



2018 Social Work Student Legislative Education and Advocacy Day (LEAD) Wednesday, March 21, 2018

SOCIAL WORK STUDENT **LEAD**

Fact Sheet on So-Called “Conversion Therapy”

Conversion Therapy, also known as *Reparative Therapy* or *Sexual Orientation Change Efforts (SOCE)*, claim can force a change in a person’s sexual orientation or gender identity and expression through the use of psychotherapy or other interventions. Despite evidence showing the practice as having long-term detrimental consequences, such as an increased risk of depression, suicidal ideation, substance abuse, social withdrawal, and self-loathing, accounts of its use continue to surface. In an effort to halt the practice, every major medical and professional organization has discredited and condemned the practice.

Data from LGBT Health and Human Services Needs in New York State (2015)¹:

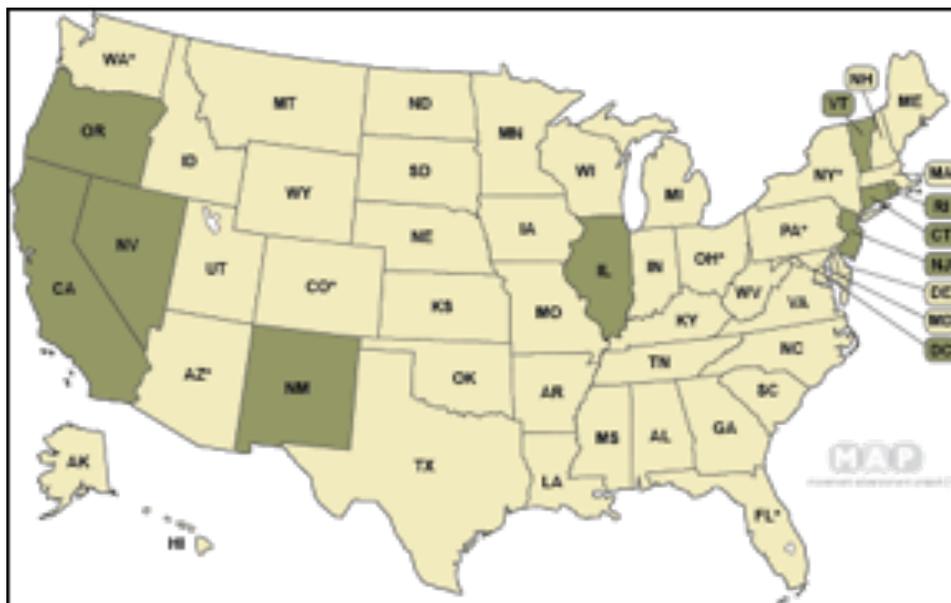
- 10.5% of all LGBTQ youth ages 18-24 reported being subjected to so-called “conversion therapies”
- 14.2% (more than 1 in 7) of transgender or gender non-conforming were subjected to so-called “conversion therapies”

¹ LGBT Health and Human Services Needs in New York State (2015), <https://gaycenter.org/file/docs/network/Needs-Assessment-WEB.pdf>

The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy at UCLA School of Law estimates (2018)¹:

- 698,000 LGBT adults (ages 18-59) in U.S. have received so-called “conversion therapy,” of which 350,000 received it as adolescents.
- 20,000 LGBT youth (ages 13-17) will receive so-called “conversion therapy” from a licensed health care professional before they reach the age of 18 in the states where it has not been prohibited or restricted.

SNAPSHOT OF STATES WITH LAWS PROHIBITING SO-CALLED “CONVERSION THERAPY” FOR MINORS



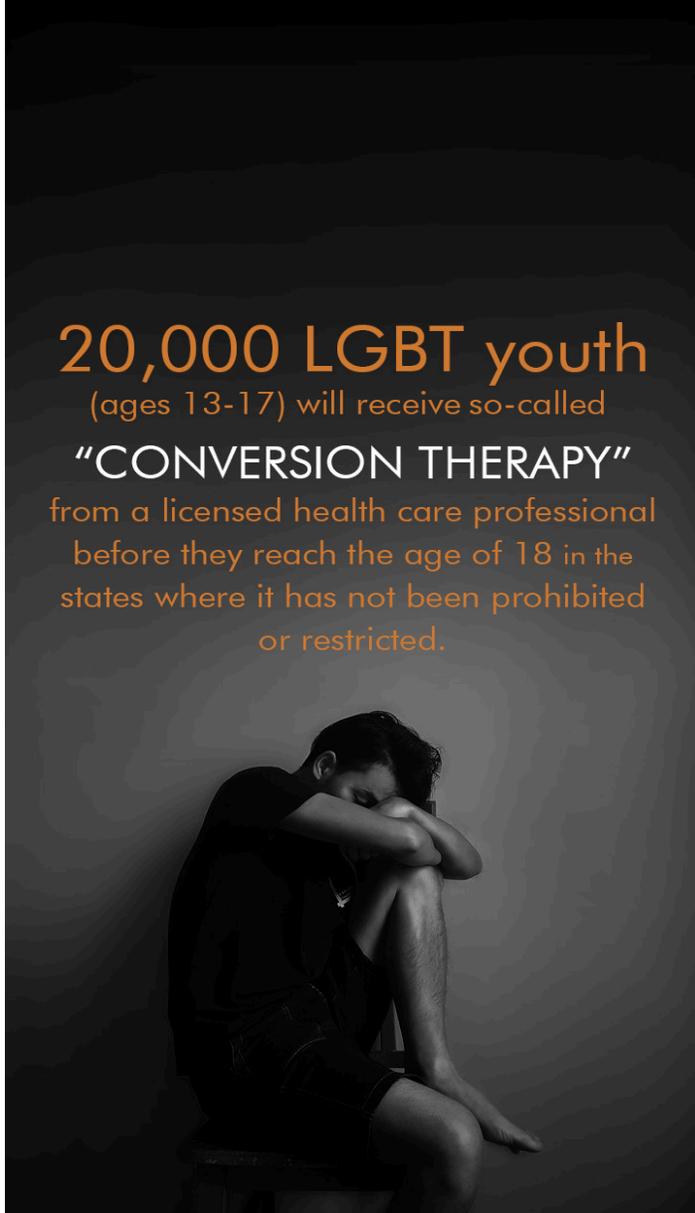
Source: Movement Advancement Project

9 states (shaded in green in the map) and Washington D.C. have enacted laws prohibiting licensed mental health professionals from engaging in efforts to change a minor’s sexual orientation or gender identity, so-called conversion therapy, including:

¹ The Williams Institute: Conversion Therapy and LGBT Youth (2018), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>

- California (effective August 29, 2013)
- New Jersey (effective August 19, 2013)
- Washington D.C. (effective March 11, 2015)
- Oregon (effective May 18, 2015)
- Illinois (effective January 1, 2016)
- Vermont (effective July 1, 2016)
- New Mexico (effective April 7, 2017)
- Connecticut (effective May 10, 2017)
- Nevada (effective January 1, 2018)
- Rhode Island (effective July 19, 2017)

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EFFORTS IN NEW YORK

On February 6, 2016, Governor Cuomo took action within his executive authority, resulting in the following:

- Regulations promulgated by the Department of Financial Services barring New York insurers from providing reimbursement for “conversion therapy” services provided to an insured under the age 18.

- Regulations promulgated by the Office of Mental Health (OMH) making it unlawful for any mental health facility licensed, funded, or operated by OMH to provide “conversion therapy” to minors.
- A notice issued by the Department of Health indicating that coverage of “conversion therapy” is prohibited under Medicaid.

POSITIONS OF NATIONAL MEDICAL AND PROFESSIONAL ORGANIZATIONS

The following national medical and professional organizations have issued statements or adopted policies against so-called “conversion therapy”:

“[The National Association of Social Workers, National Committee on Lesbian, Gay and Bisexual Issues] asserts that conversion and reparative therapies are an infringement to the guiding principles inherent to social worker ethics and values. This belief is affirmed by the NASW policy statement on “Lesbian, Gay, and Bisexual Issues” (1996). In discussing ethical decisions for social work practice, Loewenberg and Dolgoff (1996) noted, “the priority of professional intervention at the individual level will be to help people achieve self-actualization, rather than helping them to learn how to adjust to the existing social order.” - ***National Association of Social Workers, National Committee on Lesbian, Gay and Bisexual Issues, 1996***

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“Through a collaborative process, this panel found that variations in sexual orientation and gender identity are normal, and that conversion therapies or other

efforts to change sexual orientation or gender identity are not effective, are harmful, and are not appropriate therapeutic practices.” - ***American Psychological Association, 2015***

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“[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 Psychiatric Association, 2013 Position Statement***

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“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.” - ***American Academy of Child and Adolescent Psychiatry (2012)***

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“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.’”

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)*.

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“‘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.” - **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)**

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"[The AMA] opposes, the use of 'reparative' or 'conversion' therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation." - *American Medical Association, H-160.991 Health Care Needs of the Homosexual Population, (reaffirmed 2012)*

The National Association of Social Workers – New York State (NASW-NYS) and New York City (NASW-NYC) Chapters, the New York Society for Clinical Social Work, the New York State Psychological Association, and the New York State Psychiatric Association, unanimously agree New York should take next step and pass legislation (A.3977/S.263) that prohibits licensed mental health professionals from engaging in efforts to change a minor's sexual orientation, and defining such activity as professional misconduct, subjecting the licensed professional to disciplinary action.



NEW YORK SHOULD ADOPT THIS BILL BECAUSE:

- ✓ The licensed mental health professionals enumerated in the bill recognize this legislation is not setting a precedent of outlawing a therapy, since there is no disorder to be treated and agree performance of such activity should be grounds for professional misconduct.
- ✓ Obtaining treatment from a professional licensed by the State, suggests a certain level of education and training that has been sanctioned by the State to assure public safety.
- ✓ Absent enactment, mental health professionals are not prohibited from engaging in so-called "conversion therapy."

- ✓ Agency regulations do not carry the same weight as a statutory prohibition.
- ✓ Suicide is the second leading cause of death for individuals between the ages of 10 to 24 with the rate of suicide eight times higher for LGBT youth and escalating especially when these youth are rejected by families and peers.

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ADDRESSING CONCERNS RAISED WITH LEGISLATION:

- ✓ Legislation will not interfere with ability to counsel and assist youth as the bill states sexual orientation change efforts “shall not include counseling for a person seeking to transition from one gender to another, or psychotherapies that: (A) provide acceptance, support and understanding of patients or the facilitation of patients’ coping, social support and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.”

OVER 40 ORGANIZATIONS ON RECORD IN SUPPORT OF THE BILL:

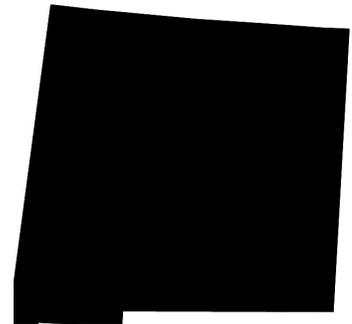
- ✓ Ali Forney Center
- ✓ Community Awareness Network for a Drug-free Life and Environment (CANDLE)
- ✓ Equality New York
- ✓ Families Together in New York State
- ✓ Family Allies for Transgender Equality (FATE)
- ✓ Gay Alliance
- ✓ Gay Men's Health Crisis
- ✓ GLSEN
- ✓ Human Rights Campaign
- ✓ LCLAA- NYC
- ✓ The LGBT Bar Association of Greater NY
- ✓ Long Island Transgender Advocacy Coalition (LITAC)
- ✓ Medical Society of the State of New York
- ✓ Mental Health Association in New York State Chapter
- ✓ National Association of Social Workers – New York City Chapter
- ✓ National Association of Social Workers – New York State Chapter
- ✓ National Center for Lesbian Rights
- ✓ New York Society for Clinical Social Work
- ✓ New York Academy of Family Physicians
- ✓ New York Mental Health Counselors Association
- ✓ NYCLU
- ✓ New York State American Academy of Pediatrics
- ✓ NYS AFL-CIO
- ✓ New York State Association of Psychiatric Rehabilitation Services
- ✓ New York Chapter of the American College of Physicians
- ✓ New York State Psychiatric Association
- ✓ New York State Psychological Association
- ✓ New York State United Teachers
- ✓ New York Trans Advocacy Group (NYTAG)
- ✓ OUTSpoken for Equality
- ✓ Planned Parenthood Empire State Acts
- ✓ Prevent Child Abuse New York
- ✓ Pride at Work – Eastern NY
- ✓ Pride Center of the Capital Region
- ✓ Rochester/Finger Lakes Pride at Work
- ✓ Saratoga Adirondack BOCES Employees Association (SABEA)
- ✓ Stonewall Democrats of NYC
- ✓ United Federation of Teachers (UFT)
- ✓ Western NY Anti-Violence Project
- ✓ Working Families Party (WFP)

THE ENACTMENTS OF SIMILAR LEGISLATION HAS RECEIVED BI-PARTISAN SUPPORT, INCLUDING:



“However, I also believe that on issues of medical treatment for children we must look to experts in the field to determine the relative risks and rewards. The American Psychological Association has found that efforts to change sexual orientation can pose critical health risks including, but not limited to, depression, substance abuse, social withdrawal, decreased self-esteem and suicidal thoughts. I believe that exposing children to these health risks without clear evidence of benefits that outweigh these serious risks is not appropriate...” Former New Jersey Governor Chris Christie (R) on signing legislation A.3371 into law (August 19, 2013).

“I do not lightly enact legislation that makes government a party to the medical care decision-making of a parent and child. Yet, at the same time, numerous reputable medical organizations like the American Psychological Association have rebuked this practice, stating it may lead to depression, anxiety, poor self-esteem, self-hatred, substance abuse, and suicide. This bill will strengthen our boards’ ability to investigate and respond appropriately to complaints relating to abusive practices, and use their training to define appropriate discipline...For these reasons, I sign Senate Bill 121.” New Mexico Governor Susana Martinez (R), on signing legislation into law (April 7, 2017).



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LEGISLATIVE
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AT THE CAPITOL



**New York State Society
for Clinical Social Work**

The Professional Voice for Clinical Social Work Since 1968



**New York State
Psychiatric Association**



ABOUT LEGISLATIVE EDUCATION AND ADVOCACY DAY

Social Work Student **Legislative Education and Advocacy Day (LEAD)** is an annual legislative event that seeks to further social workers' knowledge about policy issues in substantive areas of social work practice, teach participants about legislative advocacy, and provide an opportunity for social workers to lobby on behalf of specific legislation. For more information, visit www.naswnys.org/lead.