

# ENDING CONVERSION THERAPY

Affirming & Supporting Seattle's LGBTQ Youth

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S Nearly 1 in 3 LGBTQ youth may experience some form of conversion therapy upon coming out.<sup>1</sup>

# EXECUTIVE SUMMARY

During the last several years, the LGBTQ community has realized gains in civil rights and social acceptance. Although progress has been made on a local and national front, the community still faces numerous challenges. In an effort to promote the welfare of LGBTQ youth – a particularly vulnerable group – several states and local jurisdictions have implemented bans on conversion therapy for minors.

Conversion therapy is defined as any clinical effort to alter a person's sexual orientation or gender identity. Research has repeatedly demonstrated that this practice is ineffective and results in negative health outcomes. With this information in mind, Washington state lawmakers have attempted to prohibit this practice statewide, but have not yet succeeded. The City of Seattle can act in order to prevent a discredited, harmful medical practice from occurring with an ordinance that follows this criteria:

- Prohibiting licensed medical practitioners from conducting efforts to change a minor's sexual orientation or gender identity within city limits.
- Charging the Seattle Office for Civil Rights with handling claims of the practice occurring.
- Issuing civil fines for those in violation of the ordinance and continuing to issue fines until cited individuals are in compliance with the law.

# DEFINE THE ISSUES

Sexual orientation and gender identity change efforts have been a fact of life for many LGBTQ people – particularly children. Mental health professionals attempt to change a person's sexual orientation or gender identity through a variety of means, including cognitive therapy, talk therapy, electroshock treatment, sensory deprivation, and more.

As awareness of this practice grows, individual medical professionals, medical professional organizations, and other LGBTQ community groups have spoken out against the practice. Not only has the practice been discredited as ineffective, but it has also proven to be dangerous and damaging to those who undergo treatment with the intent of changing their sexual orientation or gender identity. Advocacy groups indicate that parents often provide this kind of treatment to their children without knowing the full range of effects or that it will not produce the desired effect.

This document outlines the efforts to prevent this practice from harming individuals and the compelling evidence for public leaders to take action. Furthermore, the document illustrates the legal environment in which the City of Seattle can act.

## DEFINITIONS

This report uses a variety of terms that may be

considered jargon. In order to provide clarity and context, the following terms are defined as such:

#### Aversion therapy

Refers to physically oriented techniques intended to change a person's sexual orientation and/or gender identity. Treatments may include, but are not limited to, shock therapy, sensory deprivation, and submersion in ice-cold baths.

#### Conversion therapy

Broadly defines any effort to change a person's sexual orientation or gender identity, including talk therapy.

#### Reparative therapy

A term used primarily by supporters of conversion therapy in order to describe attempts to change a person's sexual orientation or gender identity.

#### Sex

The binary classification of people as male or female, typically assigned at birth. A person's biological sex is comprised of "bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics." <sup>2</sup>

#### Sexual orientation

A term used to describe a person's "enduring physical, romantic and/or emotional

attraction to another person." <sup>3</sup> This is not the same as a person's gender identity or expression (see definition below).

#### Gender identity

A person's deeply held sense of their own gender, which may not align with their biological sex. A person's gender identity may be described as man, woman, or some other identity that does not fall within the traditional binary.

#### Gender expression

The outward manifestation of a person's gender identity. This may include, but is not limited to, clothes, hairstyles, behavior, or physical appearance.

• Sexual Orientation Change Efforts (SOCE)

Another phrase to describe activities aimed at changing a person's sexual orientation through "behavioral techniques, cognitive behavioral techniques, psychoanalytic techniques, medical approaches, [and] religious and spiritual approaches." <sup>4</sup> Gender Identity Change Efforts (GICE)
Similar to SOCE, these are efforts that
specifically target trans-identifying or gender
non-conforming individuals with the intent
of providing them with a cisgender identity
(see definition below).

#### Transgender

A widely term used to describe a person whose gender identity does not align with their biological sex assigned at birth.

#### • Gender non-conforming

A term used to describe a person whose "gender expression is different from conventional expectations of masculinity and femininity." <sup>4</sup> Not all people who identify as gender non-conforming also identify as transgender, and vice-versa.

#### Cisgender

A term used to describe a person whose gender identity aligns with their biological sex at birth.

# THE RESEARCH

Many institutions have offered expert insight into the issue of conversation therapy. Universities and professional medical associations have offered their insight into the effectiveness and long-term impacts of conversion therapy on those who are treated.

# INEFFECTIVENESS OF CONVERSION THERAPY

To date, no credible research study has shown conversion therapy to be effective in altering a person's sexual orientation or gender identity. A 2007 American Psychological Association task force determined that there is no evidence to suggest that SOCE have true, lasting effects. This task force conducted an exhaustive study of available research into the matter in order to reach this conclusion. The only study that purported to show success from SOCE has since been discredited – even by its primary author, Robert Spitzer. The methods used to gather data from patients were "fatally flawed," and its results do not withstand scrutiny as a result. Spitzer himself has since apologized for producing misleading research and has expressed regret about the negative impacts his work may have had on the LGBTQ community.

# HARMFUL EFFECTS OF CONVERSION THERAPY

Conversion therapy is known to be harmful, in addition to being ineffective. A 2014 Washington Legislature Health Impact Study highlights the various negative health outcomes of conversion therapy. According to the report, conversion therapy is associated with cognitive dissonance, higher risk of addiction, depression, self-harm, and increased risk of suicide. The legislature's study goes on to state that a conversion therapy ban would mitigate negative health outcomes for Washington youth.

Parental acceptance of LGBTQ youth is also critical for their health and well-being, according to the Substance Abuse and Mental Health Services Administration. Pursuing conversion

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The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a systematic review of the peer-reviewed journal literature on sexual orientation change efforts (SOCE) and concluded that efforts to change sexual orientation are unlikely to be successful and involve some risk of harm, contrary to the claims of SOCE practitioners and advocates.<sup>6</sup>

-2009 American Psychological Association Task Force

I am sorry for the pain and hurt that many of you have experienced. I am sorry some of you spent years working through the shame and guilt when your attractions didn't change. I am sorry we promoted sexual orientation change efforts and reparative theories about sexual orientation that stigmatized parents.<sup>7</sup>

## - Alan Chambers, a former proponent of conversion therapy

therapy is a signal of rejection, and can result in additional negative outcomes for LGBTQ children. According to a 2009 San Francisco State University study, LGBT youth who are rejected by their families are: Alan Chambers, a former proponent of conversion therapy, has also denounced the practice. In a public statement, Chambers apologized for the harm and stigma caused by his former organization, Exodus International.

#### LGBTQ YOUTH REJECTED BY THEIR FAMILIES



More likely to attempt suicide



More likely to report high levels of depression Зх

More likely to use illegal drugs



More likely to be at risk for STIs & HIV infection

# PREVALENCE OF CONVERSION THERAPY

Conversion and aversion therapy efforts are known to occur throughout the United States. However, it is unclear how common the practice is or exactly where it is occurring. A 2015 news report indicates that there is no reliable data about the prevalence of conversion therapy. Those who have undergone conversion therapy or those currently carrying out the practice are unlikely to be forthcoming with this information.

Despite a lack of comprehensive data, Dr. Caitlin Ryan, a national leader on social work practice and LGBT health, estimates that nearly 1 in 3 LGBT youth may experience some form of conversion therapy upon coming out. However, Ryan's estimates do not indicate who is conducting the practice or where it is occurring most frequently. Washington LGBT advocates are also unsure of how prevalent the practice is within Seattle city limits or statewide.

Although there is no exact data about the prevalence of conversion therapy locally, UCLA's

Williams Institute estimates that 6 to 11 percent of youth and young adults identify as LGBTQ. Locally, young LGBTQ people are at risk. A 2015 Seattle Times report indicates that 22 percent of homeless people in King County ages 12-25 identify as LGBTQ. <sup>8</sup> This statistic underscores the importance of family acceptance as LGBTQ individuals come out.

## ORGANIZATIONS AGAINST CONVERSION THERAPY

Dozens of organizations have voiced opposition to the practice of conversion therapy, in addition to many prominent national and global healthfocused professional associations. These groups include:

- American Academy of Child Adolescent Psychiatry
- American Academy of Pediatrics
- American Association for Marriage and Family Therapy
- American College of Physicians

- American Counseling Association
- American Medical Association
- American Psychiatric Association
- American Psychoanalytic Association
- American Psychological Association
- American School Counselor Association
- American School Health Association
- National Association of Social Workers
- Pan American Health Organization (PAHO): Regional Office of the World Health Organization
- World Psychiatric Association

# LEGISLATIVE HISTORY

The state of California was the first government jurisdiction to successfully pass and enact a ban on conversation therapy for minors in 2012. As a result of this law, state-licensed mental health professionals are no longer able to treat minor patients with the intent of changing their sexual orientation. As of July2016, five states have banned conversion therapy for minors. The states that have passed bans are:

- California (2012)
- Illinois (2015)
- New Jersey (2013)
- Oregon (2015)
- Vermont (2016)



In addition to these five states, Washington, D.C.; Miami Beach, Florida; and Cincinnati, Ohio; are other jurisdictions that have implemented conversion therapy bans for minor residents. President Barack Obama announced his belief that conversion therapy for LGBTQ youth should be discontinued. The April 2015 White House statement affirmed the Administration's support for state-level efforts to ban the practice.

# WASHINGTON STATE'S LEGISLATIVE HISTORY

Even though a small handful of states and local jurisdictions have laws banning conversion therapy, several others have attempted measures to prevent this practice from occurring, including Washington. In 2015, a coalition of state legislators attempted to prevent licensed medical professionals from practicing conversion therapy on minors, but the bill stalled.

The Washington Senate initially released a version of the bill that only prohibited medical professionals from practicing aversion therapy

on minors, rather than all forms of SOCE or GICE. Senate Republicans were not comfortable with language that would include a ban on talk therapy between client and patient. Members of the House rejected the original Senate bill, and insisted that the ban apply more broadly to all forms of SOCE and GICE, not just aversion therapy . As a result of this conflict in positions, the bill did not advance during the 2015 or 2016 legislative sessions.

# IN FOCUS: CINCINNATI'S CONVERSION THERAPY BAN

Ohio legislators pursued a statewide ban on SOCE and GICE in 2015, but a bill did not pass. This movement emerged in the wake of Cincinnati teenager Leelah Alcorn's death. Leelah, who came out to her family as transgender and was subsequently sent to conversion therapy. The treatment was not working and drove the teen into a deep depression. Tragically, Leelah completed suicide. Her death brought national attention to the issue, but was not enough to result in a statewide ban on conversion therapy. Cincinnati Councilmember Chris Seelbach stepped up to act when the Ohio Legislature failed to pass a conversion therapy law. Seelbach successfully led an effort to pass a citywide ban on conversion therapy in early 2016. Under this law, licensed mental health practitioners are fined daily if they do not discontinue SOCE or GICE in their practice.

# THE LEGAL ENVIRONMENT

## NEW JERSEY: CONSUMER FRAUD RULING

Prior to New Jersey's statewide conversion therapy ban, the Southern Poverty Law Center filed suit against Jews Offering New Alternatives for Healing (JONAH) after reports surfaced that the organization was conducting a variety of aversion therapy tactics within the state. In early 2015, the New Jersey Superior Court found in favor of the Southern Poverty Law Center. According to the court ruling, JONAH was in violation of state consumer fraud laws, as they were promoting an ineffective service and, thus, defrauding the public.

# CALIFORNIA: CONVERSION THERAPY LAW WITHSTANDS FEDERAL COURT CHALLENGE

Shortly after California passed a ban on conversion therapy in 2012, a representative of the National Association for Research and Therapy of Homosexuality (NARTH) sued the state on the grounds that the newly passed ban was unconstitutional. A second challenge to the legality of the new law came forward. In response, the state put enforcement of the law on hold until the court case was resolved. The two suits were combined and advanced to the federal 9th Circuit court of Appeals. Ultimately, the court ruled that the conversion therapy ban was constitutional. The court struck down the argument that patient-client speech falls under the auspices of free speech rights and cannot be regulated. As a result of this ruling, the California law stands and is currently being enforced.

# THE U.S. SUPREME COURT: LET THE RULINGS STAND

In response to the New Jersey and California rulings, groups challenging the conversion therapy bans petitioned the United States Supreme Court to hear their case a total of three times. In each instance, the Supreme Court refused to hear the case. When the high court makes this decision, the lower court's ruling stands. Although the Supreme Court did not provide reasoning as to why the cases were denied, the state laws were upheld. The most recent challenge, denied in early 2016, was based on the belief that the New Jersey and California rulings were in conflict – even though both courts upheld state conversion therapy bans.

# WHAT SHOULD SEATTLE DO?

The medical community has reached a clear consensus on the matter of conversion therapy: it is more likely to be harmful than effective. Given that members of the LGBTQ community still face threats to their physical safety, economic security, and overall well-being, there is reason for public leaders to act. In particular, LGBTQ youth are vulnerable and deserve support as they come to terms with their identity. Several jurisdictions have prohibited conversion therapy, and the City of Seattle is also in a position to move forward on this issue.

The City of Seattle is charged with promoting the health, safety, and general welfare of residents. In

Washington, local jurisdictions are permitted to exercise this power so long as the action is not in conflict with state law. At this time, Washington State law does not address conversion therapy.

City-level legislation can be modeled after Cincinnati's ordinance and prohibit licensed practitioners from conducting sexual orientation or gender identity change efforts on minors. Claims of conversion therapy practice within city limits would be directed to the Seattle Office for Civil Rights and practitioners in violation of city law would face daily civil fines until they reach compliance.

# CONCLUSION

Pursuing a conversion therapy ban in Seattle not only demonstrates solidarity with the LGBTQ community, but would also promote the health and well-being of local youth. It is, therefore, the interest of the City of Seattle and its residents to take clear, decisive action.

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