, and 60% had thought about suicide and 19% had attempted suicide. Responses about mental health conditions that they had been diagnosed with revealed depression was the most common, followed by anxiety.⁶

Message: LGBTIQ+ people are far more likely to attempt suicide than non-LGBTIQ+ people

Breakdown: LGBTIQ+ people are between 3.5 and 14 times more likely to try and die by suicide as their non-LGBTIQ+ peers.⁷

Message: One in six young LGBTIQ+ people has attempted suicide and one third have harmed themselves

Breakdown: 16% of LGBTIQ+ Australians aged between 16 and 27 have attempted suicide and 33% have self-harmed.⁸ Looking at transgender young people specifically, around 3 in every 4 transgender young people have experienced anxiety or depression, 4 out of 5 transgender young people have ever engaged in self-harm, and almost 1 in 2 have ever attempted suicide (48%).⁹

^ A lesbian is a woman whose primary emotional and sexual attraction is towards another woman. Gay is a term mostly used to describe men whose primary emotional and sexual attraction is towards other men. However, it can be used to describe both men and women who are attracted towards people of the same sex. Bisexual refers to a person who is emotional and/or sexually

attracted to people of more than one gender identity. Transgender (or sometimes trans or trans*) is an umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with the sex assigned at birth. Not all people who identify as transgender undergo medical procedures to change their bodies. Intersex is a general term used to describe a set of conditions where a person is born with reproductive organs or sex chromosomes that don't fit with typical definitions of male or female.

* An affective disorder is defined by the ABS in this research as one or more of the following: depressive episode, dysthymia and bipolar affective disorder.

** An anxiety disorder is defined by the ABS in this research as one or more of the following: panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

Beyondblue references:

¹ Private Lives 2, The second national survey of the health and wellbeing of GLBT Australians 2012 p VII

² ABS (2022) National Study of Mental Health and Wellbeing, 2020-21. Available at <<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>>

³ Private Lives 2, The second national survey of the health and wellbeing of GLBT Australians 2012 p 36

⁴ Schutzmann, K. et al (2009) Psychological distress, self-harming behaviour, and suicidal tendencies in adults with disorders of sex development p 1

⁵ Rosenstreich, G. (2013) LGBTIQ+ People Mental Health and Suicide. Revised 2nd Edition. National LGBTIQ+ Health Alliance. Sydney p 3

⁶ Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, L., Lukce, J. (2016). Intersex: Stories and Statistics from Australia. Open Book Publishers.

⁷ Suicide Prevention Australia Position Statement, Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities 2009 p 6

⁸ Robinson, KH, Bansel, P, Denson, N, Ovenden, G & Davies, C 2014, Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne p V

⁹ Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia.

Appendix 2



c/o St. Francois
26 Avoca Avenue
Blackrock A94Y1X3
County Dublin, Ireland

September 26, 2019

Archbishop Stanisław Gądecki
President of the Polish Episcopal Conference
Skwer kard. Stefana Wyszyńskiego 6
01-015 Warszawa
E-mail: skep1@episkopat.pl

Dear Archbishop Gadecki,

We write to you as representatives of the International Catholic Reform Network (ICRN) which gathered in Warsaw from September 22-27, 2019. ICRN was founded in 2012 for the purpose of drawing together the best practices of communities around the world to bring about a Church that is welcoming and inclusive, reflecting and living the Gospel message so as to bring about the reign of God in our troubled world.

At the gathering representatives from 5 continents were saddened to hear about the controversies in Poland between the LGBT community and the Polish hierarchy.

When we learned that Bishop Wiesław Mering of Włocławek defended Professor Aleksander Nalaskowski who called LGBT people “Traveling Rapists,” we felt that he did not follow the Catechism of the Catholic Church’s mandate to treat lesbian and gay people with “respect, compassion, and sensitivity” (par. 2358).

The Equality Marches in Warsaw, Gdansk, Bialystok, and Poznan this year were opportunities for the Catholic bishops of Poland to show pastoral sensitivity for LGBT people. Instead the Archbishop Tadeusz Wojda of Bialystok described the Equality March as “an act of discrimination against Catholics.” Such rhetoric, we believe, fueled, or perhaps instigated, the attacks of throwing rocks and firecrackers, along with degrading slurs, against the marchers in Bialystok.

We would like to remind the Polish bishops of the 1986 statement of the Congregation for the Doctrine of the Faith, which said, “It is deplorable that homosexual persons have been and are the object of violent malice in speech and action. Such treatment deserves condemnation from the Church’s pastors wherever it occurs” (Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons).

We were appalled to learn that Archbishop Marek Jedraszewski of Krakow, on the 75th anniversary of the Warsaw Uprising, used the occasion to disparage LGBT people by saying that “a red plague is not gripping our land anymore” but that there is a new plague which is “not red, but rainbow” and that Poland is “suffering from a rainbow disease.” Such remarks do not show respect for human beings who have been the object of discrimination and social intolerance.

We ask you to call upon the Polish bishops to comply with the Vatican’s instruction that “The intrinsic dignity of each person must always be respected in word, action and in law” and “to support with the means at their disposal, the development of appropriate forms of pastoral care for homosexual persons” (Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons).

Sincerely,

Sr. Jeannine Gramick, SL, [REDACTED]
Martha Heizer, [REDACTED]
Colm Holmes, [REDACTED]
New Ways Ministry, USA
We Are Church Austria
WAC International

Cc: Bishop Wieslaw Mering
Archbishop Tadeusz Wojda
sekretarz@archibial.pl
Archbishop Marek Jedraszewski
sekretariat@diecezja.krakow.pl

Appendix 3

CONGREGATION FOR THE DOCTRINE OF THE FAITH

LETTER TO THE BISHOPS OF THE CATHOLIC CHURCH ON THE PASTORAL CARE OF HOMOSEXUAL PERSONS

1 October 1986

2. Naturally, an exhaustive treatment of this complex issue cannot be attempted here, but we will focus our reflection within the distinctive context of the Catholic moral perspective. It is a perspective which finds support in the more secure findings of the natural sciences, which have their own legitimate and proper methodology and field of inquiry.

However, the Catholic moral viewpoint is founded on human reason illumined by faith and is consciously motivated by the desire to do the will of God our Father. The Church is thus in a position to learn from scientific discovery but also to transcend the horizons of science and to be confident that her more global vision does greater justice to the rich reality of the human person in his spiritual and physical dimensions, created by God and heir, by grace, to eternal life.

It is within this context, then, that it can be clearly seen that the phenomenon of homosexuality, complex as it is, and with its many consequences for society and ecclesial life, is a proper focus for the Church's pastoral care. It thus requires of her ministers attentive study, active concern and honest, theologically well-balanced

3. Explicit treatment of the problem was given in this Congregation's "Declaration on Certain Questions Concerning Sexual Ethics" of December 29, 1975. That document stressed the duty of trying to understand the homosexual condition and noted that culpability for homosexual acts should only be judged with prudence. At the same time the Congregation took note of the distinction commonly drawn between the homosexual condition or tendency and individual homosexual actions. These were described as deprived of their essential and indispensable finality, as being "intrinsically disordered", and able in no case to be approved of (cf. n. 8, §4).

In the discussion which followed the publication of the Declaration, however, an overly benign interpretation was given to the homosexual condition itself, some going so far as to call it neutral, or even good. Although the particular inclination of the homosexual person is not a sin, it is a more or less strong tendency ordered toward an intrinsic moral evil; and thus, the inclination itself must be seen as an objective disorder.

Therefore, special concern and pastoral attention should be directed toward those who have this condition, lest they be led to believe that the living out of this orientation in homosexual activity is a morally acceptable option. It is not.

[Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons \(vatican.va\)](https://www.vatican.va/homosexuality/letter-to-the-bishops-of-the-catholic-church-on-the-pastoral-care-of-homosexual-persons/2016/06/20160621-letter-to-the-bishops-of-the-catholic-church-on-the-pastoral-care-of-homosexual-persons_en.html)

References

Catholics-for-Renewal 2019, *Getting Back on Mission: Reforming our church together*, Garratt Publishing, Melbourne, Vic.

Committee, FaCD 2013, *Inquiry into the Handling of Child Abuse by Religious and Other Organisations*, Parliament of Victoria, Melbourne, Vic.

Jones, T, Brown, A, Carnie, L, Fletcher, G, & Leonard, W 2018, *Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in*

Australia, GLHV@ARCSHS and the Human Rights Law Centre, Melbourne.

McClellan, P 2017, *FINAL REPORT OF THE ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE*, States News Service.

Nickoloff, JB 2009, "'INTRINSICALLY DISORDERED": GAY PEOPLE AND THE HOLINESS OF THE CHURCH', Santa Clara University.

Pallotta-Chiarolli, M & Rajkhowab, A 2017, 'Systemic Invisibilities, Institutional Culpabilities and Multicultural-Multifaith LGBTIQ Resistances', *JOURNAL OF INTERCULTURAL STUDIES*, vol. 38, no. 4, pp. 429–42.

Salzman, TA & Lawler, MG 2020, 'Human Dignity and Homosexuality in Catholic Teaching: An Anthropological Disconnect between Truth and Love?', *Interdisciplinary Journal for Religion and Transformation in Contemporary Society*, no. 6, pp. 119-39.