Conversion Therapy Ban

Background:
Although the American Psychiatric Association removed homosexuality as a mental disorder in 1973, there have been efforts by a number of groups in society that aim to undermine same-sex attraction as a normal variant of human behavior, and the issue of changing ones sexual orientation through “conversion” therapies has become prevalent.\(^1\) Aggressive advocacy efforts both for and against conversion therapy have grown over the past decade, and so has the need to educate clients and government officials about the lasting, damaging effects and implications these practices have on the LGBTQ youth community.

Despite homosexuality being removed from the Diagnostic and Statistical Manual of Mental Disorders over 30 years ago, some practitioners still attempt to treat homosexuality as though it is something that is unwanted by the individual, and should be changed. Occurring as recently as 2012, an individual who was forced by his parents to undergo conversion therapy when he was 15 describes the horrors he experienced. The survivor shared, “the first step…which usually lasted six months — [is] where they ‘deconstruct us as a person’ using aversion therapy, shock therapy, harassment and occasional physical abuse. Their goal was to get us to hate ourselves for being LGBTQ. The second step of the program…removed us of everything that made us a unique person…and instead made us a walking, talking, robot. We were no longer people at the end of the program.” Other forms of conversion therapy include hypnosis, cognitive and behavioral therapies, use of nauseating drugs, masturbatory recondition, and visualization.\(^2\)

“Sexual Orientation Change Efforts” (SOCE) involves any practice that seeks to change a person’s sexual orientation by altering ones behavior, gender identity, or gender expression through any form of “reparative,” or “conversion” therapy. An important fact about these therapies is that they are based on a view of homosexuality that has been rejected by all other major health professions including, but not limited to: American Psychological Association, American Medical Association, American Academy of Child Adolescent Psychiatry, and National Association of Social Workers.\(^3\)

There are no studies that provide adequate, credible evidence that conversion therapies can modify or change one’s sexual orientation, gender identity, or gender expression; rather they have been shown to have had detrimental effects on patients experiencing depression, low self-esteem, sexual dysfunction, and suicidality. Implicit to SOCE is that being a sexual orientation minority youth is not normal and can be changed with therapy. Youth are especially vulnerable to the traumas of rejection, isolation, and lack of support that result from participation in

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conversion therapies. This has led to the LGBTQ community experiencing higher rates of emotional distress, suicide attempts, risky sexual behavior, and substance use. Interventions aimed at a fixed outcomes like gender conformity and heterosexuality, along with efforts to change ones sexual orientation, gender identity, and gender expression are extremely harmful. Therefore conversion therapy should not be allowed as legal treatment of the behavioral health of minors.

Issue:

Despite the general consensus of major medical, health, and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy are still being practiced today. Some political and religious organizations like Focus on the Family, are being promoted to the public. Conversion therapy perpetuates outdated views of gender roles and identities as well as the negative stereotype that being a sexual or gender minority or identifying as LGBTQ is an abnormal aspect of human development. Most importantly, it puts young people at risk of feeling rejected or abnormal to the rest of society, which has catastrophic effects on their mental health and overall well-being.

Research on the issues of family acceptance of LGBTQ youth conducted at San Francisco State University found that "compared with LGBTQ young people who were not rejected or were only a little rejected by their parents and caregivers because of their gay or transgender identity, highly rejected LGBTQ young people were: more than 8 times as likely to have attempted suicide, nearly 6 times as likely to report high levels of depression, more than 3 times as likely to use illegal drugs, and are more than 3 times as likely to be at high risk for HIV and STDs."

Solution:

In order to better protect the vulnerable population of LGBTQ youth, many states have passed legislation banning the practice of harmful conversion therapies on minors. In Wisconsin, Assembly Bill 349 and Senate Bill 261 would prohibit mental health providers from engaging in conversion therapy with a minor and would provide grounds for professional discipline by the appropriate credentialing board in cases of violation of this bill.

Position:

NASW-WI strongly supports AB 349/SB 261 legislation to prohibit conversion therapy practice with minors. Individuals who are subject to the traumas of being forced to go through conversion therapy as children are more likely to suffer from mental illness and experience other conditions as adults that will impact them for the rest of their lives. Eliminating conversion therapy with minors is vital, in hopes that these youth can go on to live the fulfilling and healthy lives they deserve.

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