



State Laws: Banning Conversion Therapy Practices

Current professional consensus regards sexual and gender minority persons (individuals with same-gender attraction and relationships, a gender identity that is incongruent with assigned sex at birth, and/or a gender expression that diverges from stereotypical cultural norms for a particular gender) as part of the normal spectrum of human diversity (Substance Abuse and Mental Health Services Administration, 2015). However, **conversion therapy**, also known as sexual orientation change efforts (SOCE) or reparative therapy, is the practice of counseling and/or psychotherapy that attempts to change one's sexual orientation or gender identity (Just the Facts Coalition, 2008). **Sexual orientation** is defined as "an inherent or immutable enduring emotional, romantic, or sexual attraction to other people" (Human Rights Campaign, 2018). **Gender identity** is an individual's innermost sense of self as male, female, a blend of both, or neither (Human Rights Campaign, 2018).

Suicide & LGBTQ Populations: Lesbian, gay, bisexual, transgender, and queer persons, and those who are questioning their sexual orientation or gender identity (LGBTQ¹) experience significant health and behavioral health disparities. LGBTQ youth struggle with suicidality statistically more than individuals who identify as heterosexual. In the general U.S. population between the ages of 10 and 24, suicide is the second leading cause of death (CDC, 2017), and 4.5% of the general U.S. population identify as LGBT. However, information on sexual orientation, gender identity, and gender expression are not routinely collected in U.S. death reporting systems or anywhere else at the time of death. This means that researchers do not have reliable data about LGBTQ suicide deaths² and must instead rely on attempt data, most often in the form of hospital discharge data after injury due to self-harm.

Research has shown that LGBT people have much higher rates of having attempted suicide at some point in their lifetimes as compared to their non-LGBT peers. LGB youth are approximately three times more likely to contemplate suicide and about five times as likely to attempt suicide in comparison to heterosexual youth (CDC, 2016). For those who identify as transgender, about 40% have attempted suicide, which is 9 times higher than general rate of the U.S. population (James et al., 2015). Among students in grades nine through twelve, almost 50% of gay, lesbian, and bisexual students have seriously considered attempting suicide, while the percentage among heterosexual students is about 13% (YRBS, 2018).

¹ In the late 1980s, LGBT was the initial acronym that was adopted and gained popularity among activists, but it has seen multiple variations with the inclusion of more letters over time. Currently LGBTQ is the acronym officially used by the Human Rights Campaign (2018). The term "queer", represented by the "Q", is used to express fluid identities and orientations, not as a slur or derogatory term, but as a blanket term for identities that fall outside of LGBT.

² AFSP is partnering with researchers and medical examiners from across the country and several government agencies to create a standardized way to capture this information so we can begin to know more about suicide within the LGBTQ community.

Researchers largely agree that at least part of the reason for the elevated rates of suicide attempts and mental health conditions found in LGB people is the social stigma, prejudice and discrimination associated with minority sexual orientation (Haas et al., 2011). There is ample evidence that shows across the lifespan, LGB people commonly experience individual discrimination in the form of personal rejection, hostility, harassment, bullying, and physical violence. For LGB youth, a common and powerful stressor is rejection by parents and other family members. The LGB population also experiences institutional discrimination resulting from laws and public policies that create inequities or fail to provide protections against sexual orientation-based discrimination (Haas et al., 2011). Allowing the practice of conversion therapy is one example.

What Constitutes Conversion Therapy: Historically, interventions attempting to either change gender expression or suppress homosexuality were extreme and physically dangerous to clients and included practices such as institutionalization, castration, shock therapy, aversive conditioning, lobotomies, and clitoridectomies (National Center for Lesbian Rights, 2018). Modern day practices have shifted focus to efforts such as hypnosis, behavior and cognitive talk therapies, sex therapies, psychotropic medication, and conformity training (National Center for Lesbian Rights, 2018). While these current practices lack the same extremity as the past, they still subject clients to serious risks, are ineffective, and are scientifically invalid. Spoken forms of practices, treatments, and conducts of conversion therapy are equally detrimental and psychologically damaging as other practices and carry lasting negative impacts.

SOCE can also occur outside of therapy, most commonly through religious communities in the form of pastoral counseling, religious youth camps, and prayer and support groups (National Center for Lesbian Rights, 2018). A report from the Williams Institute states that approximately 57,000 minors aged 13 to 17 across the U.S. will likely receive conversion therapy by the time they turn 18 through religious or spiritual advisors (Mallory, Brown, & Conron, 2018).

Detrimental Effects of Conversion Therapy: Conversion therapy has the potential to further contribute to suicide risk among LGBTQ youth. Conversion therapy can be harmful to an individual's wellbeing by invoking feelings of rejection, guilt, confusion, and shame, which in turn can contribute to decreased self-esteem, substance abuse, social withdrawal, depression, and anxiety. Many practitioners of conversion therapy regard LGBTQ youth as sick and inferior, and clients of such "reparative therapies" often rate those experiences as destructive and without benefit.

Conversion therapy can interrupt healthy identity development, create mistrust of mental health professionals, and deteriorate relationships with family. A study conducted by the Family Acceptance Project (2009) found that LGB teens who reported higher levels of family rejection, including admission to conversion therapy, were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sex when compared to LGB peers that reported no or low levels of family rejection.

These negative effects can last into adulthood. A recent study examined young adults' reports of parent-initiated efforts to change their sexual orientation during adolescence, and the

associations between those experiences and young adult mental health and adjustment (Ryan, Toomey, Diaz, & Russell, 2018). The study found that parent-initiated attempts to change their child's sexual orientation during adolescence was associated with more negative mental health problems for young adults, and that those who experienced SOCE or conversion therapy were more likely to have suicidal thoughts, report suicide attempts, and have higher levels of depression (Ryan et al., 2018). Furthermore, those who endured SOCE had lower life satisfaction, less social support in young adulthood, and lower young adult socio-economic status including less educational attainment and less weekly income (Ryan et al., 2018).

Opposition to Conversion Therapy: Conversion therapy is based on the belief that homosexuality is a mental illness that needs to be cured, a belief that has been found to be scientifically invalid in the mental health professional community. The following medical organizations have issued statements in opposition to conversion therapy:

- American Academy of Child and 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

The American Association of Christian Counselors, a former conversion therapy advocate, has recognized that conversion therapies are often harmful, and in 2014 removed language in its Code of Ethics that promoted the practice of Conversion Therapy.

It is important to note that laws banning conversion therapy strictly apply to counseling that seeks to change the client's sexual orientation or gender identity. These laws do not apply to healthy counseling practices. Healthy counseling practices include supporting an individual going through a gender transition, providing support for coping and identity exploration, or preventing illegal or unsafe sexual practices.

Current Advocacy Efforts

Conversion therapy is a bipartisan issue. AFSP stands with the research, clinical expertise, and expert consensus of every major professional health organization that conversion therapy efforts are inappropriate and harmful. Efforts to ban this discredited practice and protect LGBTQ youth come in the form of state legislative action.

As of May 2019, eighteen states (California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington), the District of Columbia, and over 30

additional cities and counties have banned conversion therapy for minors, citing its damaging psychological effects.

Banning conversion therapy in every state is a major advocacy effort at The Trevor Project, which is leading a campaign called "[50 Bills 50 States](#)". The purpose of this campaign is to advocate for all 50 states to introduce legislation that would prohibit conversion therapy from being practiced with minors. AFSP has joined with The Trevor Project and other LGBTQ advocacy organizations in several states to promote this campaign and the adoption of bills banning conversion therapy during the 2019 state legislative sessions.

Taking steps to ban conversion therapy practices will protect LGBTQ youth and reduce suicide risk. It is vital to hold professionals and licensed mental health providers accountable by requiring them to follow professional standards and a code of ethics and prohibiting them from providing fraudulent services with no scientific basis. The practice of conversion therapy dehumanizes the LGBTQ population and tells them they have a pathology that requires medical treatment when they do not. Banning conversion therapies will ensure that vulnerable and at-risk populations such as LGBTQ youth are not exposed to harmful practices that increase the potential for a lifetime of mental illness and lack of self-worth.

There is no time to waste. The Williams Institute estimates that, in the states that currently do not ban conversion therapy, about 20,000 LGBTQ youth (ages 13-17) will receive conversion therapy from a licensed health care professional by the time they turn 18 (Mallory, Brown, & Conron, 2018). Banning conversion therapy in states is effective in lowering the number of minors who are subjected to conversion therapy. The Williams Institute also estimates that about 6,000 LGBTQ youth (ages 13–17) who live in states that do ban conversion therapy would have received conversion therapy from a licensed health care professional by the time they turned 18 if their state did not ban the practice (Mallory, Brown, & Conron, 2018). We must therefore prioritize banning conversion therapy in all states to protect LGBTQ youth from this harmful and discredited practice.

State Laws

The following laws prohibit licensed professionals or mental/social health care providers from engaging in sexual orientation change efforts or conversion therapy with a patient under the age of 18. In many of these states, violators will be subject to discipline by their licensing entity or disciplinary board, and their actions will be considered unprofessional conduct.

- **California ([Business and Professions Code § 865-865.2](#)):** *Sexual orientation change efforts.* (2012).
- **Colorado ([HB19-1129](#)):** *Concerning prohibiting a mental health care provider from engaging in conversion therapy with a patient under eighteen years of age.* (2019).
- **Connecticut ([§§ 19a-907 to 907c](#)):** *An act concerning the protection of youth from conversion therapy.* (2017). Includes that discipline will be through suspension or revocation of license, certification, or registration. Also prohibits conversion therapy when practiced in conduct of trade or commerce and is considered unfair or deceptive.

Public funds will not be permitted to be used for the purpose of conversion therapy in any manner.

- **Delaware ([SB 65](#))**: *An act to amend titles 24 and 29 of the Delaware code relating to conversion therapy.* (2018). Includes prohibiting referring a minor to conversion therapy. Violators will be subject to discipline through fine, restriction, suspension, or revocation.
- **District of Columbia ([§ 7-1231.14a](#))**: *Conversion therapy for minors prohibition amendment act of 2013.* (2014).
- **Hawaii ([SB 270](#))**: *Relating to minors.* (2018). Includes prohibiting the advertisement of conversion therapy.
- **Illinois ([§ 405 ILCS 48](#))**: *Youth mental health protection.* (2015). Includes prohibiting the use of deception, misrepresentation, fraud, or omission of facts when offering conversion therapy.
- **Maine ([H.P. 755 - L.D. 1025](#))**: *An act to prohibit the provision of conversion therapy to minors by certain licensed professionals.* (2019).
- **Maryland ([SB 1028](#))**: *Health occupations - conversion therapy for minors - prohibition (youth mental health protection act).* (2018). Includes that state funds will not be permitted to be used for the purpose of conversion therapy in any manner.
- **Massachusetts ([H.140](#))**: *An act relative to abusive practices to change sexual orientation and gender identity in minors.* (2019).
- **Nevada ([NRS § 629.600](#))**: *Enacts provisions relating to conversion therapies.* (2017).
- **New Hampshire ([HB 587](#))**: *Relative to conversion therapy seeking to change a person's sexual orientation.* (2018). Includes prohibiting proposing conversion therapy.
- **New Jersey ([§ 45:1-5](#))**: *Protects minors by prohibiting attempts to change sexual orientation.* (2013). Does not include any mention of discipline or consequences for violators.
- **New Mexico ([NMSA § 61-1-3.3](#))**: *No conversion therapy.* (2017).
- **New York ([S 20146/A 576](#))**: *Designates engaging in sexual orientation change efforts by mental health care professionals upon patients under 18 years of age as professional misconduct* (2019).
- **Oregon ([ORS § 675.80](#))**: *Prohibition on practice of conversion therapy.* (2015).
- **Rhode Island ([§§ 23-94-1 to 5](#))**: *Prohibits "conversion therapy" by licensed health care professionals with respect to children under eighteen (18) years of age.* (2017). Includes prohibiting the advertisement of conversion therapy, and discipline in the form of suspension and revocation of license. State funds will not be permitted to be used for the purpose of conversion therapy in any manner.

- **Vermont ([18 V.S.A. § 8351](#))**: *An act relating to the prohibition of conversion therapy on minors.* (2016). Does not include language for licensing entities to enforce law through discipline.
- **Washington ([SB 5722](#))**: *Restricting the practice of conversion therapy.* (2018). Includes that no person or entity may use deception, misrepresentation, fraud, or omission of facts when offering conversion therapy. States that discipline can be in the form of suspension and revocation of license.

Resources

National Suicide Prevention Lifeline

1-800-273-TALK (8255)
Available 24/7
suicidepreventionlifeline.org

Trevor Text

Text START to 678-678
Available M-F 3-10pm Eastern/ 12-7pm Pacific
Chat & text support for LGBTQ youth

Crisis Text Line

Text TALK to 741-741
Available 24/7
crisistextline.org

Trans Lifeline

1-877-565-8860
Support for transgender people, by transgender people

Trevor Lifeline

1 (866) 488-7386
Available 24/7
Phone support for LGBTQ youth
thetrevorproject.org/get-help-now

SAGE LGBT Elder Hotline

1-888-234-SAGE (7243)
Peer-support and local resources for older adults

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