### Response to Request for Inputs from the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity, With Focus on Practices of So-Called “Conversion Therapy”

December 21, 2019  
Submitted by The Trevor Project

1. **The Trevor Project’s Experience Serving Youth Harmed by So-Called “Conversion Therapy”**

The Trevor Project is the world’s largest suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people. The organization works to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: a 24/7 phone lifeline, chat, text and soon-to-come integrations with social media platforms. The organization also runs TrevorSpace, the world’s largest safe space social networking site for LGBTQ youth. These services are used by thousands of youth each month - last year alone, The Trevor Project directly served over 98,000 calls/chats/texts from LGBTQ youth who reached out for support, and 200,000 young people have used TrevorSpace to find a safe, affirming online community. Through analyzing and evaluating data obtained from these services and empirical studies conducted by its research department, The Trevor Project produces innovative research that brings new knowledge, with clinical implications, to issues affecting LGBTQ youth.

The Trevor Project’s “50 Bills 50 States” campaign works to introduce legislation across the United States to protect LGBTQ youth from conversion therapy in every state in the country. The campaign supports these important bills by educating lawmakers and the public about the dangers of conversion therapy; providing testimony lifting up the stories of LGBTQ youth who contact us in crisis because of conversion therapy and the personal experiences of people like our Head of Advocacy, Sam Brinton, who is a conversion therapy survivor; and building and equipping a growing network of thousands of grassroots 50 Bills 50 States volunteers to call, email, and meet with their elected representatives.

The Trevor Project works firsthand with LGBTQ youth, many of whom are survivors of conversion therapy or have a credible fear that their family members will compel them to receive conversion therapy. Supervisors for The Trevor Project’s crisis services report that conversion therapy-related issues come up regularly, as often as weekly. These impressions are borne out by data collected on TrevorLifeline, TrevorText, and TrevorChat, as hundreds of people have reached out to The Trevor Project with specific concerns about conversion therapy. Terms like “conversion therapy,” “reparative therapy,” and “ex-gay” appear in data collected from these platforms hundreds of times.

While each LGBTQ youth might have a different way to describe what their experience with conversion therapy is, the common thread that connects them is that these experiences are uniformly difficult. For many LGBTQ people, conversion therapy is a source of deep anxiety. Some of these LGBTQ individuals contact The Trevor Project because their families are threatening to send them to conversion therapy and they fear what will happen to them when they are sent away.

The Trevor Project has also counseled numerous LGBTQ minors who are afraid to come out to their family members because of the fear that their family members will force them to undergo conversion therapy. Some users of TrevorLifeline, TrevorText, and TrevorChat report that this fear is reinforced by derogatory remarks regularly made by family members—for instance, that being LGBTQ “is a choice” or “demonic,” or that conversion therapy is necessary to “fix” them. Still other LGBTQ youth contact The Trevor Project because they are in conversion therapy, it is not working, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors.

Some who have contacted The Trevor Project have explained that, after coming out to their parents as LGBTQ, their unaccepting family members responded by threatening to cut off contact and support unless they agreed to attend conversion therapy. Others have been estranged from family, with the restoration of relationships conditioned explicitly on the person’s consent to conversion therapy. This rejection caused these individuals considerable distress, and they felt like conversion therapy might be their “only” alternative.

The harm caused by conversion therapy is not limited to the child subjected to it, but also spreads to anyone who cares about the child and the pain the child is experiencing. LGBTQ youth regularly reach out to The Trevor Project because friends and loved ones are subjected to conversion therapy, and they are worried about what is happening to them or wonder what they can do to help them. For example, one individual called TrevorLifeline because the caller’s relative was being sent to conversion therapy by their family, and the individual wanted to know whether anything could be done to stop them. LGBTQ youth have also contacted The Trevor Project in a state of distress because a loved one has died by suicide during or after being subjected to conversion therapy.

1. **Responses to Questions Posed by the Independent Expert**

**1. What different practices fall under the scope of so-called “conversion therapy” and what is the common denominators that allow their grouping under this denomination?**

So-called “conversion therapy” comes in many forms and is known by many names, including “reparative therapy,” “ex-gay ministries,” “sexual orientation/gender identity change efforts,” and more, as practitioners change the descriptions of their activities as survivors and former practitioners tell the truth about conversion therapy’s effects and societal stigma against these harmful and debunked practices increases.

Whatever it is called, conversion therapy includes any “efforts to change an individual’s sexual orientation, gender identity, or gender expression through behavioral health or medical interventions. Any effort with an a priori goal of a gender expression that aligns with stereotypical norms, cisgender identity, and/or heterosexual orientation, identity, and sexual behaviors.”[[1]](#footnote-1) According to a recent white paper by The Mattachine Society:

“[T]he earliest forms of conversion therapy promoted the use of other-sex prostitutes, marriage to other-sex partners, orgasmic reconditioning, and various forms of aversion therapy including, triggering nausea, vomiting or paralysis and administering electroshock, chemical and deprivation therapies.”[[2]](#footnote-2)...“Cognitive therapists attempted to change the thought patterns of gay men and lesbians by reframing desires, redirecting thoughts, or using hypnosis, with the goal of changing sexual arousal, behavior, and orientation.”

While some conversion therapists continue to use physical methods, including aversive conditioning, the most common techniques and treatments in the United States today include behavioral, cognitive, psychoanalytic, and other practices that try to change or reduce same-sex attraction or alter a person’s gender identity. These methods, though less overtly shocking than historical treatments, are just as scientifically invalid and continue to cause serious harm to patients subjected to them—especially minors or vulnerable adults under guardianship, who are often compelled to undergo them by their parents or legal guardians.

According to the National Center for Lesbian Rights, an LGBTQ advocacy and legal organization that has long been at the forefront of the fight to end conversion therapy in the United States:

“According to a 2009 report of the American Psychological Association, the techniques therapists have used to try to change sexual orientation and gender identity include inducing nausea, vomiting, or paralysis while showing the patient homoerotic images; providing electric shocks; having the individual snap an elastic band around the wrist when aroused by same-sex erotic images or thoughts; using shame to create aversion to same-sex attractions; orgasmic reconditioning; and satiation therapy. Other techniques include trying to make patients’ behavior more stereotypically feminine or masculine, teaching heterosexual dating skills, using hypnosis to try to redirect desires and arousal, and other techniques—all based on the scientifically discredited premise that being LGBT is a defect or disorder.

The current practice guidelines for the National Association for Research & Therapy of Homosexuality (NARTH)[[3]](#footnote-3), which is a group of therapists who endorse and practice conversion therapy in the United States, encourage its members to consider techniques that include hypnosis, behavior and cognitive therapies, sex therapies, and psychotropic medication, among others.”[[4]](#footnote-4)

For contemporary conversion therapists (licensed or unlicensed), it is common for practitioners to treat a person’s sexual orientation or gender identity as an addiction that is believed to be the result of abuse and childhood trauma that could be overcome by following the tenets of the ministry or counselor. Especially for faith-based providers, these tenets often consist of teachings pulled from religious texts, prayer, spiritual discipline, and practices modeled off of twelve-step programs supporting the underlying premise of “sexual brokenness” or “gender confusion.” These “recovery” style conversion therapy groups tend to try to deny or deflect from the fact that what they are trying to do even constitutes conversion therapy, as they claim that their objective is to allow LGBT people to live consistent with their faith or pursue “purity,” rather than to change the underlying orientation or identity, but closer examination nearly always proves this to be untrue, with patients or customers being pressured to marry individuals of the opposite sex or otherwise seek “change.” Even so, program materials for these religious ministries regularly invoke psychological or mental health concepts to provide a veneer of scientific legitimacy.

In order to understand what conversion therapy is and how it is practiced today, it helps to understand what conversion therapy is not. Organizations like the World Professional Association for Transgender Health (WPATH) and the American Psychological Association have helped to develop best practice protocols for appropriately treating the mental health challenges faced by LGBTQ people. For example:

The APA currently endorses client-centric “sexual orientation identity exploration.” In contrast to SOCE [sexual orientation change efforts, i.e. conversion therapy], the APA’s approach focuses on providing individualistic counseling to clients who wish to reconcile their sexual orientation identity with their religious identity without stigmatizing homosexuality. Unlike SOCE, the APA approach is not premised on the eventual re-identification as heterosexual, but rather offers gay-affirmative therapy for those seeking it. “Identity exploration is an active process of exploring and assessing one’s identity and establishing a commitment to an integrated identity that addresses the identity conflicts without an a priori treatment goal for how clients identify or live out their sexual orientation.”[[5]](#footnote-5)

**2. Are there definitions adopted and used by States on practices of so-called “conversion therapy”? If so, what are those definitions and what was the process through which they were created or adopted?**

In the 18 U.S. states and dozens of local municipalities that have passed legislation protecting minors (individuals under the age of 18) (and in some jurisdictions, adults subject to guardianship or conservatorship) from conversion therapy conducted by licensed mental health or medical professionals, the definition of conversion therapy is generally very close to that which has been developed as a model by mental health professional and LGBTQ advocacy/legal organizations. That definition is as follows:

*As used in this section, "conversion therapy" means any practices or treatments that seek to change an individual’s sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual’s sexual orientation or gender identity.*

The state of Utah’s Department of Occupational and Professional Licensing has recently proposed and is likely to adopt regulations that include a slightly different definition which was developed through a notice-and-comment period in which both Equality Utah and the Church of Jesus Christ of Latter-Day Saints played a prominent role.[[6]](#footnote-6) That definition is as follows:

*(a) "Conversion therapy" means any practice or treatment that seeks to change the sexual orientation or gender identity of a patient or client, including mental health therapy that seeks to change, eliminate, or reduce behaviors, expressions, attractions, or feelings related to a patient or client's sexual orientation or gender identity.*

*(b) "Conversion therapy" does not mean a practice or treatment that does not seek to change a patient or client's sexual orientation or gender identity, including mental health therapy that:*

*(i) is neutral with respect to sexual orientation and gender identity;*

*(ii) provides assistance to a patient or client undergoing gender transition;*

*(iii) provides acceptance, support, and understanding of a patient or client;*

*(iv) facilitates a patient or client's ability to cope, social support, and identity exploration and development;*

*(v) addresses unlawful, unsafe, premarital, or extramarital sexual activities in a manner that is neutral with respect to sexual orientation; or*

*(vi) discusses with a patient or client the patient or client's moral or religious beliefs or practices.*

**3. What are the current efforts by States to increase their knowledge of practices of socalled “conversion therapy”? Are there efforts to produce information and data on these practices?**

In October 2015, a report entitled “Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth”[[7]](#footnote-7) was created for the U.S. Department of Health and Human Services (HHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The conclusions in this report are “based on professional consensus statements arrived at by experts in the field.”

From the report:

“SAMHSA is committed to eliminating health disparities facing vulnerable communities, including sexual and gender minority communities. One key factor to preventing these adverse outcomes is positive family (including guardians and caregivers) and community engagement and appropriate interventions by medical and behavioral health care providers. Supporting optimal development of children and adolescents with regard to sexual orientation, gender identity, and gender expression is vital to ensuring their health and well-being. The purpose of this report, Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth, is to provide mental health professionals and families with accurate information about effective and ineffective therapeutic practices related to children’s and adolescent’s sexual orientation and gender identity.”

Scientists and non-governmental organizations, including The Trevor Project, are increasingly seeking to produce information and data about the harms of conversion therapy. (See answer to Question #4.)

**4. What kinds of information and data are collected by States to understand the nature and extent of so-called “conversion therapies” (e.g. through inspections, inquiries, surveys)?**

At this time, it does not appear that government entities are collecting information or data regarding the practice of conversion therapy (aside from the 2015 SAMHSA Report discussed above). However, especially in the last decade scientists and researchers have produced a significant and growing body of data and information on the subject. Among these studies and surveys are the following:

[The Trevor Project National Survey on LGBTQ Youth Mental Health](https://www.thetrevorproject.org/survey-2019/) 2019

* 5% of LGBTQ youth reported having experienced “conversion therapy.”[[8]](#footnote-8)
* 67% of LGBTQ youth reported being pressured to attempt to change their sexual orientation or gender identity.
* 42% of LGBTQ youth who have undergone conversion therapy report a suicide attempt in the last year.
* 57% of transgender and non-binary youth who have undergone conversion therapy report a suicide attempt in the last year.

[The Family Acceptance Project Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment](https://www.tandfonline.com/doi/full/10.1080/00918369.2018.1538407) 2018

* Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based and out-of-home efforts to change their sexual orientation (63%).
* High levels of depression more than doubled (33%) for LGBT young people whose parents tried to change their sexual orientation compared with those who reported no conversion experiences (16%) and more than tripled (52%) for LGBT young people who reported both home-based and out-of-home efforts to change their sexual orientation.
* Sexual orientation change experiences during adolescence were associated with lower young adult socioeconomic status: less educational attainment and lower weekly income.

[UCLA Williams Institute Conversion Therapy and LGBT Youth](https://williamsinstitute.law.ucla.edu/demographics/conversion-therapy-and-lgbt-youth/) 2019

* An estimated 16,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18.
* Approximately 57,000 youth will undergo the treatment from a religious or spiritual advisor.
* Approximately 698,000 LGBT adults in the U.S have received conversion therapy at some point in their lives, including about 350,000 who received it as adolescents.

[American Journal of Public Health (AJPH) *Psychological Attempts to Change a Person’s Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States*](https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305237), 2019 (based on 2015 US Transgender Survey, a cross-sectional nonprobability sample of 27,716 transgender people in the United States)

* 13.5% of transgender people in the United States indicated lifetime exposure to PACGI
  + Exposure ranged across all US states from 9.4% (South Carolina) to 25.0% (Wyoming).
* The percentage of transgender adults in the United States reporting exposure to PACGI between 2010 and 2015 was 5% overall
  + Across all states ranged from 1.2% (Alaska) to 16.3% (South Dakota).

[Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults](https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2749479) 2019

* In a study of 27,715 transgender adults, recalled exposure to gender identity conversion efforts was significantly associated with increased odds of severe psychological distress during the previous month and lifetime suicide attempts
* compared to transgender adults who had discussed gender identity with a professional, but weren’t exposed to conversion efforts

**5. Has there been an identification of risks associated with practices of so-called “conversion therapy”?**

In addition to the surveys noted above in response to Question 4, every major mainstream medical and mental health organization in the United States and several major international organizations have issued statements speaking to the risks associated with conversion therapy. Excerpts and links to these statements are provided as follows:

**United Nations Human Rights Council**, [*Discrimination and Violence against Individuals Based on Their Sexual Orientation and Gender identity: A Report of the Office of the United Nations High Commissioner for Human Rights*, A/HRC/29/23 (2015)](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session29/Documents/A_HRC_29_23_en.doc)

“[M]edical procedures that can, when forced or otherwise involuntary, breach the prohibition on torture and ill-treatment include ‘conversion’ therapy. […] The High Commissioner recommends that States address violence by… [b]anning ‘conversion’ therapy. […]”

**American Academy of Child and Adolescent Psychiatry**, [*Practice Parameter on Gay, Lesbian, or bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents*, 51 J. Am. Acad. Child & Adolescent Psychiatry 957 (2012)](https://www.jaacap.org/article/S0890-8567(12)00500-X/pdf)

“Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated.”

**The American Academy of Nursing**, [*Position Statement on Reparative Therapy* (2015)](http://www.nursingoutlook.org/article/S0029-6554(15)00125-6/pdf)

“The American Academy of Nursing strongly supports the position of the Pan American Health Organization (2012) and those of various other professional bodies such as the American Psychiatric Association (2013), American Psychoanalytic Association (2012), American Psychological Association (1975), Anton (2010), International Society of Psychiatric- Mental Health Nurses (2008), National Association of Social Workers (2000), American Medical Association (2014) and the Association of American Medical Colleges (2014) that same-sex sexual relationships between consenting adults are a form of healthy human sexual behavior. The Academy concludes that reparative therapies aimed at “curing” or changing same-sex orientation to heterosexual orientation are pseudo- scientific, ineffective, unethical, abusive and harmful practices that pose serious threats to the dignity, autonomy and human rights as well as to the physical and mental health of individuals exposed to them.”

**American Academy of Pediatrics**, [*Homosexuality and Adolescence*, 92 Pediatrics 631 (1993)](http://pediatrics.aappublications.org/content/92/4/631.full.pdf)

“Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”

**American Association for Marriage and Family Therapy**, [*AAMFT Position on Couples and Families* (2009)](https://www.aamft.org/About_AAMFT/Position_On_Couples.aspx)

“[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available.”

**American College of Physicians**, [*LGBT Health Disparities: Executive Summary of a Policy Position* (2015)](http://annals.org/aim/fullarticle/2292051/lesbian-gay-bisexual-transgender-health-disparities-executive-summary-policy-position)

“The College opposes the use of ‘conversion,’ ‘reorientation,’ or ‘reparative’ therapy for the treatment of LGBT persons. [...] Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons.”

**American Counseling Association**, [*Ethical Issues Related to Conversion or Reparative Therapy* (2013)](http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy)

“The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. […] In 1999, the Governing Council adopted a statement ‘opposing the promotion of reparative therapy as a cure for individuals who are homosexual.’ […]

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. […] This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA’s position and the Ethics Committee’s statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics.”

**American Medical Association**, [*Health Care Needs of Gay Men and Lesbians in the United States*, 275 J. Am. Med. Ass’n 1354 (1996)](https://jamanetwork.com/journals/jama/article-abstract/401656)

“Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it.”

**American Medical Association (2019),** [American Medical Association announces support for U.S. ban on conversion therapy](https://www.reuters.com/article/us-usa-lgbt-therapy-trfn/american-medical-association-announces-support-for-u-s-ban-on-conversion-therapy-idUSKBN1XT2PJ), Reuters

“The AMA said conversion therapy, in which subjects are meant to be changed from homosexual to heterosexual, can trigger depression, post-traumatic stress disorder or suicidal thoughts.”

“‘It is clear to the AMA that the conversion therapy needs to end in the United States given the risk of deliberate harm to LGBTQ people,’ said AMA board member William E. Kobler in a statement.”

**American Osteopathic Association**, [*Opposition to the Practice of LGBTQ+ Conversion or Reparative Therapy* (2017)](http://policysearch.wpengine.com/wp-content/uploads/H629-A2017-LGBTQCONVERSION-THERAPY-OR-REPARATIVE-THERAPY-OPPOSITION-TO-.pdf)

“Therefore be it resolved, the American Osteopathic Association (AOA) affirms that individuals who identify as lesbian, gay, bisexual, transgender, questioning, identifying as queer, or other than heterosexual (LGBTQ+) are not inherently suffering from a mental disorder; and, be it further resolved, that the AOA strongly opposes the practice of conversion therapy, reparative therapy, or other techniques aimed at changing a person's sexual orientation or gender identity, by licensed medical and mental health professionals; and, be it further resolved, that the AOA supports potential legislation, regulations, or policies that oppose the practice of conversion therapy, reparative therapy, or other techniques aimed at changing a person's sexual orientation or gender identity, by licensed medical and mental health professionals.; and, be if further resolved, that the AOA opposes the use of sexual orientation change efforts (SOCE), which is based on the assumption that homosexuality is a mental disorder that should be changed; and, be it further resolved, that any effort by an osteopathic physician to participate in any SOCE activity be considered unethical.”

**American Psychiatric Association**, [*Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000)](http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000_ReparativeTherapy.pdf)

“Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of ‘cures’ are counterbalanced by anecdotal claims of psychological harm. In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation.”

*—.* [*2013 Position Statement*](https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy)

“The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.”

**American Psychoanalytic Association**, [*Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012)](https://apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender)

“As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ “repair,” change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.”

**American Psychological Association**, [*Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts* (2009)](http://www.apa.org/about/policy/sexual-orientation.pdf)

“Therefore be it resolved that the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

Be it further resolved that the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

Be it further resolved that the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

Be it further resolved that the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others’ sexual orientation;

Be it further resolved that the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;

[…]

Be it further resolved that the American Psychological Association advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;

Be it further resolved that the American Psychological Association encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (American Psychological Association, 1998), in particular the following standards and principles: scientific bases for professional judgments, benefit and harm, justice, and respect for people’s rights and dignity[.]”

**American School Counselor Association (ASCA)**, [*The Professional School Counselor and LGBTQ Youth* (2016)](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf)

“The school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the school counselor’s role to attempt to change a student’s sexual orientation or gender identity. School counselors recognize the profound harm intrinsic to therapies alleging to change an individual’s sexual orientation or gender identity (SAMHSA, 2015) and advocate to protect LGBTQ students from this harm. School counselors provide support to LGBTQ students to promote academic achievement and social/emotional development. School counselors are committed to the affirmation of all youth regardless of sexual orientation, gender identity and gender expression and work to create safe and affirming schools.”

**American School Health Association**, *Quality Comprehensive Sexuality Education* (2007).

“[T]he American School Health Association… expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research… [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by… insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience.”

**National Association of Social Workers**, [*Position Statement* (2015)](https://www.socialworkers.org/LinkClick.aspx?fileticket=yH3UsGQQmYI%3d&portalid=0.)

“The stigmatization of LGBT persons creates a threat to the health and well-being of those affected which, in turn, produces the social climate that pressures some people to seek change in sexual orientation or gender identity (Haldeman, D.,1994; HRC, 2015). However, no data demonstrate that SOCE or reparative therapy or conversion therapy is effective, rather have succeeded only in short term reduction of same-sex sexual behavior and negatively impact the mental health and self-esteem of the individual (Davison, G., 1991; Haldeman, D., 1994, APA, 2009).

The NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues believes that SOCE can negatively affect one’s mental health and cannot and will not change sexual orientation or gender identity.”

**Pan American Health Organization: Regional Office of the World Health Organization**, [*“Cures” for an Illness That Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable* (2012)](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703)

“’Reparative’ or ‘conversion therapies’ have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.”

**Just the Facts Coalition** (American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance Foundation, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, national Education Association, School Social Work Association of America), [*Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel* (1999)](http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf)

“The most important fact about 'reparative therapy,' also sometimes known as 'conversion' therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a 'cure.'”

**6. Is there a State position on what safeguards are needed, and what safeguards are in place to protect the human rights of individuals in relation to practices of so-called “conversion therapy”?**

The SAMHSA report stated the following:

“Given that conversion therapy is not an appropriate therapeutic intervention; efforts should be taken to end the practice of conversion therapy. Efforts to end the practice have included policy efforts to reduce the negative attitudes and discrimination directed at LGBTQ individuals and families; affirmative public information about LGBTQ individuals, particularly directed at families and youth; resolutions and guidelines by professional associations to inform providers that conversion efforts are inappropriate and to provide guidance on appropriate interventions; and, state and federal legislation and legal action to end the practice of conversion therapy. Future efforts may include improved provider training, federal regulatory action, advancement of legislation at the state and federal level, and additional activities by the Administration, which issued a public statement supporting efforts to ban the use of conversion therapy for minors in the spring of 2015.”[[9]](#footnote-9)

**7. Are there any State institutions, organizations or entities involved in the execution of practices of so-called conversion therapy? If so, what criteria have been followed to consider these as a form of valid State action?**

None directly. It has been reported that some state-funded child welfare, juvenile justice, or foster care agencies or subcontractors are engaging in conversion therapy or referring youth to practitioners, though this is counter to explicit policy in some states and difficult to document. Legislation has been introduced in Congress that would prohibit the use of Medicaid funding to pay for conversion therapy services, and certain states (New York, North Carolina) have executive orders in place prohibiting state funds being used for such treatments.

LGBTQ advocates, in addition to working to pass laws limiting conversion therapy by licensed professionals, have pushed to specifically protect youth in the United States’ juvenile justice and child welfare systems. NCLR has created toolkits to assist these efforts:

“[*Ending Conversion Therapy in Child Welfare*](http://www.nclrights.org/wp-content/uploads/2018/07/Conversion_Therapy-Child_Welfare-July_2018.pdf) and [*Ending Conversion Therapy in Juvenile Justice*](http://www.nclrights.org/wp-content/uploads/2018/07/Conversion_Therapy-Juvenile_Justice-July_2018.pdf) help state agencies recognize how and when LGBTQ youth may be subjected to conversion therapy while in the care of the state, explain the negative impact of conversion therapy and its close relationship to family rejection, and include tips and model language about how to develop policies protecting LGBTQ youth from these harms.”

**8. Have any State institutions taken a position in relation to practices of so-called “conversion therapy”, in particular:**

**a. Entities or State branches in charge of public policy;**

In 2015, in addition to the above cited report from SAMHSA, President Barack Obama’s administration responded to a public petition regarding conversion therapy by condemning the practice.[[10]](#footnote-10) Valerie Jarret, Senior Advisor and Assistant to the President for Intergovernmental Affairs and Public Engagement, stated: “As part of our dedication to protecting America’s youth, this Administration supports efforts to ban the use of conversion therapy for minors.” In a 2013 signing statement for his state’s legislative ban, New Jersey Gov. Chris Christie, a Republican, expressed that “exposing children to these health risks without clear evidence of the benefits that outweigh these serious risks is not appropriate.”

**b. Parliamentary bodies;**

In recent years, several pieces of federal legislation have been introduced in the United States Congress regarding conversion therapy - some introduced repeatedly - though none has achieved passage. These bills include the Therapeutic Fraud Prevention Act,[[11]](#footnote-11) the Prohibition of Medicaid Funding for Conversion Therapy Act,[[12]](#footnote-12) and the Stop Harming Our Kids[[13]](#footnote-13) house resolution, which condemns the practice as harmful and unnecessary. The Therapeutic Fraud Prevention Act bill prohibits the provision of conversion therapy “for compensation,” while also banning advertising that conversion therapy (i) will change sexual orientation or gender identity, (ii) will eliminate or reduce sexual or romantic attractions or feeling towards the same gender, or (iii) is harmless.

Eighteen states, the District of Columbia, and dozens of cities and counties have passed legislation prohibiting conversion therapy on minors by licensed professionals.[[14]](#footnote-14) Several other states or territories, including Utah, Virginia, North Carolina, and Puerto Rico, have taken action to limit conversion therapy through regulations or executive orders. As of 2019, another 19 states have introduced legislation to prohibit the practice, with various degrees of movement or support.[[15]](#footnote-15)

**c. The Judiciary;**

In response to legal and constitutional challenges by conversion therapy practitioners to state laws passed restricting the practice, multiple federal courts—including the Third (*King v. Christie[[16]](#footnote-16)*) and Ninth U.S. Circuit Courts of Appeals (*Pickup v. Brown*[[17]](#footnote-17))—have upheld laws protecting youth from conversion therapy. The U.S. Supreme Court has also twice declined to hear appeals to positive federal court rulings upholding laws restricting conversion therapy, effectively upholding these decisions permitting such legislation.

Conversion therapy proponents have suggested that dicta from an unrelated case decided by the Supreme Court in summer 2019, *NIFLA v. Becerra*, supports their oft-repeated and rejected claim that protecting youth from conversion therapy violates the free speech rights of licensed professionals. This is inaccurate, as *NIFLA*’s discussion of the professional speech doctrine has no effect on the constitutionality of conversion therapy bills. *NIFLA* concerned a California law that required licensed and unlicensed crisis pregnancy centers to post certain notices unrelated to the care or treatments provided by the center.

By contrast, anti-conversion therapy policies regulate professional conduct, not professional speech, so the *NIFLA* case is inapplicable. In fact, in his opinion in *NIFLA*, U.S. Supreme Court Justice Thomas reaffirmed a distinction between professional speech and professional conduct, by explicitly stating that “under [the Supreme Court’s] precedents, States may regulate professional conduct, even though that conduct incidentally involves speech.” Two federal district courts, one in Florida[[18]](#footnote-18) and one in Maryland[[19]](#footnote-19), have also rejected challenges to conversion therapy bans since *NIFLA* was decided. Both cases are currently being appealed.

Survivors of conversion therapy have also had success bringing lawsuits against conversion therapy practitioners under legal theories including fraud. In *Ferguson v. JONAH*, the Southern Poverty Law Center successfully argued that charged that Jews Offering New Alternatives for Healing (JONAH) violated New Jersey’s Consumer Fraud Act by claiming that their counseling services could cure clients of being gay.[[20]](#footnote-20) Per SPLC’s website:

“The plaintiffs were three young men who were harmed by the practice and two parents who paid fees to JONAH for their sons’ therapy. Customers of JONAH’s services typically paid a minimum of $100 for weekly individual counseling sessions and another $60 for group therapy sessions.

According to testimony at the trial, one plaintiff was encouraged to undress and stand naked in a circle. At other times, a JONAH counselor encouraged three of the male plaintiffs to undress in front of a mirror and touch their genitals while he watched. Group activities were organized for clients to re-enact past abuse and take part in violent role-play exercises. Male counselors also engaged in and advocated “healthy touch” with young men, including prolonged cuddling sessions.

JONAH counselors also used techniques that left clients alienated from their families. These techniques encouraged clients to blame their parents for being gay, going so far as to have clients participate in violent role play exercises where they beat effigies of their mothers.

“This is not legitimate therapy,” testified Lee Beckstead, a psychologist with expertise on sexual orientation change efforts and a member of an American Psychological Association task force that examined them. “It’s outdated … it’s confusing, it’s misleading. It’s even reckless. And it’s harmful. It’s worse than snake oil.”

1. Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. At pg. 66, endnote 5. <https://store.samhsa.gov/system/files/sma15-4928.pdf> [↑](#footnote-ref-1)
2. The Mattachine Society, *The Pernicious Myth of Conversion Therapy: How Love In Action Perpetuated a Fraud on America*. Prepared by McDermott Will & Emery LLP on behalf of the Mattachine Society of Washington, DC, Oc. 12, 2018. Accessed Dec. 12, 2019. <http://www.nclrights.org/wp-content/uploads/2018/11/Mattachine-Society-Conversion-Therapy-White-Paper-Redacted.pdf> [↑](#footnote-ref-2)
3. NARTH has since rebranded and become a division of the Alliance for Therapeutic Choice and Scientific Integrity, an organization that is active in opposing any and all legal restrictions on conversion therapy. <https://www.glaad.org/blog/ex-gay-group-narth-rebrands-dangerous-mission> [↑](#footnote-ref-3)
4. <http://www.nclrights.org/bornperfect-the-facts-about-conversion-therapy/> [↑](#footnote-ref-4)
5. Mattachine at pg. 41. (citations omitted) [↑](#footnote-ref-5)
6. Winslow, Ben, *Public comment period opens again for proposed LGBTQ conversion therapy ban*, FOX13 Salt Lake City, Dec. 16, 2019. Accessed Dec. 21, 2019. <https://fox13now.com/2019/12/16/public-comment-period-opens-again-for-proposed-lgbtq-conversion-therapy-ban/> [↑](#footnote-ref-6)
7. Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. <https://store.samhsa.gov/system/files/sma15-4928.pdf> [↑](#footnote-ref-7)
8. Some LGBTQ youth who have undergone conversion therapy may not use that term to describe their experience. The Trevor Project asked youth separately whether someone attempted to convince them to change their sexual orientation or gender identity and whether they underwent conversion therapy in order to fully capture the ways youth experience efforts to change their sexual orientation or gender identity. [↑](#footnote-ref-8)
9. SAMHSA at pg. 4. [↑](#footnote-ref-9)
10. Valerie Jarrett, Petition Response: On Conversion Therapy, Archived Obama White House Website (Apr. 8, 2015), https://obamawhitehouse.archives.gov/blog/2015/04/08/petition-response-conversiontherapy [↑](#footnote-ref-10)
11. H.R.3570 - Therapeutic Fraud Prevention Act of 2019, Congress.gov, Accessed Dec. 21, 2019. [https://www.congress.gov/bill/116th-congress/house-bill/3570](https://www.congress.gov/bill/116th-congress/house-bill/3570?q=%7B%22search%22%3A%5B%22%5C%22conversion+therapy%5C%22%22%5D%7D&s=2&r=2) [↑](#footnote-ref-11)
12. H.R.1981 - Prohibition of Medicaid Funding for Conversion Therapy Act, Congress.gov, Accessed Dec. 21, 2019. [https://www.congress.gov/bill/116th-congress/house-bill/1981](https://www.congress.gov/bill/116th-congress/house-bill/1981?q=%7B%22search%22%3A%5B%22%5C%22conversion+therapy%5C%22%22%5D%7D&s=2&r=1) [↑](#footnote-ref-12)
13. H.Con.Res.36 - Stop Harming Our Kids Resolution of 2015, Congress.gov, Accessed Dec. 21, 2019. [https://www.congress.gov/bill/114th-congress/house-concurrent-resolution/36](https://www.congress.gov/bill/114th-congress/house-concurrent-resolution/36?q=%7B%22search%22%3A%5B%22%5C%22conversion+therapy%5C%22%22%5D%7D&s=1&r=14) [↑](#footnote-ref-13)
14. LGBT Movement Advancement Project, “Conversion Therapy Laws,” Accessed Dec. 21, 2019. <http://www.lgbtmap.org/equality-maps/conversion_therapy> [↑](#footnote-ref-14)
15. The Trevor Project, “Progress Map,” Accessed Dec. 21, 2019. <https://www.thetrevorproject.org/get-involved/trevor-advocacy/50-bills-50-states/progress-map/> [↑](#footnote-ref-15)
16. *King v. Christie*, 981 F. Supp. 2d 296 <https://casetext.com/case/king-v-christie-1> [↑](#footnote-ref-16)
17. *Pickup v. Brown*, No. 2:12-cv-02497-KJM-EFB <https://casetext.com/case/pickup-v-brown-7> [↑](#footnote-ref-17)
18. *Otto v. City of Boca Raton*, No. 9:18-cv-80771 <https://www.scribd.com/document/399705991/Otto-v-Boca-Raton> [↑](#footnote-ref-18)
19. *Doyle v. Hogan et al*, No. 1:2019cv00190 - Document 77 (D. Md. 2019) <https://law.justia.com/cases/federal/district-courts/maryland/mddce/1:2019cv00190/443409/77/> [↑](#footnote-ref-19)
20. <https://www.splcenter.org/seeking-justice/case-docket/michael-ferguson-et-al-v-jonah-et-al> [↑](#footnote-ref-20)